

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

At a Meeting of **Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee** held at County Hall, Northallerton on **Wednesday 17 January 2018 at 2.00 pm**

Present:

Councillor J Robinson (Chairman) (Durham County Council)

Members of the Committee:

Councillor R Bell (Durham County Council)

Councillor J McGee (Middlesbrough Borough Council)

Councillors J Blackie, J Clark and H Moorhouse (North Yorkshire County Council)

Councillors N Cooney, R Goddard and M Ovens (Redcar and Cleveland Borough Council)

Councillor S Bailey, L Grainge and L Hall (Stockton-on-Tees Borough Council)

In attendance

Councillor C Dickenson (North Yorkshire County Council)

Officers:

Joan Stevens (Hartlepool Borough Council)

Stephen Gwilym (Durham County Council)

Peter Mennear (Stockton-on-Tees Borough Council)

A Pearson (Redcar and Cleveland Borough Council)

D Harry (North Yorkshire County Council)

STP and CCG Representatives:

Alan Foster, STP Lead and Chief Executive – North Tees and Hartlepool NHS Foundation Trust

Nicola Bailey, Chief Operating Officer North Durham and Durham Dales, Easington and Sedgfield Clinical Commissioning Groups

1 Apologies for absence

Apologies for absence were submitted on behalf of Councillors L Tostevin (Darlington Borough Council), J Chaplow (Durham County Council), R Cook, G Hall and R Martin-Wells (Hartlepool Borough Council).

2 Substitute Members

There were no substitutions.

3 To receive any declarations on interest of Members

There were no declarations of interest.

4 Minutes

The minutes of the Joint Committee's meeting held on 8 November 2017 were agreed as a true record and there were no matters arising.

5 Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP - Update by Alan Foster, Lead Officer, Durham Darlington and Teesside Hambleton Richmondshire and Whitby STP

Alan Foster, Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP lead officer, provided a verbal update which on the development of the STP and the Accountable Care System for the North East and Cumbria. The key elements of the update and subsequent discussions are summarised as below.

- Winter pressures and operational issues have been the focus over the past 3 months and so strategic work has not developed as fast as previously envisaged
- Engagement and dialogue is continuing with a broad range of strategic partners, including local authority chief executives, Clinical Commissioning Groups (CCG), Mental Health Trusts, the Ambulance Services, Directors of adult social care and public health.
- More work is needed to build a narrative that outlines exactly what it is that the STP is trying to achieve and how it will do it.
- The previous approach, which had been developed through the Better Health Programme, did not engage widely enough with or find support from the public and local politicians. As such, a new way forward is needed.
- CCGs have developed Joint Committee arrangements to help progress the development of proposals for services changes that are over an area larger than an individual CCG footprint.

Alan Foster then said that there had been some correspondence following on from a meeting in Darlington with local authorities in the STP, which outlined a development plan which had 14 workstreams. The intention had been to share this more widely but sickness and Christmas had prevented this.

A quick summary of the 14 workstreams was provided although it was noted that they had yet to be formally agreed by the CCG Governing Bodies. It was anticipated that this should be achieved by the end of January 2018. The STP Workstreams were:-

1. Cancer survival rates – compliance with the 2 week rule and the 62 days diagnosis to treatment rule;

2. Demand management – finding alternative ways of dealing with demand that does not need to come into hospital and which can be better managed in different settings;
3. Learning Disability and mental health – achieve nationally set goals, such as parity of esteem for Mental health services;
4. Neighbourhoods and communities – applying what has been learnt from what has been done in the upper dales and other rural areas about out of hospital care;
5. Acute sector – development of a blueprint for hospital services;
6. Pathology – more efficient delivery of services. This is largely an operational issue but crucially important for quick and effective diagnosis;
7. Prevention – this is being led by the Director for Public Health from Newcastle but engages all DPHs across the STP footprint;
8. Urgent and Emergency Care – learning lessons from pilots about how we can better manage bed space;
9. System development – sharing innovation and good practice;
10. Digital Care – how greater use of digital technology can increase efficiency;
11. Estates – how the NHS estate can be used better and exploring opportunities for sharing sites with other public sector bodies;
12. Workforce – second biggest challenge following on from money. Workforce pressures are driving some of the changes.
13. Communication and engagement – consistent messages are crucial and a large part of this work will be co-ordinating communications across NHS England, NHS Improvement and local teams
14. Cumbria – development and delivery of an improvement plan following the implementation of Special Measures for NHS Services within Cumbria.

Alan Foster emphasised that much of what was in the 14 workstreams was an extension of work that was already underway. As such, a review was being done to check that they were fit for purpose and that there was no duplication. Each workstream was being developed by a team of officers and clinicians from across the STP and which included local authority officers.

Alan Foster stated that the 14 workstreams should not be of concern to local authorities as they were focussed upon improving access to services and the quality of those services.

In terms of governance, Alan Foster said that the workstreams are not decision making groups. All proposals for changes to services have to and will follow the existing NHS and local authority processes and procedures. Local authority overview and scrutiny will be fully engaged as part of existing statutory regulations relating to NHS Service change and the need for OSC consultation.

There then followed a discussion based upon the update that had been provided by Alan Foster.

Cllr Moorhouse noted that it was reassuring to see a programme of work being developed that gave some substance to the STP.

Cllr Jim Clark raised his concerns that the development of an Accountable Care System for the North East and Cumbria posed a significant risk to North Yorkshire, which felt like a junior partner in the existing STP arrangements. He queried how the needs of people in North Yorkshire could be taken into account in a system that could inevitably focus upon Newcastle and Carlisle.

Cllr Jim Clark highlighted the recent governance failings at Carillion and noted that good corporate governance was the key to success.

In response, Alan Foster stated that the NHS England Five Year Forward View demanded a new approach to the delivery of health services. None of the requisite legal changes, however, had been made. This meant that the focus was upon collaboration and joint working. This was not something that the NHS locally could do on its own.

Alan Foster said that the CCGs remain as the key statutory body for the commissioning of local health services and nothing within the development of STPs has changed that. The focus remains upon place and the Accountable Care System approach offers an opportunity to extend and deepen that place based work. The real issue is how NHS money can be brought into the area and then held there.

Alan Foster stated that there would be opportunities to work with local authorities to build governance arrangements that supported scrutiny, openness and transparency.

Cllr Richard Bell asked what progress has been made with the workstream on acute services and what it would mean for hospitals in the STP.

Alan Foster stated that the development of acute care is focussed upon keeping services local and sustainable, managing workforce issues and ensuring high quality care. At present, the most in-depth work is being done in the south of the STP area at the Friarage Hospital in Northallerton. This is because there are significant operational pressures around Anaesthesia and Emergency Medicine which have to be addressed now.

Alan Foster emphasised that every day there are pressures on capacity in hospitals and community services. If we delay addressing these, then there is a very real risk that services may fail.

Cllr John Blackie said that he was worried about process. Previously promises were made about the long term future of key services at the Darlington Memorial Hospital and Bishop Auckland as part of the reconfiguration of services at the Friarage Hospital and elsewhere, particularly in respect of maternity services. He expressed concern that it now looks like these promises are going to be broken as the health system is once again reconfigured.

Cllr John Blackie stated that he remained deeply concerned that key services at the Darlington Memorial Hospital were under threat and that this would have a significant impact upon people living and working in the north Dales. He argued

that the STP should be taking an aerial view of what happens and co-ordinating over a wide area, rather than allowing piecemeal changes that do not take into account the linkages and interdependencies across the system.

Cllr John Blackie said that people were confused about what was going to be happening to their valued local health services and that clarity was required. He said that communications had completely dried up.

The Chairman agreed with the concerns raised by Cllr John Blackie, noting that any changes to services provided at the Friarage Hospital and the Darlington Memorial Hospital would have a direct impact upon Durham and the surrounding areas.

In response, Alan Foster re-iterated the need to respond to local issues without delay or risk losing services altogether. He acknowledged that promises had been made but in doing so stated that the NHS could no longer continue in its present form. All services needed to be reviewed to ensure that they were sustainable in the long term and that they could deliver the best possible outcomes for patients.

Alan Foster said that the plan that was developed in 2016 to support the delivery of the Better Health Programme was based upon there being two emergency hospital sites and one elective hospital site in the STP area. At the time, this was seen as making sense in terms of managing patient demand and flow. In the past year, however, many of the assumptions underpinning the Better Health Programme have been challenged and feedback from local politicians and the public demonstrated that this was no longer an acceptable way forward.

Alan Foster continued saying that the focus was now on a model that had three hospitals that did both emergency and elective work across the three Foundation Trust affected i.e. County Durham and Darlington NHS FT (Darlington Memorial Hospital); North Tees and Hartlepool NHS FT (University Hospital North Tees) and South Tees Hospitals NHS FT (James Cook Hospital). These three foundation Trusts and their staff would work collaboratively to address many of the issues identified in the 14 workstreams. Mr Foster indicated that engagement would need to take place with the Foundation Trust and clinicians on developing a workable three centre model.

The Chairman thanked Alan Foster for being so open and engaging in a positive discussion with members of the committee. He asked Alan Foster when the timeframe for the engagement and consultation on any plans for service reconfiguration would be available.

The Chairman reasserted the role of the Joint Committee and noted that they needed to be considered as an integral part of the process and not an after-thought.

Alan Foster agreed with the Chairman and reasserted his commitment to local, sub-regional and regional scrutiny.

Cllr John Blackie said that the role of the Ambulance Service should not be overlooked. He reminded the committee members that two ambulance services covered the STP, Yorkshire and the North East.

In response, Alan Foster said that he had attended a meeting in Gateshead on Monday and that the issue of patient transport, emergency or otherwise, came up there. This is recognised as a major issue and so will become the fifteenth workstream.

Alan Foster said that a number of people had raised concerns with him that the creation of Accountable Care Systems was part of a move to privatise the NHS. He said that this is not the case. An Accountable Care System is about a strong local focus and pulling NHS money into a defined area and making it work hard for that area.

The Chairman noted that, in view of the recent difficulties that Carillion had experienced, it was likely that the role of the private sector in delivering public services would be reviewed.

Cllr Heather Moorhouse said that she welcomed the comments by Alan Foster and queried what could be done to encourage the Royal Colleges to be more flexible and supportive of changes to the way in which senior NHS staff work.

The Chairman stated that the last person who tried to take on Royal Colleges was Barbara Castle and she failed.

Cllr Jim Clark highlighted his concerns about the loss of local NHS money when a property managed by NHS Property Services was sold and the proceeds held onto by the Treasury. He cited the example of the Lambert facility at Thirsk.

Cllr Jim Clark stated that the biggest challenge facing the NHS was not funding but shortages of key, skilled staff. The North Yorkshire County Council Scrutiny of Health Committee and the Care and Independence Overview and Scrutiny Committee had recently completed scrutiny of local health and social care workforce planning, the results of which has been shared with the Secretary of State for Health and others.

Cllr John Blackie said that he also welcomed the news about the three hospital solution and urged Alan Foster to issue a press release so that local people were kept up to date and could be reassured. The Committee agreed and stated that this should be done within a reasonable timescale of 1 or 2 months.

Alan Foster asked that nothing be sent out until the end of the month as the proposal had to go through the CCG Governing Bodies before a formal public statement could be made. Once the proposal had been agreed and a press release drafted, then it would be shared with the members of this committee prior to being sent out.

Cllr Richard Bell said that he would be happy to meet with clinicians, if it would help. He stated that he expected to see an increased flexibility amongst clinicians to enable them to meet the changing situation faced by the NHS.

Alan Foster said that he did not expect clinicians to come up with the blueprint by the end of January 2018. The discussions with the CCGs were about establishing a narrative for the STP.

Cllr Lynn Hall noted that the members of the committee have always known that the way forward was for three sites and not two. She said that she was glad that this had finally been recognised.

In summarising, Alan Foster said that everyone wanted better services and the way that this would be achieved was through collaboration. There were no guarantees but the three site model was emerging as the preferred model of the STP leadership. He stressed however that clinicians ultimately were to be tasked with developing options for the three centre model which would deliver safe, sustainable and effective services in the future.

6 Chairman's urgent items

None.

7 Any other business

None.

8 Date and time of next meeting

The next meeting was due to be held in either Darlington or Redcar with an anticipated date of late March or early April 2018.

DH – 22 January 2018.