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

Meeting on Tuesday 27 November 2018 at 2.00 pm in The Council Chamber - Darlington Borough Council, Town Hall, Darlington DL1 5QT

Agenda

1. **Apologies for absence**
2. **Substitute Members**
3. **To receive any Declarations of Interest by Members**
4. **Minutes (Pages 3 - 8)**

   To receive and approve the minutes of the meeting of the Durham Darlington and Teesside Hambleton Richmondshire and Whitby STP Joint Health Scrutiny Committee held on 25 September 2018

5. **An Integrated Care System for the North East and Cumbria (Pages 9 - 24)**

   (i) Developing Integrated Health and Care Partnerships

   Presentation by Alan Foster, STP/ICS lead

   (ii) Clinical Strategy Development – South Integrated Care Partnership

   Joint presentation by the Chief Executives of County Durham and Darlington NHS Foundation Trust, North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust.

6. **Durham, Darlington and Tees Valley CCGs - CCG Collaborative (Pages 25 - 30)**

   Presentation by Stewart Findley, Chief Clinical Officer, Durham Dales, Easington and Sedgefield Clinical Commissioning Group

7. **Chairman's urgent items**
8. **Any other business**
9. **Date and time of next meeting - To be Confirmed**

Published:

19 November 2018

Contact Officer: Stephen Gwillym, Principal Overview and Scrutiny Officer, Durham County Council **Tel:** 03000 268 140

Membership:

DARLINGTON BC
Councillor Wendy Newall
Councillor Jan Taylor
Councillor Lorraine Tostevin

DURHAM COUNTY COUNCIL
Councillor John Robinson
Councillor Jean Chaplow
Councillor Richard Bell

HARTLEPOOL BC
Councillor Brenda Loynes
Councillor Gerard Hall
1 Vacancy

MIDDLESBROUGH BC
Councillor Eddie Dryden
Councillor Bob Brady
Councillor Alma Hellaoui

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

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

At a meeting of the **Durham Darlington Teesside Hambleton Richmondshire and Whitby STP Joint Health Scrutiny Committee** was held in the Council Chamber, Redcar & Cleveland Community Heart, Redcar on **Tuesday 25 September 2018 at 2.00p.m**.

Present:

Councillor L Tostevin (Darlington Borough Council)
Councillor E Dryden (Middlesbrough Council)
Councillors J Robinson, J Chaplow and R Bell (Durham County Council)
Councillors J Blackie and H Moorhouse (North Yorkshire County Council)
Councillors N Cooney, M Ovens and R Goddard (Redcar and Cleveland Borough Council)
Councillors S Bailey and L Hall (Stockton-on-Tees Borough Council)
Councillor Brenda Loynes (Hartlepool Council)

Officers

Peter Mennear (Stockton-on-Tees Borough Council)
Alison Pearson (Redcar and Cleveland Council)
Lucy Donaghue (Redcar and Cleveland Council)
Stephen Gwillym (Durham County Council)
Caroline Breheny (Middlesbrough Borough Council)
Laura Stones (Hartlepool Council)

Trust and CCG Representatives

Mary Bewley, Head of Communications and Engagement, North of England Commissioning Support

Apologies

Councillors W Newall and J Taylor (Darlington Borough Council)
Councillors J Chaplow and J Clark (Durham County Council)
Councillors B Brady and A Hellaoul (Middlesbrough Council)
Councillor L Grainge (Stockton-on-Tees Borough Council)

9. Substitute Members

None.

10. To receive any Declarations of Interest by Members

None recorded.

11. Minutes

Agreed that the minutes of the meeting held on 13 June 2018 be confirmed and signed by the Chair as a correct record.

The Principal Overview and Scrutiny Officer from Durham County Council provided an update on the 3 acute hospital site model.

Members requested that a copy of the letter sent to the Chief Executives of County Durham and Darlington Foundation Trust (FT); North Tees and Hartlepool NHS FT and South Tees Hospitals FT, and any responses received be circulated to the DDTHRW STP Joint Health Scrutiny Committee**: - NOTED.**

12. Empowering Communities – Communications and Engagement for Integrated Health and Care

The Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby STP Communications Lead presented a report and gave a presentation on the communications and engagement work stream for NHS organisations in North Cumbria and the North East Region.

Since its creation in 1948, the NHS had evolved and adapted to meet changing needs and expectations. Patients now had access to a wider range of treatment, using new technology, techniques and medicines, and provided by a changing workforce who have new skills and expertise. Positive outcomes have increased, with more people living longer and healthier lives, often as a result of tailored support for long-term conditions and more successful treatment for serious illness or injury.

Spending less time in hospital is better for patients' recovery and most people prefer to be cared for at home if possible. New technologies and ways of working allow this to happen more easily, which also means a greater need for social care and community health services to be coordinated, and new approaches to prevention and wellbeing, patient centred care and integration of health services across settings.

A number of national and local priorities are influencing how, when and where health care is provided, particularly in relation to services becoming more integrated and coordinated. It is inevitable that some care will need to be provided in a different way, to ensure the best clinical standards are met, that services are fit for future purpose, safe and sustainable.

Senior leaders and doctors from NHS organisations across Cumbria and the North East are working together regionally and locally to:

- Plan and develop services to meet the needs of local populations from North Yorkshire to the Scottish Borders now and in the future, taking into account how services are currently provided and where they need to change or develop. In particular, where new models of care might need to

be introduced to integrate what is provided and ensure patients are seen in the right place, by the right person to meet their needs.
- Use information held by each organisation to ensure planning and development of services is based on patient and population need and available skills and resources.
- Consider how the current and predicted NHS workforce affects the provision of services.
- Look at services such as tests, scans, x-rays and other diagnostics, and how they could be provided in a more accessible and efficient way.

Integrated care systems (ICSs) are evolving and will lead and plan care for their specific population and provide coordinated leadership across NHS organisations. This involves where appropriate taking a ‘do once’ approach to joint priorities and pieces of work that are common to all organisations in the area.

Integrated care partnerships (ICPs) are alliances of providers and commissioners who are collaborating to deliver care. In North Cumbria and the North East, the proposal is for four ICPs to be in place, to run alongside a Cumbria and North East ICS, which will take responsibility for overall coordination in the whole geographical area, by April 2019. Health providers include hospitals, community services, mental health services, GPs, and independent and third sector providers. The ICPs will focus initially on bringing together enough critical mass to sustain vulnerable acute services within their geography, and the commissioning of non-specialist acute care. CCGs within these ICP geographies will continue to develop place-based arrangements for the planning and provision of primary and community care and health and social care integration, aligned to the overall ICS strategy.

As part of the ensuing discussions, the following comments were made:

- The time it had taken to get this point was not acceptable. There had been a number of mistakes made in the past and the performance to date had been disappointing. Members were advised that there was the opportunity to share good practice across regions.
- Concern was raised that the work had taken 3 years and there appeared to be no discernible progress.
- A Member commented that the consultations had produced a number of concerns from communities around access, travel, the distance patients would have to travel and patient transport. These areas of concern had still not been explored.
- Not enough detail had been provided. These were major changes and needed to be formally consulted upon.
- Concern was raised that in some previous consultations, the public were only choosing from the limited options put forward. Care should be taken in the way options were developed.
- The presentation had been updated each time it had been presented to include feedback that had been provided.

- A website was being developed that would provide all the necessary information in a single space
- A Member asked why a project plan wasn't in place? It would be helpful to know what action had been taken in respect of each milestone.
- Some examples of other ICPs and ICSs across the country could have been shared.
- It was important that the 3 acute hospital site model was retained.
- The clinicians could be invited to attend the DDTHRW STP Joint Health Scrutiny Committee.
- Every meeting this was discussed was not only costing the NHS money but it was also a cost to Local Government.
- The NHS had been a wonderful service to the public over the years and people wanted this service to remain.

At the conclusion of the discussions the following action was agreed:

1. The report be noted; and
2. The Chief Executives of each of the three NHS Foundation Trusts be invited to a meeting of this committee to discuss in more detail the service changes in the North East ICP area.

13. Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP – Workstream Update

The Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby STP Communications Lead provided an update on the work that had been undertaken within the area.

The Principal Overview and Scrutiny Officer from Durham County Council advised that an update on "Our Journey So Far" had been circulated to the committee via email. It was a lengthy document that included a lot of individual links so it was best to view it electronically. If Members had any questions or feedback they could contact the Principal Overview and Scrutiny Officer.

The Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby STP Communications Lead advised that a bulletin had been circulated and another would be released within two months**: - NOTED.**

14. Chairman's Urgent Items

None.

15. Any other business

None.

16. Date and Time of next meeting

The next meeting date was to be confirmed but would be before December 2018. A Member suggested that the next meeting be held at Darlington Civic Centre as it was a central location for all attendees**: - NOTED.**

The meeting ended at 3.45 pm.

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An Integrated Care System for the North East and North Cumbria

Joint OSC - Tuesday 27 November 2018

Developing Integrated Health and Care Partnerships
North East and North Cumbria

Alan Foster
STP/ICS Lead

Content

- Current position aspirant Integrated Care System
  - Context for health and care system within CNE
  - Geography - Integrated Care Partnerships
- Approach to planning
- South ICP Clinical Strategy
  - Approach
  - Phase one – work streams
  - Timeline

Context for the health and care system in CNE

Where are we now as a system?

- Relatively highly performing patch but with some performance and finance challenges
- A long-established geography with a strong history of joint working
- Highly interdependent clinical services with the vast majority of patient flows staying within the patch
- Some service sustainability and configuration issues remain unresolved
- Fragmentation following the 2012 Act has made system-wide decision-making difficult

Where do we need to be?

- Faster progress on improving population health outcomes
- More empowered patients supported by fully integrated health and social care
- Delivering a sustainable, equitable and affordable core offer of acute services
- Strengthened collective decision-making for ‘at scale’ improvement initiatives

How are we going to get there?

- Unanimous commitment from NHS bodies to become an ICS with overarching system governance
- Maximising our collective impact to delivery the triple aim whilst reducing duplication and overheads
- Need to develop a vision and strategy supported by a suite of enabling workstreams
- Creating 4 ICPs based on population density/patient flows/hospital sites - whilst preserving place-based clinical leadership
- Empowering ICPs to deliver sustainable acute services through managed clinical networks

Definitions

What is an Integrated Care System?

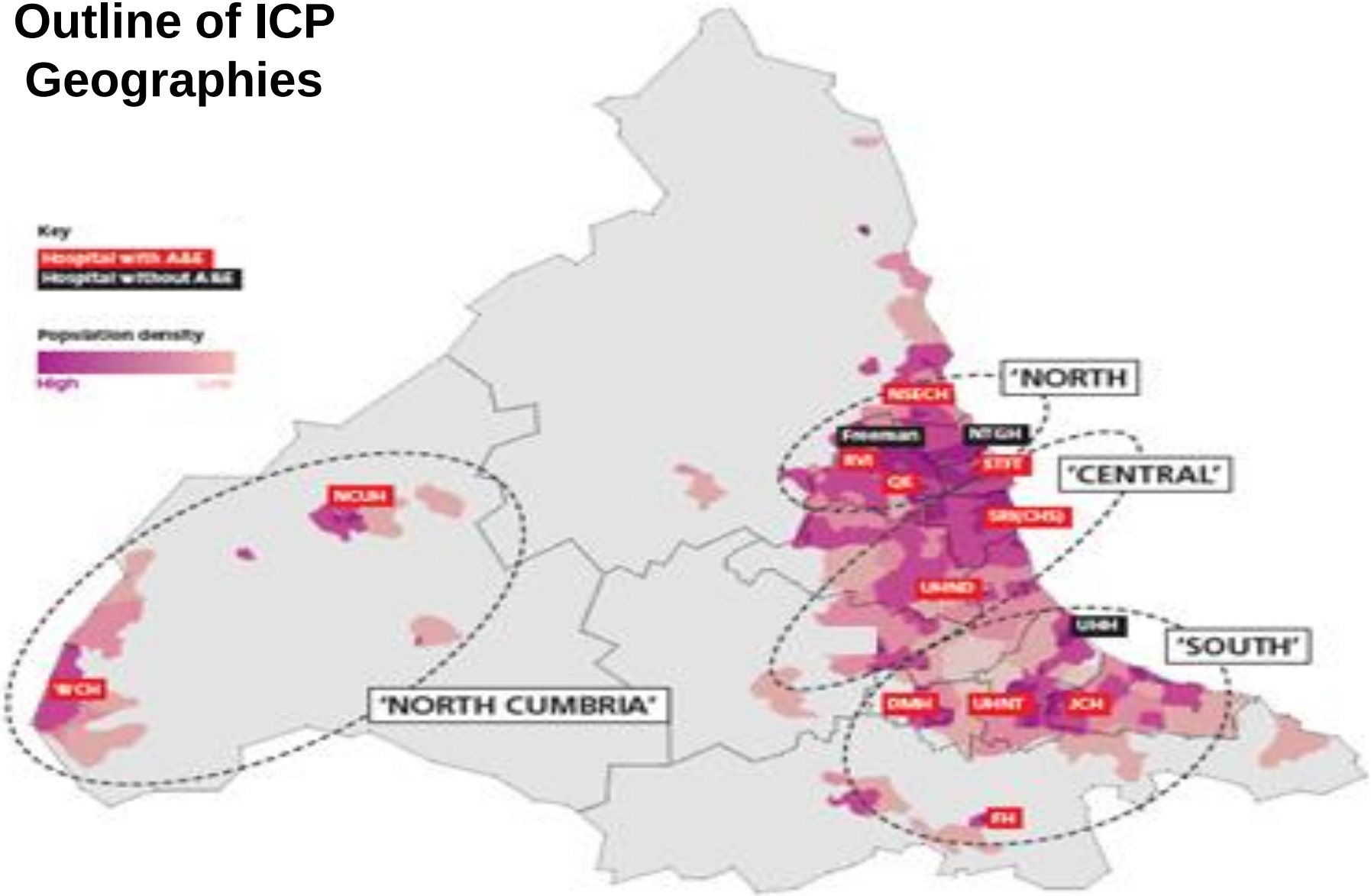
An ICS is not a statutory organisation; it's made up of individual organisations working together in partnership to improve health and care based on:

- Developing a shared vision and high-level plan across NHS organisations
- Reaching a formal agreement with NHSE/I to implement faster improvements in population health outcomes
- Taking devolved responsibility for key NHS resources
- Collaborating across boundaries, e.g clinical staff from different organisations working in networks 'horizontally' across hospitals but also integrating 'vertically' with GP and community services.

What are Integrated Care Partnerships?

- ICPs are alliances of NHS providers that work together with local commissioners to deliver care by agreeing to collaborate rather than compete.
- Providers can include hospitals, community services, mental health services and GPs. Social care and independent and third sector providers may also be involved.

Outline of ICP Geographies



Some overarching themes…

- CNE Integrated Care System is the ‘servant’ of place not its master
- Commissioning is increasingly viewed as a partnership activity
- We don’t think of commissioning as ‘strategic versus tactical’: Its about doing the right things with the right partners on the right footprint
- Structures are less important than relationships
- Reluctance to specify and populate an end-state – but a real appetite to continue to evolve in this direction

Approach to planning

- Five year revenue budget settlement for he NHS from 2019/20 – 2023/24
- Provides certainty to develop NHS Long Term Plan
- New NHS planning approach – review of standards, new financial architecture and more effective workforce and physical capacity planning
- All ICSs to develop their strategic plan to deliver the Long Term Plan – how we will run our local NHS system using the resources available to us
- Planning for this year must be more aligned across commissioners and providers – all organisations will aggregate their plans for 2019/20 into single operating plan
- Whole system five year plan for NE&NC signed off by all organisations by summer 2019

Developing Integrated Health and Care

North East and North Cumbria

Working for people from North Yorkshire to the Scottish Borders

Join our journey...

Clinical Strategy Development

South Integrated Care Partnership

Joint OSC - Tuesday 27 November 2018

Siobhan McArdle

Vision and Scope

Vision

Work collaboratively to maintain local access with a focus on delivering out of hospital care and ensuring the sustainability of safe clinical services to meet the needs of the population

Scope

To develop a clinical strategy for the South Integrated Care Partnership with the aim of achieving and sustaining high quality hospital care across the area. The scope of this work includes the following acute provider organsiations:

- County Durham and Darlington NHS FT
- North Tees and Hartlepool NHS FT
- South Tees Hospitals NHS FT

The Programme will cover acute health services commissioned and provided for the people of Darlington, Tees, Durham, Dales and Easington, Hambleton, Richmondshire & Whitby.

University Hospital North Durham will continue to provide the existing range of services.

South ICP Clinical Strategy

Our Clinical Strategy will focus on how we deliver a number of key services:

- Urgent & Emergency Care
- Paediatric, Maternity (Gynaecology modelling interdependencies)
- Elective care:
  - Spinal
  - Breast
  - Urology
- Frailty services
- Stroke services

We will finalise and agree our Clinical Strategy in January 2019 and look forward to sharing this with you.

Approach

- Work builds upon the Better Health Programme
  - We have reviewed prior work to ensure clear audit trail and evidence of stakeholder engagement
- Starting point is a working list of ideas that will be appraised against ‘must have’ criteria for viability
- Modelling workshops to build up and discuss scenarios
- Clinical standards are a key driver to improving quality and patient outcomes
- Viable ideas will be subject to robust financial and activity modelling (value impact assessment) and further evaluation through stakeholder engagement
- Individual service clinical case for change will develop the draft case for change
- Credible scenarios will be identified for formal consultation

Operating Principles

- The needs of people will have priority over organisational interests
- We will work in clinical networks across hospital sites - sharing scarce resources to maintain local services
- We will work collaboratively, urgently and with pace on system reform and transformation
- Costs will only be reduced by improving co-ordinated care
- Waste will be reduced, duplication avoided and activities stopped which have limited value or where benefit to our population is disproportionate to cost

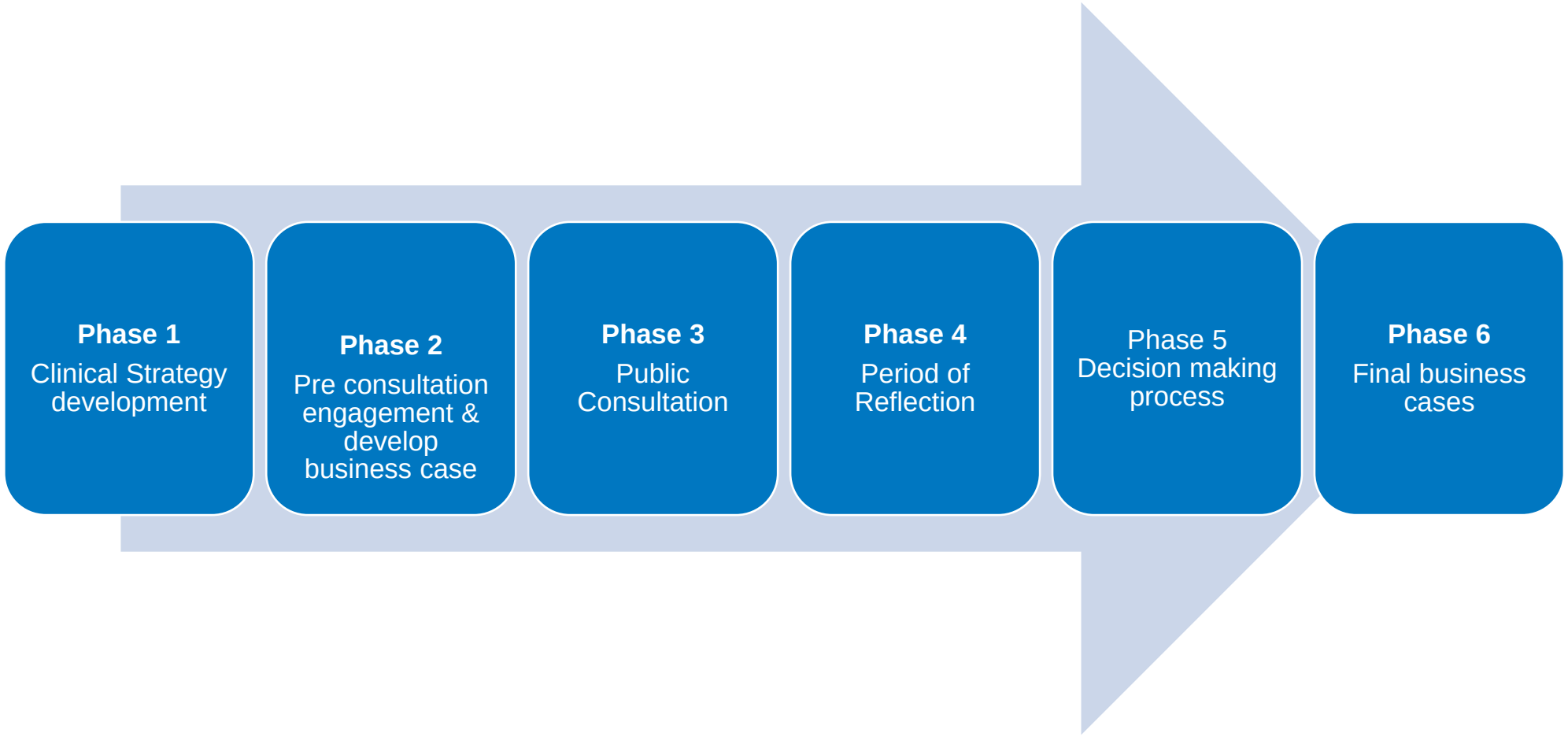
What we are doing now

- Our clinicians are developing the Clinical Strategy
- We will preserve each of our hospitals into the future by using them differently and in a more joined up way to benefit all patients
- Some changes and improvements may be necessary to services currently provided from different hospital sites
- We want to introduce new ways of working so that clinicians can work easily across multiple organisations and clinical sites, and expand our use of new roles and care models that will help us to manage demand and drive an improvement on outcome.

Timeline

Proposed Timeline	
Meeting	**Date**
Present Value Impact Assessments (VIAs)	November 2018
Clinical Review of VIAs: Urgent & Emergency Care, Maternity Paediatrics, Stroke, Frailty, Breast, Spinal and Urology	December 2018
Strategic Oversight Group: Review Draft Clinical Strategy	December 2018
Strategic Oversight Group: Approve Final Clinical Strategy	January 2019
Joint Provider / CCG Board Engagement Meeting	January 2019
CCG / Provider Board of Directors / Council of Governors Approvals / CCG Joint Committee	February 2019
Formally Launch Service Reconfiguration: •Staff engagement •External stakeholders including MPs •Public engagement	March 2019

Key phases



Join our journey...

Questions/Discussion

Darlington Clinical Commissioning Group
Durham Dales, Easington and Sedgefield Clinical Commissioning Group
Hartlepool and Stockton-on-Tees Clinical Commissioning Group
North Durham Clinical Commissioning Group
South Tees Clinical Commissioning Group

CCG Collaborative

Darlington, Durham, Teesside, Hambleton Richmondshire and Whitby Joint HOSC

Tuesday 27 November 2018





Background

- The Health and Social Care Act 2012 established the statutory role of the Clinical Commissioning Group and sets out the statutory duties and requirements including those roles which are considered 'statutory' i.e. the Chair of the Governing Body, the Chief Officer and the Chief Finance Officer and an Executive Nurse.

- Many CCGs around the country are now either merging or creating joint committees and collaborative arrangements with a single agreed leader/Accountable Officer

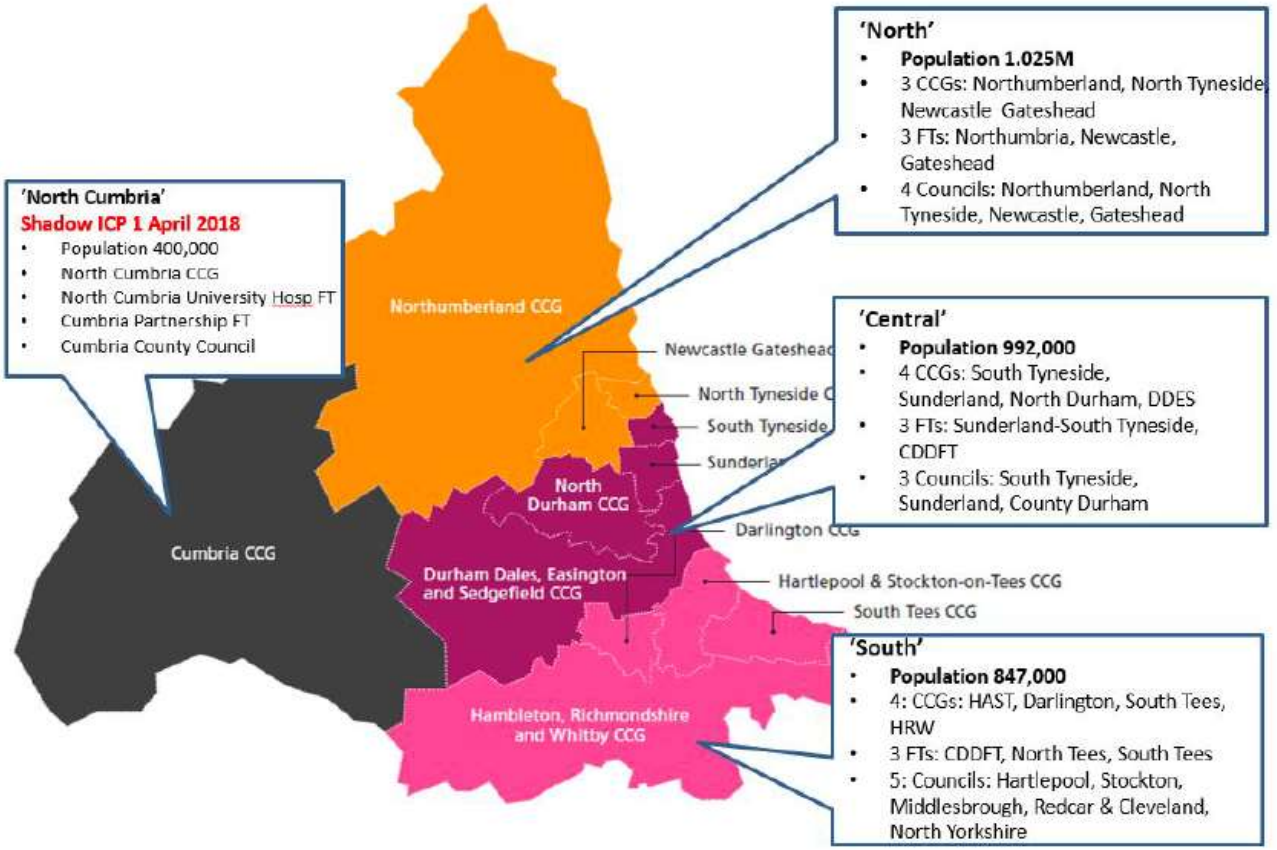
- The annual leadership assessment of CCGs by NHS England now includes a focus on collaborative working

- The 5 CCGs in Durham and the Tees Valley (NHS Darlington CCG, NHS Durham Dales, Easington and Sedgefield CCG, NHS Hartlepool and Stockton-on-Tees CCG, North Durham CCG and NHS South Tees CCG) have agreed to develop joint leadership and management arrangements and appointed a single Accountable Officer from 1st October 2018 supported by two Chief Officers and a highly skilled Director team.

- NHS Hambleton, Richmondshire and Whitby work closely with the 'collaborative' on areas of mutual interest e.g. acute services commissioning.

We have concluded on our ICP boundaries

Integrated Care Partnership geographies



Benefits

The CCGs have identified a number of benefits of working more collaboratively, including:

- Working together to share expertise and capacity presents the opportunity to learn quickly, shorten delivery timescales and achieve stretching ambitions
- Shared responsibility and delivery of the STP, working as key system leaders within a complex health and care system supporting the development of an Integrated Care System and Integrated Care Partnerships
- Potential for greater overall clinical engagement and input
- Support for both clinical and managerial succession planning across all CCGs
- Greater potential for influence locally, regionally and nationally
- Opportunity to re-focus, re-energise and align the team to support both the local and wider complex and significant transformation agenda by working at scale
- Reputational benefits for CCGs as joint working brings shared benefits for delivery and improved performance
- Management efficiencies in preparation for any running cost allowance reductions

Approach

- Place Based Commissioning will continue (this is critically important) as we further develop integrated working with local authority and provider partners, develop and extend primary care and community services, ensure services are responsive to local need reducing the reliance on hospital based care
- Each CCG will retain a strong local clinical voice and leadership
- Each CCG will retain individual CCGs statutory status
- Robust governance addressing statutory requirements at CCG level and through an integrated approach across CCG and other partners as new relationships and ways of working embed
- Conducting business in an open and transparent way
- " clinically led, managerially enabled"
- What's different ???

no change to partnership working, existing governance or decision making

Next Steps

- The collaboration positions the CCGs well to deal with finance and performance challenges and to support ambitious transformation plans
- Local place based teams will be supported by more robust integrated and at scale ‘support’ functions freeing capacity for local engagement and shared working with partners.
- Focus on greater integration and partnership approaches for the delivery of services that meet local need
- Supporting staff to deliver at their best through times of change and challenge