

Better Health Programme Joint Health Scrutiny Committee

At a Meeting of **Better Health Programme Joint Health Scrutiny Committee** held in The Mandela Room, Middlesbrough Town Hall on **Thursday 8 September 2016 at 2.00 pm**

Present:

Cllr J Robinson (Durham County Council) in the Chair

Councillors –

Councillors W Newall, J Taylor and L Tostevin (Darlington Borough Council)
Councillor J Blakey (Durham County Council)
Councillors R Cook and R Martin-Wells (Hartlepool Borough Council)
Councillor B Brady, E Dryden and J Walker (Middlesbrough Council)
Councillors J Clark and C Dickinson (North Yorkshire County Council)
Councillors N Cooney, R Goddard and M Ovens (Redcar and Cleveland Borough Council)
Councillors D Brown, L Hall and A Mitchell (Stockton BC)

Officers –

Stephen Gwilym (Durham County Council), Joan Stevens (Hartlepool Borough Council), Daniel Harry (North Yorkshire County Council), Alison Pearson (Redcar and Cleveland Borough Council) Elise Pout (Middlesbrough Council) and Peter Menear (Stockton-On-Tees Borough Council)

Better Health Programme –

Ali Wilson
Julie Gillon
Dr Nick Roper
Caroline Thurlbeck
Edmund Lovell
Dr Boleslaw Posmyk
Douglas McDougall

Also in attendance – Representatives from North East Empowerment and Diversity

1 Apologies for Absence

Apologies for absence were received from :-

Councillors H Scott (Darlington BC), W Stelling (Durham County Council), S Akers-Belcher (Hartlepool BC), J Blackie (North Yorkshire County Council) and S Bailey (Stockton BC).

2 Substitute Members

D Brown for S Bailey, Stockton BC and L Tostevin for H Scott, Darlington BC

3 To receive any Declarations of Interest by Members

There were no declarations of interest declared.

4 Minutes

The minutes of the meeting on 21 July were confirmed by the Committee as a correct record and signed by the Chairman.

5 Better Health Programme - Phase 3 Engagement

Ali Wilson, HAST CCG on behalf of the Better Health Programme Executive delivered a presentation which included a summary of the information the Committee had received so far including the details of the NHS England's Five Year Forward View.

The presentation went on to inform Members about the Sustainability and Transformation Plans (STPs) which were being developed to deliver the NHS England Five Year Forward View. Local NHS organisations and local authorities were developing their plans for health and care in their area by 2020/21. There are 44 geographic areas – known as 'footprints'. There are no statutory bodies, the STPs were collaborations of organisations working together to ensure there was a shared strategy. Work was currently on-going in local communities between the local authorities and the CCGs etc.

Working in a larger geographical footprint ensured benefits from economies of scale but the plans would ensure that local information was not lost.

The STPs acted as an 'umbrella' plan and included plans for certain challenges, for example: improving cancer diagnosis; mental health care; transforming urgent and emergency care services; and providing more care outside hospital.

Footprint areas should build on existing engagement through health and wellbeing boards and other local arrangements. Each area was responsible for engaging local people and stakeholders on their draft proposals.

It was acknowledged that the introduction of STPs and the Better Health Programme, along with other local engagement could cause confusion for the public, when they are being asked to comment and get involved with the wide range of consultation on different issues.

The draft STPs were submitted in June for review by NHS England and NHS Improvement. The Better Health Programme (BHP) was included as a key element for the Durham, Darlington and Tees footprint. The link between the STP and the BHP was based on how people currently used the services and

how the services could work together. Discussions had taken place on whether or not health officials had got the footprint right and work was ongoing in that respect.

Work that had taken place with regard to the BHP meant that the Durham, Darlington and Tees Valley area was well ahead of many other areas in developing plans. BHP representatives explained that in considering patient flows across both the North East STP (covering Northumberland Tyne and Wear) and Southern STP, suggested changes to the 'footprint' of the southern STP had been put forward during August to remove North Durham CCG from the Southern STP and BHP footprint and add it to the North East STP Area. This had been put forward to take into account patient flows from North Durham into Tyne and Wear and meant local commissioners could influence the pattern of services to the North. These recent developments across the 2 Regional STPs would have an impact on the original timescales envisaged for the BHP and formal consultation and the original timescale of November 2016 appeared unlikely.

Councillor Martin-Wells expressed his concerns that the STP was just another name, people have little faith and that the lack of scrutiny of the STP concerned him. In response Ms Wilson outlined that the STP was not an entity or organisation that makes decisions.

Councillor Cook agreed that the STP needs scrutiny to ensure some form of checks and balances were applied.

Mr Gwilym confirmed that the statutory and legal responsibility for the establishment of this committee was to examine any substantial developments or variations in services the proposals might create along with associated proposals for consultation and engagement.

Councillor Clark outlined his concerns that the STP was part of the NHS family and a partnership of NHS, local authorities and the voluntary sector. He asked if additional funding would be available through STPs and areas would be asked to bid for funds. Ms Wilson outlined that there was a funding formula, and therefore a variation in who gets what when they bid for monies. She outlined that unfortunately the NHS can't give everybody everything they want and that tough decisions have to be made.

In terms of the BHP progress, the committee was informed that a process of scenario development had been undertaken. The modelling process had created a long list of 13 scenarios, which required refinement and evaluation.

The long list was defined by what the area was required to have nationally and that couldn't be changed. The major trauma centre has to be at James Cook due to national and regional configuration of trauma units. Vascular services and Critical Care (levels 1-3) have to be present at the same site.

There are 9 scenarios for the key services – the Committee was provided with the details of each of the scenarios.

In terms of scenario development, reference was made to the discussion earlier around the potential changes to the BHP footprint and how that might invariably lead to re-modelling of scenarios prior to formal consultation. The Committee was also advised that all STP submissions were required by NHS England in October, which would also include potential implications for the Better Health Programme. The Committee requested that details of the STP submissions be brought to a future meeting of the Joint Committee alongside details of the re-modelling work undertaken for scenario development together with details of the work undertaken to date in respect of Not In Hospital activity/services.

Councillor Dryden stated that it was hard to get a picture of how it would all look and lots more 'meat was needed on the bones'. He asked at what point in the modelling process does a service reach a critical mass and become overwhelmed. Ms Wilson explained that they were working with ambulance colleagues to look at the percentage shift in overall activity and when it might not be sustainable.

Cllr Dryden asked when the committee would receive that information and was told that it would be given in the phase 3-4 engagement.

Cllr Martin – Wells stressed the importance of having accurate scenarios developed alongside a deliverable implementation plan and associated consultation and engagement strategies.

Ali Wilson HAST CCG indicated that the move to 24/7 acute services across those disciplines covered by the BHP would lead to improved outcomes for patients. To reference this point, Mr Cruikshanks cited the development of Major Trauma Centres and that this had reduced Major Trauma mortality rates by around 30%.

The committee were presented with an update from John Pendleton regarding the phase 3 engagement that had been undertaken, which was an independent assessment of the consultation process that had been undertaken to date.

There were some general concerns amongst Members about the numbers involved but the Committee heard that it was on par with public engagement for this sort of event. Cllr Newall said that for the main part those who attended were health professionals or Councillors and that efforts should be made to make the sessions more accessible, perhaps removing the prior registration aspect. Edmund Lovell indicated that should any local authority wish to have a drop in session for BHP then steps would be taken to try and accommodate such requests.

6 Better Health Programme - Evidence requested by the Better Health Programme Joint Health OSC

The Committee received a presentation by Julie Gillon, Dr Nick Roper and Caroline Thurlbeck. The presentation outlined information requested by the Committee on performance and emergency care.

The introduction outlined the issues the North East is facing in terms of visits to pharmacies, GP consultations, calls to NHS urgent and emergency care services, ambulance journeys, attendances at A&E and emergency admissions. Demand is growing, there are huge variations in mortality, the population is aging, deprived wards have higher mortality and improvements need to be made to improve clinical outcomes for patients.

The presentation outlined the patient flows for James Cook Hospital, The Friarage, North Tees Hospital, University Hospital North Durham and Darlington Memorial Hospital.

Local A&E performance statistics showed deterioration in the 95% standard for people being seen in A&E within 4 hours. Although this was nowhere near the deterioration that had been seen nationally.

Councillor Robinson asked that information be prepared for the next meeting which explained the 4 hour statistics including the mechanism for deciding the process for how people were seen.

The committee were taken through the statistics for cancelled operations and ambulance response times.

The national vision was outlined to Members and included key issues such as: faster and consistent same day; every day access to primary care and community services for people with urgent care needs; develop 999 ambulances so they become mobile urgent treatment services; not just urgent transport services; and support the co-location of community-based urgent care services in coordinated Urgent Care Centres.

The vision also suggested two levels of hospital based emergency centres to replace the inconsistent levels of service currently provided by A&E departments which included: Emergency Centres which will be capable of assessing and initiating treatment for all patients; Major Emergency Centres which are larger units capable of assessing and initiating treatment for all patients and providing a range of specialist services; and Major Trauma Centres located at 12 major emergency centres nationally.

7 Better Health Programme - Terms of Reference and Membership

The Committee requested the information which outlined the terms of reference for the programme board. The attached report provided details on the BHP governance arrangements, its responsibilities, consultation, decision-

making and behaviours, accountability and authority, quorum, task and finish groups, membership and meetings.

The information was noted.

8 Transforming Urgent and Emergency Care in England - The Keogh Report

The Committee was provided with the Keogh review report into Urgent and Emergency Care and the establishment of Major Trauma Centres. Further information was given in the presentation at item 6.

9 Better Health Programme - Community representations from North East Empowerment and Diversity

Information was received by the Committee from the members of the North East Empowerment and Diversity Group (NEED) in Hartlepool (which incorporated Save Hartlepool Hospital). The Group outlined a number of concerns they had that they wished the Committee to receive. The information raised a number of questions which it was felt were addressed by the presentation at the meeting.

The representatives from NEED agreed to re-group to consider the information heard following the presentation at the meeting

Agreed – that there would be an opportunity to revisit any outstanding issues and that a special meeting should be arranged to open up discussions with similar groups who may wish to present evidence to the Committee.

10 Notice of Motion from Richmondshire District Council

Richmondshire District Council submitted a Notice of Motion relating to the Better Health review of Critical Care services at Darlington Memorial Hospital, considered that their Council meeting held on 19 July 2016.

Councillor Blackie had requested consideration of the following notice of motion:

‘The Better Health review of Critical Care services, including Accident and Emergency and consultant-led maternity and paediatrics services at the Darlington Memorial Hospital is causing Richmondshire District Council great concern as any reduction or cut in these services would have a hugely detrimental impact on the health, well-being, and peace of mind of all those who live in the District. It strongly supports the initiative launched at the May meeting of North Yorkshire County Council which has led to a high level alliance between the Leaders of the political administrations at Darlington Borough Council and North Yorkshire County Council and the establishment of a joint Scrutiny of Health Committee between the two Councils.

It instructs officers at Richmondshire District Council: 1) to convey its deep concerns to the relevant NHS organisations, including the organisation conducting the Better Health review itself and the Hambleton, Richmondshire

and Whitby Clinical Commissioning Group. 2) to inform Darlington Borough Council and their joint Scrutiny of Health Committee of its support, and to offer to join in these initiatives in any way it is considered appropriate.

Richmondshire District Council considers the maintenance at their current level, or preferably with an embedded programme committed to their continuous improvement, of the Critical Care Services at the Darlington Memorial Hospital essential to guarantee their availability to deal with the immediate, urgent and unplanned healthcare needs of all residents in the District, and it resolves accordingly to adopt appropriate actions or measures to resist any attempt to downgrade them.'

Councillors from Darlington were grateful for the enthusiastic support and construction discussions.

The Committee received the Notice of Motion and noted its contents.

11 Chairman's urgent items

No urgent items were received.

12 Any other business

No other items of business were received.

13 Date and time of next meeting

**Thursday 13 October 2016 at 1.00pm – The Jim Cook Conference Suite,
Municipal Buildings, Church Road, Stockton**