

## **Better Health Programme Joint Health Scrutiny Committee**

At a Meeting of **Better Health Programme Joint Health Scrutiny Committee** held in The Jim Cook Conference Suite - Municipal Buildings, Church Road, Stockton on **Thursday 13 October 2016 at 1.00 pm**

### **Present:**

**Councillor J Robinson (Chairman)**

### **Councillors –**

Councillors W Newall, J Taylor and L Tostevin (Darlington Borough Council)  
Councillors O Temple (Durham County Council)  
Councillors B Brady (Middlesbrough Council)  
Councillors J Blackie, J Clark, C Dickinson (North Yorkshire County Council)  
Councillors R Goddard, M Ovens, N Cooney (Redcar and Cleveland Borough Council)

### **Officers –**

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

### **Better Health Programme –**

Alan Foster  
Dr Nick Roper  
Dr Boleslaw Posmyk  
Edmund Lovell  
Ali Wilson  
Dr Neil O'Brien  
Derek Cruikshank

### **Also in attendance – Members of the Public**

#### **1 Apologies for Absence**

Apologies for absence were received from:-

Councillor S Akers-Belcher (Hartlepool BC)  
Councillor J Blakey (Durham County Council)

## **2 Substitute Members**

L Tostevin for H Scott, Darlington BC and O Temple for W Stelling

## **3 To receive any Declarations of Interest by Members**

There were no interests declared

## **4 Minutes**

The minutes of the meeting held on 8th September 2016 were confirmed by the Committee as a correct record and signed by the Chairman.

## **5 Accident and Emergency Services - Performance against waiting times**

The Committee considered a presentation that gave further explanation to the presentation received at the meeting on 8th September 2016 regarding A&E performance standards. Members were informed that emergency department across the UK were categorised into three types and the performance indicators varied depending on the type of department it was.

Type 1 were consultant led units open 24 hours with full resuscitation facilities. Type 3 were units such as Minor Injury Units which may be doctor or nurse led.

North Tees and Hartlepool NHS Foundation Trust had a type 1 and type 3 units.

Type 2 Units were consultant led single speciality units, for example the unit at Sunderland Eye Infirmary.

**Resolved that the information be noted**

## **6 Sustainability and Transformation Plans - Update**

Members were provided with a report that gave background information in respect of the development of health and care system Sustainability and Transformation Plans.

The Committee then received a presentation that updated Members on the progress made to date in respect of their development and submission to NHS England. The main information provided could be summarised as follows:-

- Better Health Programme had become a key part of the local Sustainability and Transformation Plan covering the sub-region. The STP Footprints had been determined nationally.
- Organisations agreed that North Durham CCG would move into the Northumberland Tyne and Wear STP, and so no longer be part of the Better Health programme.
- STPs were designed to address the health and wellbeing gap, quality of care, and finance and efficiency. Local challenges included the need to

reduce variation, ensuring success in relation to cancer mortality was repeated for other diseases, and standardising the approach to care across the area, including the care that was already available seven days a week. This could for example mean increased access to specialists, and often involved the frail elderly.

- STP needed to add value and stop variation. Existing plans would be used and built upon wherever possible.
- Details of the BHP model of care and the possible scenarios that were being considered.
- The Better Health Programme proposals included provision for a reconfiguration of acute care, but it was not planned that any hospital would close. All sites would stay open but would deliver care differently.
- Specialist hospitals would allow for patients to see a consultant who was a specialist in their condition or in that service. Currently this did not happen; patients may see an experienced doctor who would not always be a specialist in the condition the patient was at hospital for.
- A timetable for the STP was provided with consultation on service change beginning in June 2017. Also provided were October's public engagement event dates. Consultation had been moved back to 2017 in line with other STP timetables and no decisions had been made.
- Some capital funding would be needed to change services, and each STP would be making bids to the national Investment Committee. The local STP needed to be realistic about what it could secure. National approvals would therefore not be given until March 2017.

Members were given opportunity to ask questions/make comments that could be summarised as follows:-

- Representatives from North Yorkshire highlighted that during previous service reviews, residents had been reassured that although some services may be moved from the Friarage Hospital, Northallerton, they would still be accessible at Darlington Memorial Hospital. It was noted that under the options being put forward, this may not be the case in future. It was noted by the Programme Team that the CCGs in North Yorkshire were being engaged through the process.
- Members queried the process of securing capital funding through the STP process. It was noted that a bid would need to be made for funding for the period covered by the STP, although this would need to be ambitious but realistic. Other sources of funding including via CCGs and money that individual Trusts could generate would also continue to be explored.

- If no changes were made, the current estimated gap in funding between resources and demand would be £259m by 2020/21. The STP would need to include both efficiencies and service improvements. The detailed finances of the local STP were still being finalised, but the local NHS would need to work within the overall financial limits imposed nationally.
- It was important that consultation described all scenarios so the public were fully informed on what each would mean.
- It was noted that future presentations should make clear that the Major Trauma Unit at James Cook was being retained, as this was not clear in the version presented to the Committee. It was agreed that better descriptions of current and future services needed to be used.
- Thought needed to be given to the different scenarios and how it would impact on some of the more rural areas in terms of distances to services. It was agreed that distance would need to be factor in the options analysis. It was explained that a big driver regarding services was the work force available to give a better 7 day service.
- Engagement on the STP and BHP needed to be continually improved, including more events in the North Yorkshire area.
- Members noted that workforce pressures had been a continual theme in recent years and queried whether there would be a concerted effort to attract staff. The STP lead noted that there was a national training programme and that the local NHS was recruiting from the same pool as the rest of country. There were not enough training places nationally, but efforts were being made to attract people to this area.
- When considering the different scenarios, parking at the hospitals needed to be taken into consideration.
- Members highlighted the importance of promoting genuine choice in maternity care, for example home births.

The Committee recorded the concerns of a Durham County Councillor in relation to the future place of North Durham within the region's planning processes. The area would in future be covered by the Northumberland and Tyne and Wear STP, but had previously been considered as part of the Better Health Programme, and would continue to be covered by an acute provider Trust that spanned both STP areas.

It was noted that 85% of North Durham patient contacts were via North Durham Hospital, and the next highest used providers were Gateshead and Sunderland. For future planning processes it was suggested by the BHP that it made sense to include the area in the northern STP.

North Durham CCG would continue to engage with both the regional STPs.

**Resolved that the information be noted.**

## **7 Better Health Programme - Phase 4 Engagement Plan**

A timetable for the STP was provided with consultation on service change beginning in June 2017. Also provided were October's public engagement event dates and the engagement themes.

## **8 Better Health Programme - Not in Hospital Services**

The Committee considered a presentation updating on the development of a Not in Hospital Strategy. The main information provided included:-

- Better Health: Principles of care ensuring people were only in hospital when they needed to be.
- The 4 principles were Prevention, Responsive & Accessible, Co-ordination and Proactive and the Standards and outcomes.
- The out of hospital model of care.
- The enablers, person centred outcomes, system outcomes and priorities for this year.

It was noted that 90% of health contacts took place out of hospital, and therefore it was only right to make this a major focus of service improvements.

A community hub approach would be developed, with hubs of services based on populations sized thirty to fifty thousand people. These would have a physical base or be co-ordinated virtually, depending on the geographical location. Teams would be sized appropriately for the local population.

Members raised concerns regarding having the right services in the community hubs, and ensuring good practice was repeated across the region, for example stroke care.

Members queried the lack of involvement of mental health services in the Programme. It was noted that the original focus was on acute services, but the out of hospital workstream was increasingly involving mental health services. These services were however mainly based in the community already.

It was noted that increased use of technology (eg. remote monitoring of patients) had not been covered in detail in the presentation and the Programme Team would bring further details to a future meeting.

It was noted that there was a need to align the plans for acute and community care, and ensure that there was a transfer of resources to match any transfer of activity.

A member of the public noted the important role of nurses and this was agreed by all. They also highlighted issues with community dental care in Hartlepool, and the representative of the CCG was surprised at this as access should be available via NHS111. This was to be followed up outside of the meeting.

**Resolved that the report be received and a further report on the use of technology be brought to a future meeting of the BHP Joint OSC.**

**9 Chairman's urgent items**

The Chairman had no urgent items.

**10 Any other business**

There had been no items identified.

**11 Date and time of next meeting**

The date of the next meeting was Thursday 1st December 2016 at 1.30pm in the Council Chamber, Hambleton District Council, Northallerton.