Better Health Programme Joint Health Scrutiny Committee

Meeting on Thursday 19 January 2017 at 2.00 pm in Redcar and Cleveland Community Heart, Ridley Street, Redcar, TS10 1TD

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 special meeting of the Better Health Programme Joint Health Scrutiny Committee held on 1 December 2016 – Copy attached.

5. **Better Health Programme Joint Overview and Scrutiny Committee - Terms of Reference (Pages 9 - 14)**

   The Terms of Reference agreed by the Better Health Programme Joint Health Scrutiny Committee have been reproduced for members' information to re-affirm the requirements placed upon the Committee in respect of its statutory powers in respect of Health Scrutiny.

6. **Better Health Programme - Workforce considerations/service modelling**

   Presentation – Representatives of the Better Health Programme will give a presentation to the Joint Committee advising members of the latest information regarding workforce considerations and service modelling.

7. **Better Health Programme - Phase 4 Engagement Analysis Report (Pages 15 - 30)**

   To consider the attached independent analysis report by Proportion Marketing of the Phase 4 Better Health Programme engagement events.

8. **Chairman's urgent items**
9. **Any other business**
10. **Date and time of next meeting**

    - **Thursday 9 March 2017 at 2.00 p.m. – Committee Room 2, Town Hall, Darlington Borough Council.**

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

Membership:

DARLINGTON BOROUGH COUNCIL
Councillor Wendy Newall
Councillor Jan Taylor
Councillor Heather Scott

DURHAM COUNTY COUNCIL
Councillor John Robinson
Councillor Jan Blakey
Councillor Watts Stelling

HARTLEPOOL BOROUGH COUNCIL
Councillor Ray Martin-Wells
Councillor Stephen Akers-Belcher
Councillor Rob Cook

MIDDLESBROUGH COUNCIL
Councillor Eddie Dryden
Councillor Bob Brady
Councillor Jeanette Walker

NORTH YORKSHIRE COUNTY COUNCIL
Councillor John Blackie
Councillor Jim Clark
Councillor Caroline Dickinson

REDCAR AND CLEVELAND BOROUGH COUNCIL
Councillor Ray Goddard
Councillor Mary Ovens
Councillor Norah Cooney

STOCKTON-ON-TEES BOROUGH COUNCIL
Councillor Sonia Bailey
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 at the Hambleton District Council offices, Northallerton, North Yorkshire on **Thursday 1st December 2016 at 1.30pm.**

Present:
Cllr J Robinson (Durham County Council) Chair

Councillors –
Councillors L Tostevin (Darlington Borough Council)
Councillors J Blakey, J Robinson and O Temple (Durham County Council)
Councillors B Brady and E Dryden (Middlesbrough Council)
Councillors J Blackie, J Clark, C Dickinson (North Yorkshire County Council)
Councillors R Goddard and M Ovens (Redcar and Cleveland Borough Council)
Councillors S Bailey and M Vickers (Stockton-on-Tees Borough Council)

Officers –
Peter Mennear (Stockton-on-Tees Borough Council)
Stephen Gwillym and Jenny Haworth (Durham County Council)
Joan Stevens (Hartlepool Borough Council)
Alison Pearson (Redcar and Cleveland Council)
Daniel Harry (North Yorkshire County Council)

Better Health Programme –
Dr Boleslaw Posmyk
Edmund Lovell
Ali Wilson
Nic Bailey
Derek Cruikshank

Also in attendance – Janet Probert from Hambleton Richmondshire and Whitby CCG, Members of the Public

1. **Apologies**
   Councillors W Newall, J Taylor and H Scott (Darlington Borough Council)
   Councillors Akers-Belcher, R Cook, R Martin-Wells (Hartlepool Borough Council)
   Councillor J Walker (Middlesbrough Council)
   Councillor N Cooney (Redcar and Cleveland Borough Council)
   Councillor L Hall and A Mitchell (Stockton-on-Tees Borough Council)

2. **Substitute Members**
   Councillor L Tostevin (Darlington Borough Council)
   Councillors O Temple (Durham County Council)
   Councillor M Vickers (Stockton-on-Tees Borough Council)

3. **Declarations of interest**

   None recorded.

4. Minutes of the meeting on 13 October 2016

Minutes accepted subject to the addition of the names of those Stockton Councillors who were present at the meeting.

5. Sustainability and Transformation Plans – Publication

Ali Wilson, Hartlepool and Stockton CCG delivered a presentation in respect of the formal publication of the draft Durham, Darlington and Tees; Hambelton, Richmondshire and Whitby Sustainability and Transformation Plan (STP).

The Draft STP plan had been published on 24 November 2016 and was available on the respective CCG websites. The Committee were advised that NHS England has not yet given feedback on the plan.

Ali Wilson set the national context for the introduction of STPs and the challenges that they are intended to meet.

The presentation stated that the STP is not about cuts to funding and that funding to the NHS is increasing but these increases are being outstripped by increases in demand and rising costs of interventions.

The Better Health Programme Board had recognised that the initial work on STPs had been NHS led but that it required a broad partnership of agencies and organisations if it is to deliver improved health outcomes for people.

Ali Wilson reported that the STP offers opportunities for significant economies of scale to be achieved in the delivery of health services.

It was noted that the footprint had been amended to reflect North Durham CCG moving across into the STP for Northumberland, Tyne and Wear. The total population covered by the STP is now 1.1million.

Four priority areas were identified within the STP, NAMELY:

- Preventing ill health and increasing self-care – identification of those at risk, screening, early intervention and prevention
- Health and care in communities and neighbourhoods – integrated community teams, improved access to mental health services (throughout the life course), rapid response to prevent hospitalisation
- Quality of care in our hospitals – most routine procedures kept as local as possible, specialist/emergency services available 24/7, reduce cancellations of operation, improve outcomes
- Use of technology – to support people in more remote, rural areas and to promote people living independently in their own home.

The financial challenge was stated to be a projected deficit of £281 million in 2021, if nothing different is done.

Ali Wilson outlined the engagement that had been undertaken to date with members of the public and key stakeholders.

Public concerns raised included: safety; transport; access to primary care; access to mental health services; and hospital discharges.

Formal, public consultation planned for June or July in 2017. In the interim, the Respective partners were seeking 'transformation funding' from NHS England to enable the implementation of the STP, once agreed.

Members of the Committee then asked a range of questions about the draft STP plan, as summarised below:

A question by a Member for Middlesbrough Borough Council was raised about the financial assumptions, specifically how the current tariffs for planned and urgent care affected decision making and whether the resulting re-distribution of funding was fair. In response, Ali Wilson outlined that an "in principle" agreement was being developed between commissioners and providers so that future service commissioning will be based upon a more equitable, system-wide payment approach.

Ali Wilson agreed to provide further information on the tariff system, both what is currently in place and that which may be proposed under the STP process.

Derek Cruikshank emphasised that one of the aims of the STP was to promote collaboration and end some of the competition across the health economy that had prevented a system wide approach.

Cllr Jim Clark stated that North Yorkshire County Council will not be signing the STP plan and was calling upon the Secretary of State for one STP for North Yorkshire. He went on to acknowledge the support given to North Yorkshire at a recent Parliamentary debate by the Rt Hon Jenny Chapman, Member of Parliament for Darlington.

Janet Probert emphasised that the most important issue was that people received the highest level of care, wherever it was available. The STP is a vehicle to achieve this. She urged members to move on from discussions around boundaries and look at making the STP work.

Cllr Clark stated that devolution was also a factor in the discussions around the STPs, particularly in North Yorkshire.

Cllr Sonia Bailey raised concerns about the existing discharge to assess processes, the financial pressures upon adult social care services and the risk that patients would be discharged when community support was not sufficiently in place.

In response, Ali Wilson stated that the right thing for the patient is to move them out of hospital and into their own homes as soon as possible. The challenge is to ensure that there is a joint approach to providing a range of support packages that enable this and promote independence.

Cllr John Blackie raised his concerns that the draft STP plan was dominated by the NHS and that little regard was being paid to the role of other organisations, such as local authorities and Great North Air Ambulance. He also highlighted the issues faced by the more remote communities in the STP area and the distances that they would have to travel and so journey times to specialist and urgent/emergency services, should local services be downgraded.

Cllr Lorraine Tostevin stated that the process to date had been engagement and not consultation. She acknowledged that processes were being worked through but stated that detailed information had not yet been brought to the Joint Scrutiny Committee. There is a need for data and analysis to be brought forward to enable planning to be scrutinised.

Cllr Owen Temple noted that the engagement process had highlighted that there were opportunities to look at savings and efficiency gains from small changes to existing practices in the NHS, as opposed to large scale changes to structures.

Ali Wilson recognised that they process had been difficult and that more could be done to form the broad partnerships to necessary to design and deliver the STP. Also, that the STP was a plan in progress and that it was evolving over time.

Stephen Gwillym requested that the plans for formal consultation be brought to the Committee prior to release for overview and scrutiny. This was agreed by the Committee.

Resolved that the:

- **draft Sustainability and Transformation Plan be noted.**
- **plans for formal, public consultation be brought to the Committee prior to release**
- **further information be presented to a future meeting of the Committee regarding the Tariff system of payments for urgent and planned acre within the NHS system.**

Public questions

Jo Land, 'Call 999 for the NHS' queried how the projected deficit of over £200 million could be eliminated whilst also increasing the quality of care. She highlighted a number of gaps and omissions, asked that the plans not be signed off at this meeting and that the plans be referred to the Secretary of State.

Stephen Gwillym confirmed that the role of the Better Health Programme Joint Health Scrutiny Committee was not to sign off the STP plans but to oversee the development of the STP and the associated implications for the Better Health Programme. He stressed that the Better Health Programme Joint Health Scrutiny Committee is not a decision making body in terms of approving either STPs or any proposed Better Health Programme service reconfigurations. He acknowledged that Health Scrutiny legislation included

the power to refer any proposed service reconfigurations to the Secretary of State for Health for review. However, in respect of the Better Health Programme, each of the constituent local authorities within the BHP Joint OSC membership retained the power to refer to the Secretary of State and it does not sit with the Joint Health Scrutiny Committee.

A member of public from Hartlepool questioned as to who will look after the people who are discharged into the community from hospital. There are existing staff shortages and a lack of community services.

In response, Dr Boleslaw Posmyk stated that as part of the STP process resources would be freed up by patients leaving hospital to make community based services more robust and resilient. A report will be brought to this committee in the new year

A member of the public queried whether the senior management structures in the NHS were being reviewed to reduce salary costs.

6. Better Health Programme – Phase 4 Engagement Feedback

The Committee considered feedback reports produced as part of the Phase 4 Engagement process in respect of:-

- Engagement with the Voluntary and Community Sector across the BHP footprint produced by Voluntary Organisations' Network North East (VONNE)
- Engagement with frail elderly people living in care produced by Groundwork North East and Cumbria
- Engagement with Children and Young people in North and South Durham produced by the County Durham Health Group for Investing in Children.

Members were also given a short presentation summarising the key findings and responses obtained from the aforementioned engagement.

Cllr Jim Clark raised a query about the cost of the engagement process to date in respect of the Better Health Programme.

Edmund Lovell stated that in 2016/17 a total of £0.5 million had been allocated for engagement purposes although this was currently underspent as the formal, public consultation had not taken place in November as previously anticipated.

Another series of public engagement events are planned in January, February and March 2017.

In response to the presentation by Edmund Lovell, committee members raised a number of issues.

Cllr Sonia Bailey questioned whether there had been any engagement with carers of older people.

Edmund Lovell confirmed that there has been some but more discussions with carers were needed.

Cllr John Blackie noted the breadth and depth of work of Edmund and his team and the work that they were doing to engage with a diverse range of different members of the public. He also asked that the requirement that people register for an event be removed as it may serve as a dis-incentive.

Cllr Jan Taylor noted the importance of children's mental health.

The Chairman asked that people's views on community hospitals be sought in any future engagement exercise.

Cllr Jim Clark noted the lack of engagement in and around the North York Moors and Whitby areas.

A representative of the North East Empowerment and Diversity Group referenced the "Hartlepool Matters" report and asked how that sits with the Better Health programme. Dr Posmyk stated that this document was a key element of the ongoing work needed to ensure Health and Social Care integration within Hartlepool Borough.

Resolved that the information be noted.

7. **Chairman's urgent items**

   The Chairman had no urgent items.

8. **Any other business**

   There had been no items identified.

9. **Date and time of next meeting**

   Thursday 19 January 2017 at 2.00 p.m. – Redcar and Cleveland Council – Venue to be confirmed

   The meeting ended at 4.00pm.

Protocol for a Joint Health Scrutiny Committee

Better Health Programme

1. This protocol provides a framework under the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013 for considering and providing a formal consultation response in relation to proposals for substantial development and variation to health services as contained in the 'Better Health Programme'. The proposals affect the Durham and Tees Valley region and are being proposed by the following:

   - Darlington Clinical Commissioning Group (CCG);
   - Durham Dales, Easington and Sedgefield CCG;
   - Hartlepool and Stockton-on-Tees CCG;
   - North Durham CCG;
   - South Tees CCG.

2. The terms of reference of the Joint Health Scrutiny Committee is set out at **Appendix A**.

3. A Joint Health Scrutiny Committee ("the Joint Committee") comprising Darlington BC; Durham County Council, Hartlepool BC, Middlesbrough BC, North Yorkshire County Council, Redcar and Cleveland BC; and Stockton-on-Tees BC ("the constituent authorities") has been established in accordance with the Regulations for the purposes of formal consultation by the relevant NHS Bodies in relation to the matters referred to at paragraphs 1. In particular in order to be able to:-

   (a) respond to the consultation

   (b) require the relevant NHS Bodies to provide information about the proposals;

   (c) require members/employees of the relevant NHS Bodies to attend before it to answer questions in connection with the consultation.

4. The Joint Committee formed for the purpose of the consultation outlined at paragraph 1 will, following approval of this protocol and terms of reference at its first meeting, circulate copies of the same to:-

   Local Authorities

   Darlington Borough Council (BC); Durham County Council, Hartlepool BC, Middlesbrough BC, North Yorkshire County Council, Redcar and Cleveland BC and Stockton-on-Tees BC;

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

   [This may be replaced by 'Better Health Programme Board' or similar]

NHS Foundation Trusts

County Durham and Darlington Trust
North Tees and Hartlepool Trust
South Tees Hospitals Trust

Membership

5. The Joint Committee will consist of equal representation, with three representatives to be appointed by each of the constituent authorities.

6. The term of office for representatives will be for the period from the date of their appointment by their constituent authorities until their relevant authority's next annual council meeting. If a representative ceases to be a Councillor, or wishes to resign from the Joint Committee, the relevant council shall inform the joint committee secretariat and the replacement representative shall serve for the remainder of the original representative's term of office.

7. To ensure that the operation of the Joint Committee is consistent with the Constitutions of all the constituent authorities, those authorities operating a substitution system shall be entitled to nominate substitutes.

8. The Joint Committee may ask individuals to assist it (in a non-voting capacity) and may ask independent professionals to advise it for the purposes of the consultation process.

9. The quorum for meetings of the Joint Committee shall be a minimum of one member representative from each of the constituent authorities.

Chair and Vice-Chair

10. The Chair of the Joint Committee is Councillor John Robinson, Durham County Council and the Vice-Chair is Councillor Ray Martin-Wells, Hartlepool Borough Council. The Chair will not have a second or casting vote.

11. If the agreed Chair and Vice-Chair are absent from a meeting, the Joint Committee shall appoint a member to chair that meeting from the representatives present who are members of the same constituent Council as the Chair.

Terms of Reference

12. The Joint Committee will be the formal consultee under the Regulations and the Directions for the purposes of the consultation by the relevant NHS Bodies concerning those matters outlined at paragraphs 1. Terms of reference are set out at Appendix 1.

Administration

13. Meetings shall be held at the times, dates and places determined by the Chair in consultation with each of the constituent authorities.

14. Agendas for meetings shall be determined by the secretariat in consultation with the Chair.

15. Notice of meetings of the Joint Committee will be sent to each member of the Joint Committee at least 5 clear working days before the date of the meeting and also to the Chair of the constituent authorities' relevant overview and scrutiny committees (for information). Notices of meetings will include the agenda and papers for meetings. Papers "to follow" should be avoided where possible.

16. Minutes of meetings will be supplied to each member of the Joint Committee and to the Chairs of the constituent authorities' relevant overview and scrutiny committees (for information) and shall be confirmed at the next meeting of the Joint Committee.

Final Report and Consultation Response

17. The relevant NHS body are required to notify the Joint Committee of the date by which its consultation response is required, and the date by which it intends to make a decision. The Guidance highlights that it is sensible for the Joint Committee to be able to consider the outcome of public consultation before its makes its consultation response.

17. The Joint Committee is independent of its constituent councils, executives and political groups and this independence should not be compromised by any member, officer or relevant NHS bodies. The Joint Committee will send copies of its final report and formal consultation response to the relevant NHS Bodies and the constituent authorities.

18. The primary objectives of the Joint Committee will be to reach consensus, but where there are any aspects of the consultation as regards which there is no consensus, the Joint Committee's final report and formal consultation response will include, in full, the views of all of the constituent authorities, with the specific reasons for those views, regarding those areas where there is no consensus, as well as the constituent authorities' views in relation to those matters where there is a consensus.

Following the Consultation

19. Any next steps following the initial consultation response will be taken with due reference to the 'Local Authority Health Scrutiny: Guidance to support Local Authorities and their partners to deliver effective health scrutiny' (Department of Health; June 2014).

Principles for joint health scrutiny

20. In scrutinising the proposals, the joint committee will aim to consider the proposal from the perspectives of all those affected or potentially affected by that proposal.

21. The constituent authorities and the relevant NHS Bodies will be willing to share knowledge, respond to requests for information and carry out their duties in an atmosphere of courtesy and respect in accordance with their codes of conduct. Personal and prejudicial and/or disclosable pecuniary interests will be declared in all cases in accordance with the code of conduct and Localism Act 2011.

22. The Joint Committee's procedures will be open and transparent in accordance with the Local Government Act 1972 and the Access to Information Act 1985 and meetings will be held in public. Only information that is expressly defined in regulations to be confidential or exempt from publication will be able to be considered in private. Papers of the Joint Committee may be posted on the websites of the constituent authorities as determined by them.

23. Communication with the media in connection with the Joint Committee's views will be handled in conjunction with each of the constituent local authorities' press officers.

Appendix A

Better Health Programme Joint Health Scrutiny Committee

Terms of Reference

1. To consider proposals for substantial development and variation to health services as contained in the 'Better Health Programme' and as proposed by the following:

   a) Darlington Clinical Commissioning Group (CCG);
   b) Durham Dales, Easington and Sedgefield CCG;
   c) Hartlepool and Stockton-on-Tees CCG;
   d) North Durham CCG;
   e) South Tees CCG.

2. To consider the following in advance of the formal public consultation:

   - The aims and objectives of the Better Health Programme
   - Information on the Options Appraisal process
   - The plans and proposals for public and stakeholder consultation and engagement

3. To consider the Programme's substantive proposals during the period of formal public consultation, and produce a formal consultation response, in accordance with the protocol for the Joint Health Scrutiny Committee and the consultation timetable established by the relevant NHS Bodies.

4. In order to be able to formulate and provide views to the relevant NHS bodies on the matters outlined above, the Joint Committee may:-

   a) require the relevant NHS Bodies to provide information about the proposals the subject of the consultation with the constituent local authorities and the Joint Committee; and

   b) require an officer of the relevant NHS Bodies to attend meetings of the Joint Committee, in order to answer such questions as appear to them to be necessary for the discharge of their functions in connection with the consultation.

5. To ensure the formal consultation response of the Joint Committee includes, in full, the views of all of the constituent authorities, with the specific reasons for those views, regarding those areas where there is no consensus, as well as the constituent authorities' views in relation to those matters where there is a consensus.

6. The Joint Committee does not have the power of referral to the Secretary of State.

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Independent Analysis of the PHASE 4 Public Engagement Events (October to November 2016) for the Better Health Programme

Proportion Marketing November 2016

Contents

1.0 Introduction

This BHP Phase 4 feedback analysis has drawn on the scribe notes from 12 public engagement events (held between the 10th October and 17th November 2016 - total attendance 212) and direct emails to the BHP team.

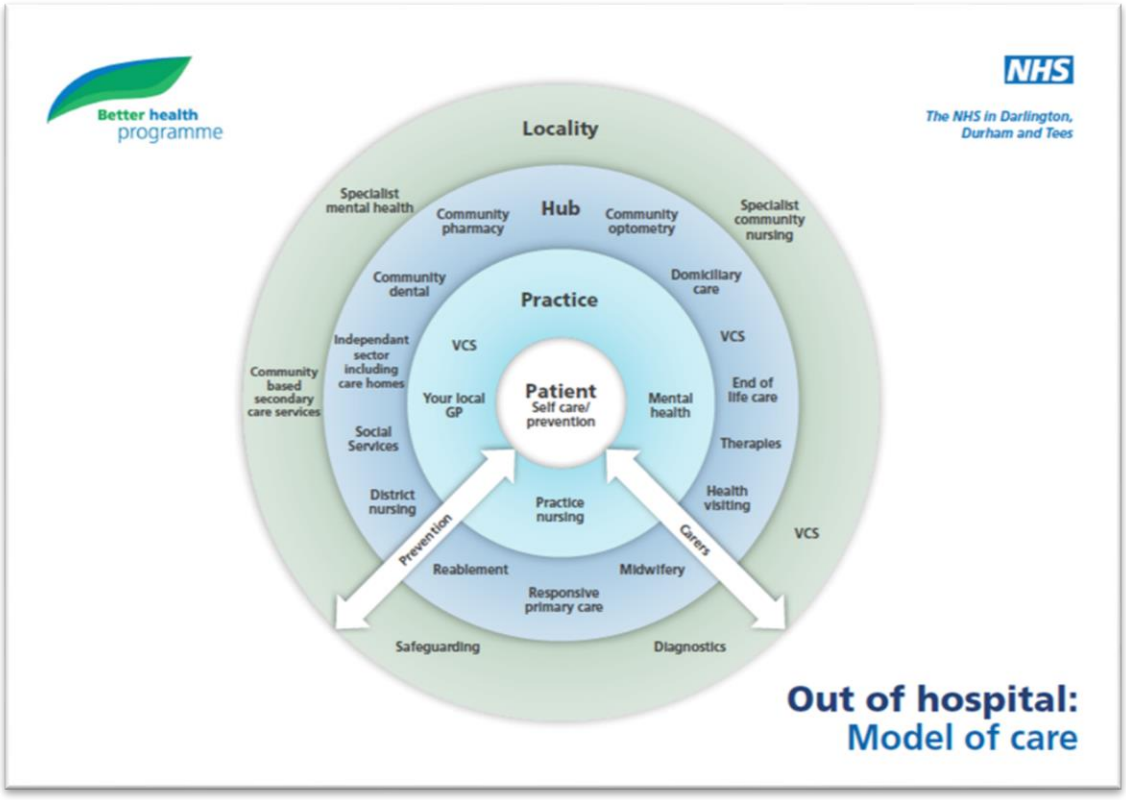
Attendees were asked to evaluate the event. 96% of respondents agreed or strongly agreed that the presentation was informative, 94% agreed or strongly agreed that the workshop was helpful and 97% agreed or strongly agreed that the event was informative.

Attendees were asked the following questions around three areas:

1. Care out of Hospital – What's Important to Me?

Does this reflect what is important to you or people you care for?
What have we missed?
Are we there now?
What could get us there?

2. Care out of Hospital – Model of Care

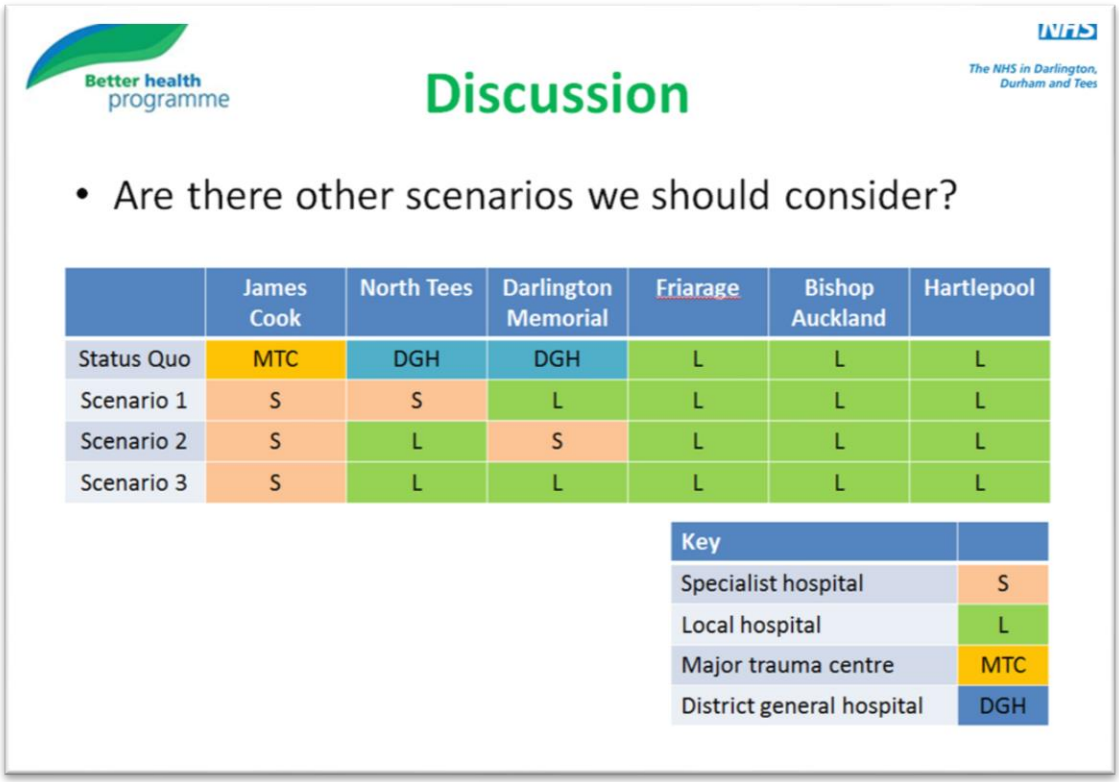


Have we identified the right services?

Are there other services that could be provided more locally?

How would this affect you, your family, or people you care for?

3. Care out of Hospital – Are There Other Scenarios We Should Consider?



	James Cook	North Tees	Darlington Memorial	Friarage	Bishop Auckland	Hartlepool
Status Quo	MTC	DGH	DGH	L	L	L
Scenario 1	S	S	L	L	L	L
Scenario 2	S	L	S	L	L	L
Scenario 3	S	L	L	L	L	L

Key	
Specialist hospital	S
Local hospital	L
Major trauma centre	MTC
District general hospital	DGH

Are There Other Scenarios We Should Consider?
Other comments

Feedback was recorded by scribes at each table and has been independently analysed by Proportion Marketing Limited for this report. Not all events completed all three questions (Hawes and Catterick completed question 3 only).

As they are scribe notes and not comments/positions assigned to individual attendees it is not possible to quantify support or opposition to ideas, but counting comments and grouping them into themes does provide a sense of the main issues raised by the attendees that should inform BHP decision-making.

2.0 Executive summary

The Phase 4 engagement events proved successful in highlighting a number of issues that the Better Health Programme should feed into its processes.

2.1 Feedback prompted by the following questions

Q1. Care out of Hospital – What's Important to Me? (527 comments)

- 20.7% of comments were around improving **communication** between hospital, services, patients and carers (including shared info and use of IT, educating patients where to go for services)
- 12.5% of comments were around reassuring the population that 'out of hospital' care will improve outcomes, and that **discharge needs** (particularly involving mental health social care) are addressed
- 8.9% of comments were around improving **access** to primary care and GPs - seen as

2.2 Feedback prompted by the following questions

Q2. Care out of Hospital – Model of Care (154 comments)

- 14.9% of comments were around improving **communication** between hospital, services, patients and carers (including shared info and use of IT, educating patients where to go for services)
- 7.8% of comments suggested that the provision of additional **support and training** was also deemed vital to successfully deliver any new model
- 7.1% of comments questioned the absence of mental health in the model of care

2.3 Feedback prompted by the following questions

Q3. Care out of Hospital – Are There Other Scenarios We Should Consider? (536 comments)

- 17.4% of comments were around **transport** - travel distance and travel times – this theme was the dominant theme regarding the impact of different scenarios
- 12.7% of comments were **queries around the scenarios** – what happens to a service, where do patients go for certain services
- 10.3% of comments were around **resources** – whether there was enough money and staff to manage the impact of the scenarios

3.0 Main Findings

3.1 Feedback prompted by the following questions

Q1. Care out of Hospital – What's Important to Me?

Does this reflect what is important to you or people you care for?

What have we missed?

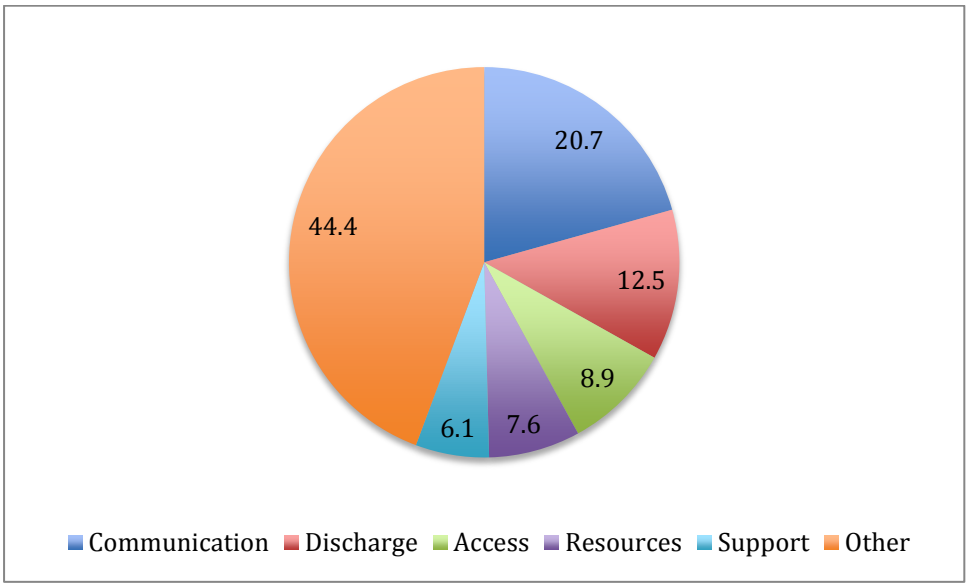
Are we there now?

What could get us there?

3.1.1 Main Themes raised during this questions (527 comments)

- 20.7% of comments were around improving **communication** between hospital, services, patients and carers (including shared info and use of IT, educating patients where to go for services)
- 12.5% of comments were around reassuring the population that 'out of hospital' care will improve outcomes, and that **discharge needs** (particularly involving mental health social care) are addressed
- 8.9% of comments were around improving **access** to primary care and GPs - seen as critical to success
- 7.6% of comments covered **Staff and resource** shortages - will 'out of hospital' care proposals cope? Would the role of ambulances and NHS111 improve?
- 6.1% of comments suggested that the provision of additional **support and training** was also deemed vital to successfully deliver any new model

Figure 1 – Main Themes for Q1 (55.6% of all comments)



Sample quotes around the Main Themes

"Communications is a very important factor – people are not aware what is going on"

"All family members need to be involved in the care plan. I have a son in Darlington hospital. No one has asked his family how he will cope. How will he attend appointments?"

"Getting access to a GP is getting easier. One life has made it easier to get all sort of information."

"Is the workforce out there to facilitate this community based model?"

"Prevention point of view – make this very clear – such that the patients care does not deteriorate such that they will need to go in hospital – help in providing the support that is required at the appropriate time."

Other Themes for Q1 (42.2% of all comments)

Continuity of Care/Designated GP	5.9
Technology	4.6
Self Care - Prevention	3.6
Criticism of event	3.2
Transport	2.8
Finance	2.7
Mental Health	2.3
Tell Story Once	2.1
Pharmacy	1.9
Volunteers	1.9
NHS111	1.1
Elderly	1.1
A&E	0.9
Listen to patient needs	0.8
Urgent/Emergency Care	0.4
Other	8.9
	100

- **Continuity of care** seen as very important – particularly for patients with multiple or long-term conditions
- The wider use of **technology** was consider vital in ensuring the 'out of hospital' care model could be successful
- **Educating** patients and maximising **self-care and prevention** was seen a major contributor to keeping patients out of hospital
- There was some comments that the turnout of the event was poor or that the presentation did not use public-friendly language
- The ever-present theme of **transport** was raised - travel distance and travel times – and that out of hospital should mean nearer to home
- Remaining themes include how it would be financed, whether mental health patients needs are covered, the value in telling your story once, the roles of pharmacies, volunteers and NHS111, the needs of the elderly, the provision of A&E, the importance of listening to patients needs and wishes and the effect on urgent and emergency care provision.

Sample quotes around Other Themes

"Continuity of Care is particularly important, especially if you have multiple issues."

"Elderly patients do not know what medication they are on – could technology help with this?"

"Prevention scheme to stop people from getting to a state where they have to end up in the hospital. This will sit well in the community."

"We haven't got the right people here in the room to engage with. Only a handful of local residents are here and the rest are professionals. More people should be here, have resident been asked to attend?"

"Accessibility – make transport services accessible and affordable."

"More money/funding available in the community/voluntary sector, more money should be re-directed to these places."

"There needs to be a way that is easy for patients to see what services are there to support and underpin their care. Social prescribing would be very helpful, particularly to people with mental health issues.

"Telling my story once is so important – if you've got your own booklet, would that not work?"

"We need to ensure that people know what support a pharmacist can offer them. They must be seen as an integral part of peoples care."

"Voluntary sectors can't be a given – it can disappear – some voluntary organisations are hand to mouth – High wages in NHS – puts off volunteers."

"Make 111 better. This would be good to raise awareness and experience and help stop unnecessary trips."

"Lots of elderly people just need reassurance."

"Triage is important - is this working at the moment? At JCUH they have a triage nurse in A&E that has been very successful."

"Patients are confident that they're being listened to and GPs/staffs listen to their point of views."

"You need to make sure that people are educated about the difference between Urgent Care and A&E."

3.2 Feedback prompted by the following questions

Q2. Care out of Hospital – Model of Care

Have we identified the right services?

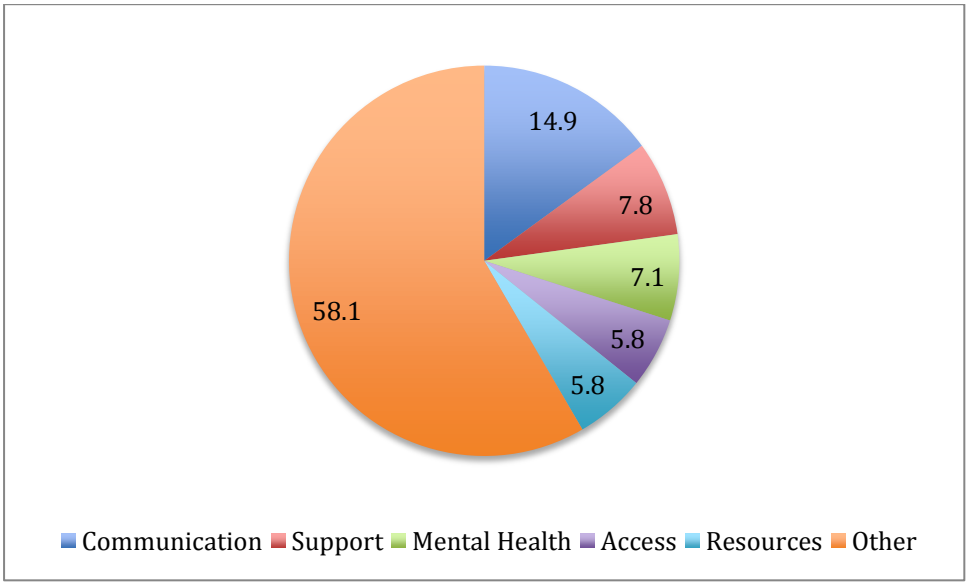
Are there other services that could be provided more locally?

How would this affect you, your family, or people you care for?

3.2.1 Main Themes raised during this questions (154 comments)

- 14.9% of comments were around improving **communication** between hospital, services, patients and carers (including shared info and use of IT, educating patients where to go for services)
- 7.8% of comments suggested that the provision of additional **support and training** was also deemed vital to successfully deliver any new model
- 7.1% of comments questioned the absence of **mental health** in the model of care
- 5.8% of comments were around improving **access** to primary care and GPs - seen as critical to success
- 5.8% of comments covered **Staff and resource** shortages - will 'out of hospital' care proposals cope? Would the role of ambulances and NHS111 improve?

Figure 2 – Main Themes for Q2 (41.9% of all comments)



Other Themes for Q2 (58.1% of all responses)

Volunteers	5.8
Care package/discharge/carers	5.2
Transport	3.9
Finance	3.2
NHS111	2.6
Self care - Prevention	2.6
Continuity of Care/Designated GP	1.9
Criticism of event	1.9
Social Care	1.9
Urgent/Emergency Care	1.9
Pharmacy	1.3
Technology	1.3
A&E	0.6
Other	24
	100

- The voluntary sector was seen as a missing component of the model
- The discharge process was raised as an important component of the model of care
- Remaining themes include the need to consider transport, how it would be financed, NHS111, self-care and prevention, continuity of care, low turnout, social care integration, urgent and emergency care and the wider roles of pharmacies and technology.

3.3 Feedback prompted by the following questions

Q3. Care out of Hospital – Are There Other Scenarios We Should Consider?

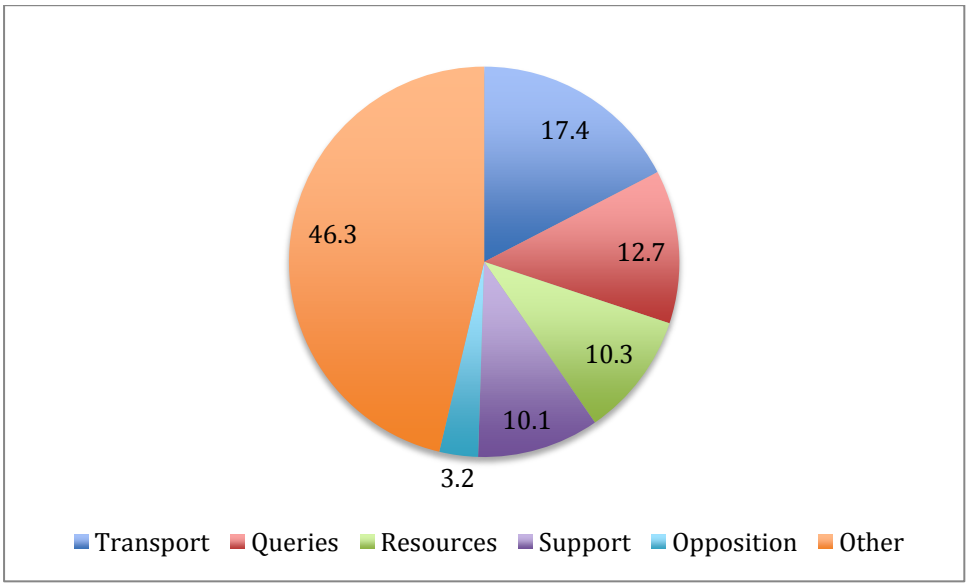
Are There Other Scenarios We Should Consider?

Other comments

3.3.1 Main Themes raised during this questions (536 comments)

- 17.4% of comments were around **transport** - travel distance and travel times – this theme was the dominant theme regarding the impact of different scenarios
- 12.7% of comments were **queries around the scenarios** – what happens to a service, where do patients go for certain services
- 10.3% of comments were around **resources** – whether there was enough money and staff to manage the impact of the scenarios
- 10.1% of comments **supported** a scenario or the concepts of specialisation and care nearer to home. Most comments that expressed support for a particular scenario supported scenario 2 - James Cook University Hospital and Darlington Memorial Hospital as the specialist sites
- 3.2% of comments **opposed** a scenario, the concepts of specialisation and care nearer to home or urged for additional resources to the status quo. Most comments that expressed opposition for a particular scenario opposed scenario 3 - James Cook University Hospital as the only specialist site

Figure 3 – Main Themes for Q3 (53.7% of all comments)



Sample quotes around the Main Themes

"Ambulances have particular difficulty here in Hawes because of where we are. It's not only getting patients to the hospital – what about getting them back home again? CCG only have responsibility for some transport elements not all. In Hawes it can take at LEAST an hour sometimes two hours to get to somewhere like Northallerton."

"Why are we centralising services?"

"Planned surgery - 'choose and book'. How would these changes affect that?"

"How can you deliver all this using the same resources? It's unrealistic."

"Geographically speaking James Cook and Darlington is the preferred scenario looking at the map."

"I also like the idea that you are more likely to see a surgical specialist as opposed to a general surgeon – I would much rather see an expert."

"Don't much like the idea of scenario 3. It doesn't serve the whole of the region and would put too much pressure on one hospital. Would be worried if this came in."

Other Themes for Q3 (46.3% of all responses)

Communication - Education/Information	7.6
Finance	5.6
Criticism - event	4.5
Access - GP/Primary Care/Beds	4.1
Keep Local Hospital	3.4
Social Care Integ	1.9
Care package/discharge/carers	1.5
Urgent/Emergency Care	1.5
Training/Support	1.3
Technology	1.1
NHS111	0.7
A&E	0.7
Self care - Prevention	0.7
Mental Health	0.6
Volunteers	0.2
Pharmacy	0.2
Other	10.7
	100

- The need to communicate the scenario changes, to educate patients and to share service and patient information seen as important
- Concern around financing the new scenarios was raised
- Remaining themes include the low turnout, access to primary care services, calls to save a local hospital, social care integration, the discharge process and the impact of the scenarios; impact on A&E.

3.4 Conclusion

Phase 4 asked attendees to discuss what factors were most important around Care out of Hospital and to look closely at the Care out of Hospital model of Care. The most common comments were around the importance of clear communication to the general public about the changes, where services can be found and to make assurances that ensure confidence in the new proposals.

The discharge process raised many comments - including improving preparation, sharing of information and closer integration with social services (particularly for vulnerable patients – elderly, young mental health).

Comments were raised around ensuring there was an adequately resourced (and trained and supported) workforce to deliver the selected scenario and this was often linked closely to comments around access and continuity of care.

Phase 4 also asked attendees to discuss headline scenarios and to consider alternatives. Most comments by attendees who were responding to the detail of the scenarios were around travel and transport, queried scenario impacts on particular services or sites and questioned whether the resource and workforce was available to deliver.

The BHP team has learned from the phase 4 engagement that its programme needs to be widely known and understood in order to gain public support and that the concepts of specialisation, care out of hospital and the potential need for patients to travel further for better outcomes is gaining some support amongst attendees in face-to-face events. It is important to recognise that these attendees may not represent the general public's view or indeed level of interest in any future consultation.

The comments in phase 4 refines the key themes identified earlier in this engagement process and offers further evidence of the public's views and priorities with which the BHP team can use in its communication and consultation stages.