

Better Health Programme Joint Health Scrutiny Committee



Meeting on Thursday 9 March 2017 at 2.00 pm in Town Hall, Darlington

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 Better Health Programme Joint Health Scrutiny Committee held on 19 January 2017.
5. **Better Health Programme - Local Authority Public Health and Social Care considerations (Pages 9 - 12)**

To consider the attached report of the Principal Overview and Scrutiny Officer, Durham County Council and presentations by representatives of local authority Directors of Public Health and Social Care.
6. **Better Health Programme - Developing a communications and engagement plan to support public consultation. (Pages 13 - 22)**

To consider the attached report of the Better Health Programme Board.
7. **Chairman's urgent items**
8. **Any other business**
9. **Date and time of next meeting**
 - To be confirmed.

Published:

1 March 2017

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** was held at the Redcar and Cleveland Leisure and Community Heart, Ridley Street, Redcar on **Thursday 19 January 2017 at 2.00pm.**

Present:

Cllr J Robinson (Durham County Council) Chair

Councillors –

Councillors J Taylor and L Tostevin (Darlington Borough Council)

Councillors J Blakey and O Temple (Durham County Council)

Councillors B Brady and E Dryden (Middlesbrough Council)

Councillors D Chance, J Clark, C Dickinson (North Yorkshire County Council)

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

Councillors L Hall and A Mitchell (Stockton-on-Tees Borough Council)

Officers –

Peter Mennear (Stockton-on-Tees Borough Council)

Stephen Gwilym (Durham County Council)

Joan Stevens (Hartlepool Borough Council)

Alison Pearson and Lucy Donaghue (Redcar and Cleveland Council)

Daniel Harry (North Yorkshire County Council)

Better Health Programme –

Ann Farrar

Dr Boleslaw Posmyk

Dr Sath

Edmund Lovell

Chris Gray

Paula Bolden

Alan Foster

Also in attendance – Councillor D Walsh, Redcar and Cleveland Borough Council

1. Apologies

Councillors W Newall and H Scott (Darlington Borough Council)

Councillor Watts Stelling (Durham County Council)

Councillors Akers-Belcher and R Cook (Hartlepool Borough Council)

Councillor J Walker (Middlesbrough Council)

Councillor J Blackie (North Yorkshire County Council)

Councillor S Bailey (Stockton-on-Tees Borough Council)

2. Substitute Members

Councillor L Tostevin (Darlington Borough Council)

Councillors O Temple (Durham County Council)

3. **Declarations of interest**

None recorded.

4. **Minutes of the meeting on 1 December 2016**

AGREED that the minutes of the meeting held on 1 December 2016 be confirmed and signed by the Chair as a correct record subject to the following amendment on page 8:

“Cllr Jan Blakey noted the importance of children’s mental health.”

5. **Better Health Programme Joint Overview and Scrutiny Committee – Terms of Reference**

The Chair advised that the Terms of Reference were contained on pages 9-14 of the papers for Members information.

Cllr J Clarke commented that there was no reference to Hambleton, Richmondshire and Whitby CCG within the terms of Reference. The Chair stated that this would be amended to reflect their involvement in the Better Health Programme.

Cllr M Ovens asked about the scrutiny of the Sustainability and Transformation Plan (STP).

The Chair indicated that North Yorkshire County Council could be added to the North East Regional Joint Health OSC, if it was determined that this would be the most appropriate body to scrutinise STPs. Stephen Gwilym suggested that this be raised with the lead officers and members of the North East Regional Joint Health OSC at the earliest opportunity.

At the conclusion of the discussions it was

AGREED that:

1. The information in the report be noted;
2. The issue of how STPs are to be scrutinised be raised with the North East Joint Health Scrutiny Committee.

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

Representatives of the Better Health Programme gave a presentation which provided an update on the workforce considerations and service modelling which had been undertaken by the Better Health Programme Board.

Members were advised that in England there was a shortfall in consultant posts to match demand in respect of the following service specialisms:

- Acute medicine is 552 increasing to 873 by 2020
- A&E is 224 increasing to 371 by 2020

- Anaesthetics is 225 increasing to 530 by 2020
- Cancer is 353 increasing to 629 by 2020

To mitigate against these shortfalls, there would be an investment in development of training places for:

- nursing
- advanced practitioners
- community and primary care workforce
- scientific training programmes

Key issues identified within the presentation included:-

- Acute hospital services could deliver better quality of care by direct access to Consultant specialist services for everyone 7 days a week, and where appropriate, 24 hours a day.
- Some highly specialist services did not see enough patients to maintain and develop care which met agreed clinical standards, e.g. acute surgery and neonatal intensive care.
- Some services did not have enough consultants to ensure rotas in hours and on call to meet clinical standards, e.g. A&E.
- People experienced variation in quality of care depending on where and when they were treated.

The Representatives from the Better Health Programme summarised by advising that:

- The workforce are highly committed and highly professional
- Transformation of the workforce was a continual journey of improvement to deliver better care to patients
- Increasingly, there were pressures on training and specialist workforce both nationally and in the North East
- We are responding positively but we need wider system transformation to retain and attract the best in a highly competitive workforce.

Three short videos were shown to the Joint Committee.

The Chair asked what impact Brexit would have on the services. Members were advised that it took 7 years to train a consultant. It was difficult to know what the impact would be but there were many employees currently from overseas and some had already decided to return to their own countries as feared the impacts of Brexit. 30% of the NHS staffing was made up from overseas trainees and doctors. These could leave a huge shortfall in the future.

Cllr L Tostevin asked if there was a plan for upskilling in local hospitals. Members were advised that there was a plan in place. There were a lot of nurse practitioners in the South Tees area. Specialist skills were being used to the greatest ability.

Cllr M Ovens asked if there were any scientific training programmes in place. Members were advised that the NHS had invested heavily across the region in Radiologists and Radiographers. There were PHD scientists across the

board. There was an issue with recruitment and retention of staff in the South Tees Area. A lot of staff were trained and decided to go to the North Tees area.

The Chair thanked the Representatives from the Better Health Programme for their presentation and attending the meeting.

At the conclusion of the discussions it was:-

AGREED that the information in the report be noted.

7. Better Health Programme – Phase 4 Engagement Analysis Report

Edmund Lovell from the Better Health Programme presented a report which provided details on the BHP Phase 4 engagement feedback analysis. There had been 12 public engagement events held between 10 October and 17 November 2016.

In total there were 212 attendees. 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 any changes, where services could be found and to make assurances that ensure confidence in the new proposals.

The comments in phase 4 refined the key themes identified earlier in the engagement process and offered further evidence of the public's views and priorities with which the BHP team could use in its own communication and consultation stage.

A further set of engagement events would take place in February 2017 as part of Phase 5 on maternity and children's services. Details of the venues dates and timings for the Phase 5 events had been circulated to members of the Committee.

The Chair advised that not all Members had received the information on the upcoming events and requested that they be recirculated to all Members of the Joint Committee.

The Vice Chair asked about the table on page 23 of the report. Members were advised that the table was specifically related to out of hospital care.

Members were advised that information sharing was currently a problem and when a patient was admitted to hospital the hospital did not have access to patient records from the GPs and primary care services. If this information could be shared it could save a lot of time but also if the patients were unable to provide details the hospitals would have access to them.

The Vice Chair advised that transport to the hospitals was a priority, especially if services were being moved. Members were advised that during the consultation events this had been a re-occurring theme discussed all of

them and that it had been noted. The NHS were in discussions with local transport providers.

Cllr M Ovens added that the larger hospitals such as James Cook University Hospital discharged patient's right across the region to many Local Authorities.

The Chair advised that James Cook University Hospital had patients across 7 Authorities and the Mental Health Trust had patients across 12 Local Authorities.

Members were advised that the Sustainability and Transformation Plan (STP) would be looking at all the aspects that had been raised. Intervention was a key focus and it was important keeping people in their own homes and in the community to reduce hospital admissions.

The Chair thanked the representatives from the Better Health Programme for their report.

At the conclusion of the discussions it was

Agreed :

1. That the information in the report be noted; and
2. That information on the consultation events be circulated to the Members of the Better Health Programme Joint Scrutiny Committee.

8. Chairman's urgent items

The Chairman had no urgent items.

9. Any other business

There had been no items identified.

10. Date and time of next meeting

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

The meeting ended at 3.25pm.

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Better Health Programme Joint Health Scrutiny Committee



Better Health Programme Joint Health Scrutiny Committee

9 March 2017

Better Health Programme and Durham, Darlington and Tees; Hambleton, Richmondshire and Whitby Sustainability and Transformation Plan – Implications for Local Authority Public Health and Social Care

Report of Principal Overview and Scrutiny Officer, Durham County Council

Purpose of the Report

- 1 This report provides members with background information regarding the involvement to date of local authority Public Health and Social Care services in the development of the Better Health Programme and Durham, Darlington and Teesside; Hambleton Richmondshire and Whitby Sustainability and Transformation Plan.
- 2 Representatives from local authority Public Health and Social Care services will give a series of presentations setting out how they have been/are to be involved in the development of the Better Health Programme and the Durham, Darlington and Teesside; Hambleton Richmondshire and Whitby Sustainability and Transformation Plan.

Background

- 3 At the previous meetings of the Better Health Programme Joint Overview and Scrutiny Committee, members have received a number of presentations setting out the process in developing the Better Health Programme and latterly the overarching Durham, Darlington and Teesside; Hambleton Richmondshire and Whitby Sustainability and Transformation Plan.
- 4 During the course of these presentations, the Committee have asked for confirmation of and details regarding the involvement of local authority public health and Social Care service providers in the development of the BHP and STP.

Implications for Local Authority Public Health and Social Care

- 5 Representatives from the local authorities within the BHP footprint will be in attendance to provide the Committee with a series of presentations which set out the involvement of local authority public health and social care directors in drafting the Durham, Darlington and Teesside; Hambleton Richmondshire and Whitby STP and the Neighbourhoods and communities' element of the Better Health programme.
- 6 The presentations will also include information on the progress of addressing how health and social care services will be integrated to ensure that there is a seamless care pathway from the acute hospital to community and neighbourhood based provision.

Recommendations

- 7 The Better Health Programme Joint Health Scrutiny Committee is recommended to:-
 - (a) receive this report, and consider and comment upon the contents of the presentations.

Background papers

- Minutes of Better Health Programme Joint Health OSC – 7 July 2016, 21 July 2016 and 13 October 2016

**Contact: Stephen Gwilym, Principal Overview and Scrutiny Officer,
Durham County Council Tel: 03000 268140**

Appendix 1: Implications

Finance - None

Staffing - None

Risk - None

Equality and Diversity / Public Sector Equality Duty - None

Accommodation - None

Crime and Disorder - None

Human Rights - None

Consultation – None

Procurement - None

Disability Issues - None

Legal Implications – None

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Developing a communications and engagement plan to support public consultation

1 Purpose of report

To outline preparations to date to ensure that there is a comprehensive plan in place to support a process of formal public consultation and to seek views from the Joint Health Scrutiny Committee and in particular if they have any thoughts on how it could be strengthened to ensure it meets statutory requirements.

2 Background

NHS organisations across Durham and Teesside have been undertaking work over a number of years to explore what steps might be necessary to ensure that hospitals meet national clinical standards to improve the safety and quality of care provided. For the last 15 months this has been branded the Better Health Programme (BHP). This work has involved significant involvement of local clinicians.

In 2014 NHS England published the Five Year Forward View (5YFV) – a national plan that set out a vision for a better NHS and the steps needed to deliver that vision by 2020-21 and in doing so to tackle the following challenges:

- the health and wellbeing of the population,
- the quality of care that is provided,
- and finance and efficiency of NHS services.

STP footprints are intended to bring people and organisations together to develop a shared plan to address these challenges. The area covered by the STP is south Durham, Teesside and Hambleton, Richmondshire and Whitby. (North Durham is part of the Northumberland, Tyne and Wear and North Durham STP.)

The STP serves as an umbrella plan for a number of plans to address specific challenges. BHP is a key plan within the STP.

The NHS Act 2006 (as amended by the Health and Social Care Act 2012) sets out duties for CCGs around involvement and consultation. As such, NHS organisations have to ensure that patients and the public are properly involved in the planning and development of health services. They must also consult with the relevant local

authorities' overview and scrutiny committees over any changes which could be considered to be substantial variations in the way services are provided.

Organisations must ensure that engagement and consultation activities are in line with the Equality Act 2010.

When planning any service changes NHS organisations must also undergo a comprehensive programme of assurance by NHS England, which includes complying with four tests, two of which have implications for involvement and consultation (i.e. the first and fourth tests). The four tests are:

- Strong patient and public engagement
- Consistency with current and prospective need for patient choice
- Clear clinical evidence base
- Support for proposals from commissioners.

In line with these requirements there has already been a significant amount of engagement activity which has provided feedback to inform the work of the BHP and the STP. The committee has previously received reports and presentations on this activity and the feedback received at its meetings on 21 July, 8 September, 13 October and 1 December 2016 and 19 January 2017.

Engagement activity continues. During February and March a further 11 public events have taken place specifically to seek views on the direction of travel for maternity and paediatric services.

Also in relation to these service areas, during March the voluntary and community sector will carry out 50 discussion groups and there will also be some independent research which will include seeking views from up to 1,000 women of child bearing age as well as discussions with families.

Plans are in place to hold a large event for the voluntary and community sector to seek their views on emerging models of care and also on how the sector may be able to support delivery going forward.

Meanwhile, engagement of NHS staff is the responsibility of the individual organisations but to reinforce work already taking place, representatives of the BHP are working with the hospital foundation trusts on a round of staff engagement events during March and April.

BHP representatives are also exploring how best to ensure good level of communications with and engagement of individual GP practices.

Learning from all of the engagement activity to date is helping to shape a communications and plan for formal public consultation.

3 Developing a communications and engagement plan for public consultation

The BHP has a communications and engagement group which is led by a clinical commissioning group (CCG) chief officer. Its membership includes communications and engagement leads from the BHP and from all NHS trusts and CCGs involved in the STP. Local authority communications and engagement representatives have been invited to attend. This group reports to the Better Health Programme Board.

The group has been working on the development of a communications and engagement plan to support public consultation. It is recognised that given the extent of the potential changes and the breadth of the geography involved, this will need to be comprehensive. It will need to ensure that there is a high level of awareness of any proposals which will involve providing timely, jargon free information for all stakeholders in a number of different formats.

There will also need to be concerted efforts to reach all audiences with a range of different opportunities and ways for people to make their comments known. This will include targeting specific communities of interest (particularly those with protected characteristics in line with the Equality Act 2010), engaging the support of the Voluntary and Community Sector.

3(i) Objectives

The objectives of the communications and engagement plan for consultation will include:

- Ensuring that public and stakeholders have an opportunity to comment on proposals for change, so that feedback can be used to inform the decision making process
- Making sure that the consultation is inclusive and provides opportunities for involvement by a diverse range of stakeholders and the public
- Including the public and stakeholder voice in the BHP
- Ensuring a high level of awareness and understanding of why changes are being proposed
- Ensuring that all steps are taken to maintain public confidence in the process, and in the future shape of services
- Meeting statutory requirements around consultation.

3(ii) Key messages

Some key messages are being developed which will be included in all public information supporting the consultation. These have been subject to discussions with

clinical leaders and they are now being 'road-tested' with representatives from patient and community groups, whose comments will be taken into account. Their views are also being sought on how best to present these messages (i.e. in terms of format and visuals).

The aim is to ensure that these messages are easy to understand for the general public and that they are presented in a way that is helpful.

The latest version of the messages (February 2017) are attached as **Appendix A** (please note these could be subject to change after discussions with representatives of patient and community groups).

3(iii) Methodology

Patients carers and the public

In terms of reaching patients, carers and the public, including different communities of interest and those living in more rural or socially and economically disadvantaged areas, a number of tried and tested methods will be used:

- **A consultation document** which will include:
 - context including vision for the future and why change is needed
 - proposed hospital changes to be consulted on
 - how options for consultation were derived including a description of the options, the assessment process and recommendations on preferred options
 - explanation of what the future changes would mean for those affected by the proposed changes
 - consideration of any impact on other services
 - consideration of any impact on staff
 - financial considerations
 - how the public can get involved using a range of engagement channels
 - how the feedback will be used
 - next steps/decision making.
- Other written information including, **a summary leaflet and flyers and posters** promoting public events will be widely distributed across the geographical area, targeting a diverse range of public venues. The summary leaflet will also be distributed to all households.
- **Short videos** will be prepared to convey key messages – these will be used at public events and posted on websites.

- All materials produced will **include weblinks** for further information (including to the background to the Better Health Programme and STP), a link to an online survey, email and postal addresses for comments and a telephone number.
- All materials produced will be in line with **best practice and national guidance** to meet access requirements and will be in plain English.
- **Community assets** will be optimised by using community and voluntary sector groups to support engagement activities during the consultation process. This will build on the 150 conversations previously commissioned from VONNE and will include going out to a diverse range of groups to meet them on their own ground.
- There will be **structured public engagement events** in each of the local authority areas and consideration given to providing more on request, with clinicians playing a key role. Feedback from these events will be independently analysed.
- There will be a range of **drop-in sessions/road shows** in each local authority area to provide information and to seek feedback.
- There will be **an online survey and possibly on-street independent research** delivered and analysed by an external organisation.
- There will be close liaison with the **local and regional media** – this will include face to face briefings with editors and during the consultation working closely with journalists to ensure any issues raised are promptly addressed. Editorial coverage will be supplemented with paid for advertising, including on local radio. For paid for media advertising opportunities will be taken to explore what extra support may be possible (as part of a package) i.e. in addition to actual advertisements.
- **Advertising** on buses and outdoor sites is being explored.
- There will be a **digital communications plan** – this will include optimising all available websites - including the Better Health Programme website - and social media, supplemented by advertising to target specific groups and communities of interest. Consideration is also being given to hosting online discussion forums.

NHS staff/organisations

The Better Health Programme Board includes board level representatives from all of the participating NHS organisations and as such they are part of the process. Representatives from the different organisations are also on BHP workstreams.

It is the responsibility of the individual NHS organisations to ensure that proper communications with and engagement of staff. This will be supported by written briefings in the run up to and during the consultation.

These efforts will be supplemented by staff engagement events organised by BHP staff who will work with HR colleagues in the hospital NHS foundation trusts. (As indicated in section 2, as part of the engagement process BHP staff are already working with HR colleagues in trusts on a round of staff briefings to take place in March and April. Learning from these events will be applied during the consultation process.)

Statutory bodies

Clearly it will be a priority to maintain close contact with the joint Health Scrutiny Committee to ensure members receive timely briefings and that their views are sought on the developing communications and engagement plan in the run up to consultation. Once consultation has started their views will be sought on the plan as it is being implemented (i.e. in terms of whether any adjustments might be needed to reach specific audiences etc).

There is already senior representation from local authorities on the Better Health Programme Board which ensures they are kept up to date and have an opportunity to influence developing plans.

Steps will also be put into place to ensure that local authorities, health and wellbeing boards, MPs and Healthwatch bodies receive timely briefings in the run up to and during consultation. This will include building on existing ways of providing updates, for example, through scheduled meetings but also being proactive to offer all member briefings for local councils, more frequent meetings with MPs and closer contact with Healthwatch bodies.

The activity will be supplemented with written briefings in the run up to and during consultation.

3(iv) Overall approach

Every effort will be made to ensure a clear and consistent narrative to minimise the risk of confusion and of messages and proposals being misinterpreted. This will be supported by providing regular written briefings to all stakeholders and the use of agreed campaign materials, including a powerpoint presentation.

Throughout the process, tried and tested existing channels of communication and engagement will be optimised.

The voice of clinicians will be prominent to explain the case for change and to build confidence that proposals are driven by a commitment to provide better care and improve clinical outcomes.

There will be a level of independent scrutiny throughout the the process, provided by the Consultation Institute, a national organisation which provides expert advice to statutory bodies on their approach to public consultation. They will be asked to assure the process and the consultation document.

There will be an independent analysis of feedback from public events, responses received from members of the public and stakeholders and through the online survey and onstreet activity. Alongside this there will be a report from the community and voluntary sector on feedback received from its programme of activities during the consultation process.

The Better Health communications and engagement team will have a robust system for logging and responding to any feedback received during the consultation process. Letters and emails received will be acknowledged within 48 hours with a fuller response if required at the earliest opportunity.

There will be a mid-term review of the consultation process facilitated by the Communications and Engagement Group which will include seeking the views of the Joint Health Scrutiny Committee on the process to date. This will provide an opportunity to discuss whether any additional activities are needed to reach specific groups etc.

4 Action required

Members of the Joint Health Scrutiny Committee are asked for their views on the developing communications and engagement plan to support formal public consultation and in particular if they have any thoughts on how it could be strengthened to ensure it meets statutory requirements.

Edmund Lovell
February 2017

Better, safer care 24/7

NOW

THE FUTURE

Better, safer community based care

Your return home may be delayed until services are available to support you at home

You will spend less time in hospital because more services will be available close to or in the home

Better safer planned care

Your planned operation may be cancelled because of emergency cases

Your date for surgery in a planned care unit will be set with much less worry of cancellation

Better, safer emergency care

You may have to wait until tomorrow, or after the weekend for tests

Your tests can take place 7 days a week to find out what's wrong

You will usually see a trainee doctor, before seeing the consultant

You will have more of your care from specialist consultants

You will see a consultant who may not be a specialist in your condition

You will be seen by a specialist in your condition

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