

## Adults Wellbeing and Health OSC

1 March 2016



### Better Health Programme (Formerly Securing Quality in Health Services (SeQiHS))

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## Report of Lorraine O'Donnell, Assistant Chief Executive

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### Purpose of the Report

- 1 This report provides members with background information regarding the Better Health Programme (formerly known as the Securing Quality in Health Services (SeQiHS)) which includes an indicative timeframe for statutory public consultation. Representatives from the Better Health Programme office will be in attendance to provide members with a presentation which highlights additional information.
- 2 The report also details suggested proposals to establish a Joint Health Scrutiny Committee under the provisions of the Health and Social Care Act 2012 involving all local authorities affected by the Better Health Programme and any associated service review proposals.

### Background

- 3 The Adults Wellbeing and Health Overview and Scrutiny Committee have received a series of updates in respect of the Better Health Programme under its former guises of the Quality Legacy Project and Securing Quality in Health Services (SeQiHS), the last being received at the Committee's meeting held on 1 September 2015.
- 4 The Securing Quality in Health Services (SeQiHS) project was initiated by the former Primary Care Trusts and has now become the responsibility of the five Clinical Commissioning Groups, working together with the local NHS hospital foundation trusts in the County Durham, Darlington and Tees valley region.
- 5 The programme is about achieving and sustaining high quality care provided by hospital services in the Durham, Darlington and Tees (DDT) area as defined by agreed clinical quality standards and national expectations.
- 6 In the next ten years acute care for people will come under pressure that will challenge the capacity of acute care services, including:
  - The changing health needs of the people, including an ageing population;
  - Rising numbers of people with long-term conditions;
  - Lifestyle risk factors in young people;

- Greater public expectations of NHS provision.
  - Financial considerations, including the costs of new treatments, rising patient numbers, and finite budgets.
- 7 The commissioners and providers of acute care services across Durham, Darlington and Tees have to act now to make sure the acute care services can meet increasing demands over the next few years.
- 8 The drivers set out above, along with the requirement to ensure that the delivery of high quality clinical standards remains a priority for commissioners and providers alike, create the rationale and momentum for the Better Health Programme.

### **Better Health Programme**

- 9 The Better Health programme is about meeting patient needs now and in the future with constantly improving health and social care delivered in the best place. Commissioners want to make sure that:
- We improve results for patients;
  - Care is of the same high standard wherever, and whenever it is provided;
  - Services have the resources to be sustainable for the next 10 -15 years;
  - We can provide services across 7 days a week where necessary;
  - We make services easier for patients to understand and use;
  - We improve life expectancy and quality of life for everyone in Darlington, Durham and Tees.
- 10 The programme aims to continue improving the services available in Darlington, Durham and Tees but in doing so, key challenges have been identified including:
- The changing health needs of local people;
  - Meeting recommended clinical standards;
  - Availability of highly trained and skilled staff;
  - High quality seven-day services;
  - Providing care closer to home;
  - Making the best use of our money.
- 11 Commissioners have worked with over 100 clinicians over several months, asking them to consider what the best possible care would look like for patients across Darlington, Durham and Tees. Specifically they were asked to look at the following hospital services:
- Acute Medicine
  - Acute Surgery
  - Accident and Emergency
  - Critical Care

- Acute Paediatrics, Maternity and Neonatology (services for very small babies)
  - Interventional radiology
- 12 They are also looking at care outside of hospital (“not in hospital care”) including services and support which will help reduce the number of people who require hospital care, and help people maintain independent lives in their homes or normal places of residence.
- 13 Clinicians are agreeing a set of clinical standards for these services. These include standards recommended by national experts, for example
- London Quality Standards
  - Royal College of Obstetricians and Gynaecologists
  - Royal College of Physicians
  - Royal College of Paediatrics and Child Health
  - Royal College of Emergency Medicine
  - National Confidential Enquiry into Patient Outcome and Death
  - The National Institute for Health and Care Excellence (NICE)
- 14 Clinical standards cover issues like:
- Availability of consultant staff
  - Staffing levels and availability during the day and at night or weekends
  - Numbers of patients who should be seen and treated by a service to make sure skill levels are maintained
  - Use of best practice and recommended treatments
  - Access to diagnostic tests, where required
  - Timescales for assessment by a senior clinician

### **Better Health Programme Timeline for 2016**

- 15 Commissioners have stated their desire to work with stakeholder organisations and public representatives during the Programme and an indicative timeline for 2016 has been shared with stakeholders indicating that public consultation will commence around November 2016.

### **Provisions for consultation and engagement with Overview and Scrutiny Committees**

- 16 The Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013 require the formation of a joint scrutiny arrangement, where an NHS body or relevant health service provider consults more than one local authority on proposals to make substantial variations or developments to services. They provide that all the local authorities whose residents receive such services must participate in the joint scrutiny arrangement for the purpose of responding to the consultation, using the method most appropriate to the areas and issues being considered.

- 17 A local authority can opt-out if, having considered the information provided by the NHS body or relevant health service provider proposing the service change, they determine that the proposal is not “substantial” for their residents. Where a local authority opts out in this way, they will relinquish the power to refer the proposed change to the Secretary of State for the purposes of that particular consultation.
- 18 Only the joint scrutiny committee can require the organisation proposing the change to provide information to them, or attend before them to answer questions. That organisation is under a duty to comply with these requirements. If a local authority has opted out of the joint arrangement, they may not request information or attendance from the NHS body or relevant health service provider proposing the change.
- 19 In scrutinising the proposals, the joint committee should aim to consider the proposal from the perspectives of all those affected or potentially affected by that proposal. Only the joint scrutiny arrangement can then make a report and recommendations back to the organisation proposing the change.

#### **Establishment of a Joint Health Scrutiny Committee**

- 20 The establishment of joint Health Scrutiny Committee has been proposed consisting of representatives from Darlington Borough Council, Durham County Council, Hartlepool Borough Council, Middlesbrough Borough Council, Redcar and Cleveland Borough Council and Stockton-upon-Tees Borough Council.
- 21 In accordance with the regulations detailed above, the Joint Committee will be the vehicle through which the respective Local Authorities will respond to the consultation.
- 22 Accordingly, it will be for the Council’s Adults Wellbeing and Health Overview and Scrutiny Committee to provide information and representations into the Joint Committee in respect of the consultation as it impacts upon the residents of County Durham to its nominated representatives.
- 23 A protocol and terms of reference would be drafted by health scrutiny officers across the respective local authorities for the proposed Joint Health Scrutiny Committee setting out the role and function of the joint Committee as well as the proposed representation required from each Council. Early discussions on the issue of representation recommend three Councillors from each local authority to be appointed and that these reflect the political balance of each constituent Council.

#### **Recommendations and reasons**

- 24 The Adults Wellbeing and Health Overview and Scrutiny Committee are recommended to:-
  - (a) Receive and comment upon the information detailed within the report and accompanying presentation in respect of the Better Health Programme;

- (b) Agree in principle with the establishment of a joint Health Overview and Scrutiny Committee under the terms of the Health and Social Care Act 2012 as set out in this report;
- (c) Agree to a further report coming back to the Adults Wellbeing and Health OSC detailing the proposed protocol, Terms of Reference and membership of the Joint Health Scrutiny Committee that will be set up to scrutinise the Better Health Programme and associated consultation and engagement plans.

### **Background papers**

Better Health Programme Stakeholder event information – 27 January 2016

Reports and Minutes from the Adults Wellbeing and Health OSC - 1 September 2015

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## **Appendix 1: Implications**

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**Finance - None**

**Staffing - None**

**Risk - None**

**Equality and Diversity / Public Sector Equality Duty - None**

**Accommodation - None**

**Crime and Disorder - None**

**Human Rights - None**

**Consultation** – This report details the Council’s statutory responsibilities in respect of any proposed consultation and engagement activity in respect of the Better Health Programme.

**Procurement - None**

**Disability Issues - None**

**Legal Implications** – This report has been produced in response to the Council’s statutory responsibilities to engage in health scrutiny consultations as detailed in the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013 and associated Department of Health Guidance.