

# Adults Wellbeing and Health Overview and Scrutiny Committee

1 March 2016



## North East Regional Joint Health Overview and Scrutiny Committee - Update

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

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#### Purpose of the Report

- 1 This report updates members of the Adults Wellbeing and Health OSC on key issues that have been considered at the North East Regional Joint Health Overview and Scrutiny Committee (JHOSC).

#### Background

- 2 The North East Regional JHOSC was established in 2010 by the twelve local authorities within the North East Region in response to the Centre for Public Scrutiny's Health Inequalities programme. Its first major piece of Scrutiny work was an in-depth review which examined the health needs of the Ex-service community.
- 3 This Committee has received update reports in respect of the progress against the recommendations made as part of the Ex-service Community review.
- 4 The North East Regional JHOSC Terms of Reference and protocols are attached to this report for members information (Appendix 2)
- 5 The North East Regional JHOSC is currently chaired by Councillor Ray Martin Wells from Hartlepool B.C. and scrutiny support provided by officers from that authority as "host authority".

#### North East Regional JHOSC – Health Service Reviews

- 6 The North East Regional JHOSC has been engaged in the following two key areas of work which have an impact across the Region:-
  - Review of Neonatal Services in the North East and Cumbria – Consultation;
  - North East and Cumbria Learning Disability Fast Track Transformation Plan

## Review of Neonatal Services in North East England and Cumbria

- 7 At the North East Regional JHOSC meeting on 17 December 2015, members received a report and presentation detailing recommendations and proposals from a Review of Neonatal services in North East England and Cumbria undertaken by the Royal College of Paediatrics and Child Health (RCPCH) on behalf of the Northern Neonatal Network and Specialist Service Commissioner for NHS England.
- 8 During consideration of the Review recommendations by the North East Regional JHOSC, members discussed the optimum clinical outcomes and the number of cots required for the provision of neonatal care across the North East region. A representative from the Northern Neonatal Network indicated that national and international evidence had shown that better clinical outcomes were delivered where such neonatal centres were high activity.
- 9 The North East Regional JHOSC also expressed concern at the effectiveness and clinical safety issues surrounding the existing neonatal transport arrangements across the region and suggested that improved transport arrangements should be an integral element of the existing consultation and subsequent future proposals for neonatal services within the region.
- 10 NHS England had confirmed that in view of the implications arising from the Neonatal review upon the existing Better Health Programme (formerly SeQIHS), there had been no commissioning decision made in respect of neonatal services. Accordingly any further consultation in respect of the neonatal service within the North East region would be undertaken alongside future Better Health programme consultation.
- 11 The North East Regional JHOSC subsequently decided that:-
  - i) The Committee noted that the consultation in relation to the review of neonatal services in the North of England and Cumbria will now be considered as part of the wider Better Health Programme (formerly SeQIHS) consultation exercise and looked forward to its involvement in the consultation process;
  - ii) The Committee welcomed indications that, pending completion of the consultation, there will be no significant changes to the current neonatal services provided at University Hospital of North Tees, with services to be provided as follows (subject to clinical discretion/need):
    - Babies born at 23 to 26 weeks to be treated at the RVI and James Cook hospitals; and
    - Babies born at 26 weeks plus to be treated in individual units (as currently provided).
  - iii) The Committee emphasised the importance of resolving issues regarding the effectiveness/safety of neonatal transport arrangements prior to the implementation of any proposals for the provision of restructured services and requested a further report from NHS England

detailing proposals, and associated timescales, for the provision of improved transport arrangements.

### North East and Cumbria Learning Disability Fast Track Transformation Plan

- 12 At its meeting held on 1 October 2015, the North East Regional JHOSC was informed of the North East and Cumbria Learning Disabilities Fast Track Transformation Plan. This followed NHS England's announcement on 12 June 2015, that the North East and Cumbria would be one of five national Fast Track areas for Transforming Care for people with a learning disability.
- 13 NHS England's Transforming Care programme looks to ensure that more services are provided in the community and closer to home rather than in hospital settings. This is as a direct result of the Department of Health's investigation and report into the events at Winterbourne View hospital, Gloucester and subsequent commitment to transform services so that vulnerable people no longer live inappropriately in hospitals and are cared for in line with best practice.
- 14 As part of the national fast track transformation programme the North East and Cumbria were required to produce an in-depth transformation plan focusing on five key areas:



- 15 The work that had already been undertaken in the North East and Cumbria has supported the development of a comprehensive transformation plan, with involvement of a wide range of stakeholders, despite the challenging national timescales.
- 16 The North East and Cumbria Transformation Board agreed that the plan would be developed at a regional level, and would feature locality specific plans which would describe the changes required at a locality level (Including service redesign, shifting resources, piloting of new models of care and any proposals for the use of the national transformation funds).
- 17 The proposed model of care would focus on 7 key strands, which are aligned to the draft national service model:
- Choice and control at the heart of ALL service provision and planning
  - Systematic, early identification and intervention
  - Planned, proactive and coordinated care in the community
  - Effective prevention and management of Crisis
  - Helping people to stay out of trouble and supporting people who enter the Criminal Justice System
  - A consistently highly skilled, confident and value driven workforce

- Equitable service provision and high quality evidence based care
- 18 The North East and Cumbria Learning Disability Transformation Board supported the Fast Track Plan and made a commitment to take the plan through the formal governance arrangements of each of the statutory organisations involved including Health and Wellbeing Boards of Local Councils. Given the system wide involvement, and differing governance arrangements in place for each CCG and Local Authority partner, it was suggested that the Plan be brought to the North East Regional JHOSC for consideration.
  - 19 The North East Regional JHOSC agreed that the North East and Cumbria Learning Disabilities Fast Track Transformation Plan should be considered at a special meeting on the 6 January 2016. The Committee noted that the proposals within the plan could have a significant negative impact on the number of available Learning Disability inpatient beds and associated wider community services across the Region.
  - 20 The meeting was attended by representatives of the North East and Cumbria Learning Disability Transformation Board, which included Commissioners and providers, the Northern Clinical Commissioning Forum and local authority Adult/Children's social Care professionals.
  - 21 Members were advised that the aim of the Programme was to reduce learning disability beds from 277 in 2014/15 to 173 in 2018/19 with an enhanced provision of appropriate support for people with learning disabilities within their own home or a community based setting. It was proposed that dowries would be available to Local Authorities for the care and support of each individual with learning disabilities discharged into their own home or a community based setting, although the detail of this provision had yet to be finalised.
  - 22 In conclusion, it was noted that there was always the intention to maintain a limited number of in-patient learning disability beds within the region for cases where this was the most appropriate care for an individual.
  - 23 There was some concern expressed by Members that there was no Elected Member representation on the North East and Cumbria Learning Disability Transformation Board. A discussion ensued during which it was considered appropriate to appoint two Elected Member representatives to the Board, one from the Northumbria and Tyne and Wear NHS Foundation Trust area and one from the Tees, Esk and Wear Valley NHS Foundation Trust area and this was welcomed by the health representatives in attendance. A Member questioned whether learning disability in-patient beds occupied by patients from out of the area were limiting the use of patients from within the north east area. The representative from the South Tees Clinical Commissioning Group confirmed that the majority of beds in the north east region were occupied by patients from within this region but support was provided to people from outside the region when this was appropriate.
  - 24 Members sought reassurance that the proposed 'dowry' funding would follow patients and that Local Authorities would not be faced with additional costs for

these patients when their budgets were already under considerable strain. The Senior responsible officer for the Transforming Care Programme, David Hambleton, who chairs the Northern CCG Forum, reassured Members that Clinical Commissioning Groups fully supported the principle of the dowry following the patient to fund their care and were not looking to Local Authorities to take on these costs. Further reassurance was provided that the provision of care and support to people with learning disabilities was monitored and regulated by the Care Quality Commission. It was highlighted that further Government guidance was awaited on the provision of individual dowries and whether they would fund part or all of the individual's ongoing care as there remained the need to provide further investment in future service provision.

- 25 In response to a question from a Member, a representative from Tees, Esk and Wear Valley NHS Foundation Trust reassured Members that this Transformation Plan was not about moving to zero beds, there was always the intention to have a limited number of beds available within the north east to meet that particular need and demand.
- 26 A Member sought clarification on the rationale for the implementation of these changes and whether it was due to financial reasons or the best interests of the patients. A representative from Tees, Esk and Wear Valley NHS Foundation Trust indicated that this was an opportunity to make system wide transformational change whilst recognising that this may not be the most appropriate solution for everyone, given that some people will continue to need Inpatient treatment services. In view of this, any care packages put in place would be led by the individual and their needs and preferences from a range of choices. To support this process it was highlighted that there would be enhanced Community Teams to visit people living in their own homes and within the community to provide support and ensure an individualised and appropriate approach to their care and support package.
- 27 The North East Regional Joint HOSC resolved that:-
- 1) In acknowledging that this was a complex piece of work the Committee supported the principles within the North East and Cumbria Learning Disability Transformation Programme.
  - 2) Further updates on the progress of the Programme be submitted to this Committee on a regular basis providing details of:
    - a) The development of proposals and any associated consultation/engagement plans;
    - b) Financial aspects of the project, including the proposed dowry arrangements for the care and support of individuals with learning disabilities within their own home and in community based settings; and
    - c) Statistics in respect of Learning Disability bed occupancy rates throughout the lifespan of the project proposals.
  - 3) That the Chair liaise with the Vice Chair to progress Member observer representation from the Northumberland, Tyne and Wear NHS Foundation Trust and Tees, Esk and Wear Valley NHS Foundation

Trust areas on the North East and Cumbria Learning Disability Transformation Board.

- 28 In view of the region-wide implications for all North East Local Authorities in respect of the aforementioned reviews, further reports will be taken to future meetings of the North East Regional Joint HOSC.
- 29 Members are assured, however that where there are specific implications for residents of County Durham arising from any subsequent service review proposals and associated consultation and engagement plans, the views of the Adults Wellbeing and Health OSC will be sought and submitted to the North East Regional Joint HOSC.

**Recommendations**

- 30 The Adults, Wellbeing and Health Overview and Scrutiny Committee receive this report, note the information contained therein and agree to further progress reports being brought back to the Committee as part of ongoing consultation and engagement activity.

**Background papers**

North East Regional Joint Health OSC – Agenda and papers from 1 October and 17 December 2015 and 6 January 2016

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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** – The statutory consultation arrangements are referenced within the report. The report provides members of the Adults Wellbeing and Health OSC with an opportunity to feed into the deliberations of the North East Regional Joint Health OSC through the Chair of the Committee as the Council’s appointed representative on that body.

**Procurement - None**

**Disability Issues - None**

**Legal Implications – None**