Better Health Programme Joint Health Scrutiny Committee

At a Meeting of **Better Health Programme Joint Health Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Thursday 21 July 2016 at 2.00 pm**

Present:

Councillor J Robinson in the Chair

Councillors –

Councillors W Newall, J Taylor and L Tostevan (Darlington Borough Council)
Councillor J Blakey (Durham County Council)
Councillors R Cook and R Martin-Wells (Hartlepool Borough Council)
Councillors B Brady and E Dryden (Middlesbrough Council)
Councillors J Blackie, J Clark and C Dickinson (North Yorkshire County Council)
Councillors N Cooney, R Goddard and M Ovens (Redcar & Cleveland Borough Council)
Councillors S Bailey and L Hall (Stockton-on-Tees Borough Council)

Officers –

Stephen Gwillym (Durham County Council), Joan Stevens (Hartlepool Borough Council), Bryon Hunter (North Yorkshire County Council), Alison Pearson (Redcar & Cleveland Borough Council) and Peter Mennear (Stockton-on-Tees Borough Council)

Better Health Programme –

Nicola Bailey, Derek Cruikshanks, Edmund Lovell, Dr Boleslaw Posmyk and Dr Neil O'Brien

Also in attendance –

Councillor L Hovvels – Cabinet Portfolio Holder for Adult and Health Services and Chairman of Health and Wellbeing Board (Durham County Council)
Peter Appleton – Head of Planning and Service Strategy, Children and Adult Services (Durham County Council)

Representatives from North East Empowerment and Diversity Group.

1 Apologies for Absence

Apologies for absence were received from:-

Councillors –
Councillor Scott – Darlington Borough Council
Councillor Stelling – Durham County Council

Councillor S Akers-Belcher – Hartlepool Borough Council
Councillor Walker – Middlesbrough Council
Councillor Mitchell – Stockton-on-Tees Borough Council

Officers –
Elise Pout – Middlesbrough Council

2 Substitute Members

Councillor L Tostevan for Councillor H Scott (Darlington Borough Council)

3 Declarations of Interest

There were no declarations of interest declared.

4 Minutes

The minutes of the meeting held on 7 July 2016 were confirmed by the Committee as a correct record and signed by the Chairman (for copy see file of Minutes).

The Chairman advised that the ten decisions outlined in Item 7 would be re-visited following the BHP presentation.

As a matter of clarity, it was agreed that Councillors would be identified by name within the minutes.

5 Better Health Programme (BHP) - Phase 3 Engagement

The Committee considered a report and presentation of the Communications and Engagement Lead, Better Health Programme (BHP) that shared information from a stakeholder forum event held on 29 June 2016 and highlighted the long list of possible scenarios and evaluation criteria to be used for decision making (for copy see file of Minutes).

The Better Health Team gave a detailed presentation that included information on the following:-

- Better Health Programme Governance Structure
- Executive Membership
- Board Membership
- Engagement with Stakeholders
- Deciding what to consult on
- Workshop discussions – format
- Possible Solutions
- Proposed weighting criteria for engagement
- Key questions – discussion
- Key Services
- Combination of Services and Long list of Solutions
- NHS England Guidance

- Next Steps & Timeline

The Chairman referred to the focus on NHS Sustainability and Transformation Plans (STP) and the fact that nothing has been provided to the Joint OSC in this respect. Councillor Clark asked about funding through the STP and that further clarification was required. Councillor Martin-Wells asked who the STP were answerable to.

Dr O'Brien explained that the BHP was a focused piece of work and that the STP was about a combined planning approach to look at the financial gaps within the NHS over the next 5 years. He indicated that the BHP was a programme that sits under the STP and stressed that there were close links between the two projects. Dr Brien added that Mental Health and Hambleton and Richmondshire were not part of the BHP but did form part of the STP. He also pointed out that the work of the BHP commenced before the work of the STP.

Councillor Martin-Wells re-iterated his point about who the STP was responsible to and was advised that there are a number of professional people and bodies who judge the plan including representatives from NHS England, NHS Improvement, the Local Government Association and the Care Quality Commission. Dr O'Brien also advised that financial bodies and the department of health also feed into the plan. He went on explain that funding through the STP would be directed to NHS Foundation Trusts.

Moving on to the membership of the board, the Chairman was advised that there were no elected members involved. The Committee was, however, assured that there is Local Authority involvement in the Programme Board in terms of a nominated Chief Executive and Director of Social Care.

Referring to the stakeholder events, and in particular the ones held in Hartlepool, Councillor Cook asked how it had been decided who to invite, how the events were advertised and how people became involved in the process. Mr Lovell explained that the meeting in Hartlepool had been well attended and that those who had attended were from the local community including the Patient Reference Group. He informed Members that adverts had been placed in local newspapers, leaflets and been placed in GP practices and libraries and social media had been used to promote the events. He added that there had been varied attendances but that they had strengthened as the process developed. He went on to explain that there were a group of people who did come back to meetings and that were sharing the journey in terms of the development approach. Healthwatch had also been involved and had been e-mailing interested groups.

Councillor Martin-Wells said that as a cross-section of people had been attending the events there was no neutral base and therefore no consistency in terms of feedback. Mr Lovell explained that there had been similar attendances with the background being explained at each meeting. He felt that there had been a shared sense across all meetings that included concerns about travel, care outside of the hospital, community service and therefore believed the meetings to be consistent.

The Chairman had attended an event at Sedgefield racecourse and a follow up event at the Excel Centre and felt the audience to be very consistent.

Councillor Bailey had also been to a well-attended event in the Stockton area.

Councillor Tostevan asked for clarity regarding the proposed weighting criteria. Mr Lovell explained that it was about how much weight we give to one thing over another. For example, do we give 'Quality' 30% or 50%.

Councillor Martin-Wells said that option 4 was the favoured option with deliverability at 15% and pointed out that if the service could not deliver then this exercise was meaningless. He stated that surely the deliverability of any option must be a paramount consideration.

Councillor Ovens asked how Councils could become involved with regards to reducing the wait for delays and discharges. She said that unless we link closely with social services there would be a knock on effect for the level of care.

Dr O'Brien said that every local authority have officers within the Adult Social care environment that were working closely with the Better Health Programme.

Dr Posmyk explained that there was a level of importance when looking at different ways of delivery service. The feedback during the engagement process about accessibility was very important and the weighting factors were not set in stone. The Better Health Programme Executive Group preferred option 4.

In relation to the score for 'Deliverability', it was clarified that this referred to whether options would ensure that NHS Constitutional standards would be met.

The Principal Overview and Scrutiny Officer, DCC said that the comments made today would be reflected in the minutes and said that the Committee needed to have sight of information requested.

Mr Hunter referred to the existing resources and affordability and asked if there was potential to make savings working within the financial environment. Dr O'Brien said that the programme was about efficiency rather than making savings. The range of costs differ in each hospital environment and if this could be changed it would allow the money to be spent in a better way.

Moving on to the population figures, Councillor Blackie said that there were concerns with regards to the cuts and as people travel to Darlington from North Yorkshire it would have been helpful to see an estimate of figures. He went on to ask why Hambleton and Richmond were not full members of the BHP board as this could have an impact on decisions being made. Dr O'Brien informed Councillor Blackie that they had been invited on a number of occasions and had chosen to be associate members. Councillor Clark expressed concerns as they had received assurances regarding Darlington hospital in the past. He said that he would talk to Hambleton and Richmond about taking up full membership of the board.

Members requested sight of patient flows such as from Durham to Newcastle, North Yorkshire to Leeds/Bradford and for the Tees Valley area.

Councillor Cook said that the information needed to be clearer and asked which areas Bishop Auckland planned surgeries would cover. Mr Cruikshanks said that Bishop Auckland had a good reputation for outcomes for elective surgery. Councillor Cook asked what we could expect after this exercise.

Dr Posmyk said that one of the big drivers for the BHP is to ensure excellent services. He said that the board had no preconceptions but would use all of the information gathered so far to go out to consult upon. He added that a small number of patients would not be able to be seen as planned surgeries but as many patients as possible would go down this route. The BHP would concentrate on the best possible outcomes for patients.

With regards to planned surgery, Councillor Dryden was informed that some patients may need to be transferred to emergency care facilities, as happens now. It was hoped that better planning would ensure patients would be selected for surgery and would less likely need to be transferred.

Councillor Bailey asked if high risk units such as intensive care would run alongside midwifery units and if there would be guarantees that the mother could travel with the baby should the need arise. Dr Posymk informed her that the neonatal unit would run in parallel and that the mother would always be able to go with the baby, preferably being transferred to specialist care with the baby in the womb.

Councillor Clark said that as status quo was not an option he believed it to be a done deal.

The Chairman pointed out that the Committee would require evidenced based decisions.

Mr Lovell advised that there were 133 possible combination of services and that work was ongoing on prioritising possible solutions. All possible combinations would be explored together with patient flows.

Councillor Cook asked if one possible combination would be for North Tees to lose emergency care and was astounded to hear that this could be the case. He expressed concerns as Hartlepool had already closed. Dr O'Brien explained that all options would be looked at and decisions would be made using patient flows across the whole population and the services required. He stressed that no decisions had been made at this point.

The Chairman expressed similar concerns should Durham or Darlington lose out. He reminded Members that no decisions were being made today and asked again that evidence be provided for each option.

Mr Lovell said that the BHP were not looking for a recommendation from the Committee at this stage. They were analysing possible solutions and a lot of

detailed work still needs to be carried out. He added that over the next few months the board would be talking the Committee through the process.

Councillor Dryden asked if with planned care were the BHP building assumptions that private hospitals would take up capacity. Dr Posmyk gave the Committee assurances that patient flows would be taken into account and some volume of planned care would go to the private sector.

Mr Lovell explained that in order to create space in the emergency hospitals some planned care would need to move. Councillor Dryden asked if staff would also move and was advised by Mr Cruikshanks that the workforce would be networked and available to provide a service at more than one site. The benefit of a bigger workforce would enable planned care to be more effective. Mr Cruikshanks further explained that cancelled operations and delays due to beds being blocked by emergency care would be managed and would create capacity to plan more.

Councillor Newall said that Darlington residents would be equally as angry at losing emergency care. She referred to the urgent care facility at Darlington and the proposal for a £5m investment that had now been reduced to £½m. With £27m for an extension at University Hospital of North Durham (UHND) she felt that it was already a done deal.

Dr O'Brien said that it was not a done deal and no decisions had been made. Decisions for the plans to extend UHND had been made before the BHP commenced.

Councillor Taylor said that people were drawing conclusions from the information received as £5m had been promised to be spent at Darlington. Dr O'Brien said that the refurbishment for Darlington would happen but he assured the Committee that this was an open and honest engagement and consultation exercise and that no decisions had been made on where services would be delivered from.

Councillor Martin-Wells said that he hoped he would be proved wrong but that he had to listen to the people he represented and they were saying that decisions had already been made.

Mr Cruikshanks suggested that they could look at the current activity of accident and emergency and look to see what does happen at A and E, compared to what should happen. The Chairman welcomed this.

In relation to the feedback, Councillor Martin-Wells was concerned that only 5% had been received about A&E. He asked what questions had been asked of the public. Mr Lovell advised that the questions asked were 'What do the NHS do well?' and 'Where it could be improved'. An outside organisation had compiled a report and analysed the feedback. In the early stages of the BHP people started feeding back that they were more concerned about travel, having care closer to home, community social care, GP appointments, 111 service and ambulance response times. Mr Cruikshanks added that the public wanted to spend more time at home and have earlier integration back into the community.

Councillor Cook felt that the two questions asked have left the consultation wide open and felt that there should have been more specific questions asked.

Councillor Tostevan felt that the information was not clear enough about what was being consulted upon. She felt that the information needed to be more explicit so that the public could understand.

Mr Lovell reminded Members that at present this exercise was about engagement not consultation. Conversations were still taking place with people about their concerns over services and specialist care.

The Principal Scrutiny Officer reminded Members of the recommendations made at the last meeting and what further action and evidence needs to be provided to the Better Health Programme Joint Health OSC by the BHP representatives.

Referring to the previous set of minutes he said that paragraph 4 had been addressed as Members had received a presentation and had an in-depth conversation about the appraisal criteria and the weightings to be applied.

Further information was still required as outlined in recommendations 3, 5, 7, 8, 9 and 10.

In mitigating on behalf of the Programme Board, the Principal Overview and Scrutiny Officer explained that they had a very short timescale from the last meeting to collate all of the information that had been requested by members and it was not the intended for Members to receive that today. As some Councils have a recess period during August it was unlikely that a special meeting would be arranged and therefore he requested that all information be provided for the 8 September meeting.

He pointed out the importance of the Committee receiving the information requested and the requirements placed upon the NHS in respect of the provision of information and evidence requested by Health Scrutiny Committees as set out in Department of Health's Local Authority Health Scrutiny Guidance. The Committee would need all information before they could offer informed opinions leading up to the start of the consultation period in November.

He advised that all Better Health Programme Joint Health Scrutiny Committee meeting papers were available on Durham County Council's website.

The Chairman thanked everyone for attending and for their contribution.

Resolved that:-

(1) The contents of the presentation and the comments of the Committee thereon be noted;

(2) The Better Health programme Executive provide the requested information and evidence set out in the minutes of the Joint OSC meeting held on 7 July 2016 to the meeting scheduled for 8 September 2016;

(3) Data be provided in relation to current activity at each of the A&E units within the Programme footprint; and

(4) The comments made by the Joint OSC in respect of the long list options evaluation criteria weightings be noted.

6 Date and time of next meeting

The next meeting would be held on Thursday 8 September 2016 at 2.00 p.m. in the Mandela Room, Middlesbrough Town Hall.