

**Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby
STP Joint Health Scrutiny Committee**

At a Meeting of **Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Wednesday 13 September 2017 at 2.00 pm**

Present:

Councillor J Robinson (Chairman)

Members of the Committee:

Councillors J Chaplow (Durham County Council)
Councillors J Blackie, J Clark and H Moorhouse (North Yorkshire County Council)
Councillor N Cooney, R Goddard and M Ovens (Redcar and Cleveland Borough Council)
Councillors L Grainge and L Hall (Stockton-on-Tees Borough Council)

Officers:

Joan Stevens (Hartlepool Borough Council)
Laura Stones (Hartlepool Borough Council)
Stephen Gwilym (Durham County Council)
Peter Mennear (Stockton-on Tees Borough Council)
Caroline Breheny (Middlesbrough Borough Council)
Alison Pearson (Redcar and Cleveland Borough Council)

Trust and CCG Representatives:

Ali Wilson, Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group
Dr Posmyk, Chair, Hartlepool and Stockton-on-Tees Clinical Commissioning Group
Alan Foster, STP Lead and Chief Executive – North Tees and Hartlepool NHS Foundation Trust
Janet Probert, Chief Officer, Hambleton, Richmondshire and Whitby Clinical Commissioning Group
Paul Edmunson-Jones, Director of Public Health, Hartlepool
Gary Collier, Urgent Care Network
Nicola Bailey, Chief Officer, North Durham and DDES CCGs
Sharon Pickering, Tees, Esk and Wear Valleys NHS FT
Andrew Copeland, Hartlepool and Stockton CCG
Joanne Baxter, North East Ambulance Service
Leaf Mobbs, Yorkshire Ambulance Service

1 Apologies for Absence

Apologies of absence were received from Councillors O Temple (Durham County Council), R Martin-Wells, R Cook & G Hall (Hartlepool Borough Council), J McGee (Middlesbrough Council), R Goddard (Redcar & Cleveland Council), A Mitchell (Stockton Borough Council) and J Taylor (Darlington Borough Council)

2 Substitute Members

Councillor J Chaplow for the Durham County Council vacancy

3 To receive any Declarations of Interest by Members

There were no declarations of interest.

4 Minutes

The minutes of the meeting held on 10 July 2017 were confirmed by the Committee as a correct record and signed by the Chairman.

The Principal Scrutiny Officer, Durham advised that although the last meeting had not been quorate, all authorities had now confirmed their agreement of the new terms of reference for the Committee.

The Chairman welcomed Joanne Baxter, North East Ambulance Service and Leaf Mobbs, Yorkshire Ambulance Service to the meeting.

5 Better Health Programme - Development of Hurdle and Evaluation Criteria for future service modelling

The Committee received a presentation from Ali Wilson that gave feedback from the stakeholder forum held on 25 July 2017 (for copy see file of Minutes).

The presentation highlighted feedback on the following:-

- Draft Evaluation Criteria – the report would be available on the website once agreed at the Joint CCG meeting
- Criteria for clinical sustainability
- Criteria for successful implementation
- Criteria for financial implementation

The summary of feedback was reported as follows:-

- Emerging themes:
 - how quality is defined. High quality preferable in the criterion.
 - greater connectivity across the system including social care
 - better communications
 - access and travel
 - pressures around workforce
 - the time required to develop buildings
 - shift from hospital to community services
 - patient experience as important as quality
- Attendees at the event had suggested three additional evaluation criteria.
 - clinical sustainability: most sustainable model for community based services.
 - financial sustainability: efficient use of estate where costs are fixed i.e. PFI sites.

- successful implementation: the importance of allowing plenty of time for the transition process.

Councillor Blackie questioned the issue regarding the future provision of acute hospital services and the proposed evaluation criteria being that the fewest patients should have an increased travelling time of ten minutes. Ali Wilson replied that this was discussed under E10 and was specific about planned care. She confirmed that the full report from the event would be circulated once available.

6 Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP - Workstream development updates

The Committee received a presentation from the STP workstream leads on the development of plans and early deliverables (for copy see file of Minutes).

The Chairman introduced the following STP workstream leads to give a presentation in relation to:-

- Prevention – Paul Edmundson–Jones, Director of Public Health, Hartlepool B.C. gave an update on:-
 - Rationale
 - Health & Wealth – Closing the gap in the North East
 - Closing the gap recommendations
 - Workstream priorities
 - Progress to date
 - Key Challenges
 - Progress being made locally

Councillor Clark said that the diminishing workforce was a major concern together with the financial resources.

The Chairman added that Durham's Scrutiny Committee had focused on problems with the workforce recently.

Councillor Clark commented that it was difficult to explain to people that we were part of the North (i.e. North Yorkshire) as things tended to gravitate to the north and Newcastle. He added that it was important to integrate the work taking place as this had a major impact on the work being carried out in the community. Janet Probert agreed that it was important that work being carried out was linked to the STP.

Paul Edmundson - Jones confirmed that public health work underpinned this and partners were working together across the board in relation to key areas such as fluoridation and smoking cessation.

Councillor Moorhouse referred to alcohol in pregnancy and asked why drugs had not come under this remit. She had concerns that this could lead to suicide. Paul Edmundson-Jones explained that the STP were looking at what could be done by

all partners together as part of the STP, that would make the most impact within the 5 year forward plan. He added that substance misuse was one of the key things that local authorities would take forward.

Councillor Moorhouse further commented that less people were now smoking but that more people seemed to be drinking.

Referring to mental health work, Councillor Owens said that she had heard how resources for this service were poor and she was concerned that people were waiting for quite some time to receive treatment and therapy. She asked how this could be addressed and integrated by the STP.

Councillor Tostevin agreed that this could be very confusing for the public. She was concerned about recent information saying the women could drink whilst pregnant and she also had concerns about the NHS take up for flu injections.

Mr Edmundson-Jones said that take up from staff of the flu immunisation was a national problem and work was underway to address this.

- Urgent Care – Gary Collier, Urgent Care Network gave an update on:-
 - UEC network
 - What we are aiming to achieve
 - UEC Network and Approach
 - Network Mandated Interventions
 - Local A&E Delivery Boards – 5 Mandated Interventions
 - UEC Model of Care
 - Integrated Urgent Care – Clinical hub
 - Digital Care
 - Directory of Services
 - Delayed Transfer of Care
 - Delivery Milestones by Project (1) & (2)
 - Progress being made locally

Councillor Blackie said that he had the utmost regard for frontline staff. He expressed concerns about the distance that had to be travelled to James Cook Hospital and University Hospital North Durham and would appreciate a response from the Ambulance Service as to how they would be addressing any changes.

Joanne Baxter, Director of Quality and Safety at North East Ambulance Service confirmed that there was a separate workstream around the changes and she offered to come along to a future meeting to give a full presentation on this.

Councillor Blackie said that since the workstreams had been introduced it had become obvious that more would be expected from the ambulance services having to travel longer distances. There had been a couple of events whereby there were not enough emergency ambulances available and he felt that rural areas had been left out. He believed staff were too stretched to deliver services at times when ambulances had been deployed to Lancaster this did not help the people of North

Yorkshire. He urged that more consideration be given to providing more resources to meet the call for the changes being proposed. He understood that demand could reduce but he argued that the distance involved would not reduce when the health care provision was being moved further away. He added that it could take 40 minutes to get an emergency ambulance to the people in Hawes.

Leaf Mobbs, Director of Planning and Performance, Yorkshire Ambulance Service said that the boundaries of the STPs were irrelevant as the flows of the ambulances were shown on a MAP across the region at any one time. She added that the STP changes were being addressed in terms of ambulance services for the future and the concerns for the here and now. She said that there was a tipping point as to how much could be delivered in the back of an ambulance before there were any clinical concerns and risks. The service were engaged in conversations to carry out remodelling work and that this would become easier to deal with 4 STPs as opposed to 23 CCGs. She said that they were committed to improving response times and helping to bring care closer to home whilst keeping patients safe.

The Chairman commented that there was a similar position in the Durham Dales (Weardale and Teesdale) area and discussions were taking with the public about critical need and diverting ambulances out of the area.

Joanne Baxter confirmed that NEAS were engaged with the STP programme and that they had targets in place to improve the response times. As the service was being transformed and modernised with 111 and 999 calls they were looking at how to reduce the number of patients not receiving a quick enough response and reducing the travelling time for patients. How to reform the ambulance service as a whole was being developed and she concluded that it was important that only people who required hospital were making the journey.

Councillor Moorhouse was informed that NEAS did work with the Air Ambulance and that they were part of the plans. She further commented that the Air Ambulance should be part of acute services and was concerned about people who lived in rural areas and the potential of lives being lost. Joanne Baxter said that NEAS provide a whole patient transport fleet and could deploy urgent care. She said that it was about integrating services where sometime a full ambulance would not be required but would still be treat as urgent care.

Councillor Ovens felt that the Fire Service provide a mopping up service and that firefighters were often relied upon to sustain life until an ambulance arrived on scene. They also provided a smoke alarm checking service and blood pressure check as part of a preventative service. Councillor Ovens suggested that there needed to be more links with this service so that there was an overall picture.

The Chairman supported those comments, as Chairman of County Durham and Darlington Fire & Rescue Authority, as he was fully aware of the first responder figures. He agreed that it should be about working together to provide a service.

Joanne Baxter reported that in 2011 NEAS responded to 58% of emergency calls within 8 minutes. This increased to 70% this year and she gave credit to all of the

staff involved. She also reported that 12 patients had survived after having cardiac arrests due to the community responders being on the scene.

Councillor Hall said that Stockton Town Centre did not have a defibrillator but that they did use the firefighters as first responders. She commented that more voluntary sector providers were also being used.

Joanne Baxter said that they were trying to reduce the reliance on the voluntary sector and were hoping to have a full establishment by the end of March. She said that it was important for the safety of the patient to have the first responders on site and to utilise all skills.

Councillor Tostevin referred to the urgent care pathway and the consultation in North Tees and Hartlepool and asked if the A&E department would remain in Darlington. Gary Collier said that to get the best clinical outcome for the patient the clinical network group would be used. Ali Wilson explained that feedback was being considered and assured Members that no conclusions had been made as A&E was being looked at across the patch. There was a strong clinical view that providing a range of services in every hospital unit could not be sustained long term.

Councillor Tostevin was advised that no consultation had taken place yet as preparatory work was still being carried out and all the details were required first. Ali Wilson said that in a pilot exercise it showed that 70% of people did not need to go to A&E.

- Learning Disability – Nicola Bailey, Chief Officer, North Durham and DDES CCGs gave an update on:-
 - What we are hoping to achieve
 - Key Actions
 - Progress being made locally

Members were advised that the work being undertaken regarding learning disability aimed to reduce the reliance on inpatient beds and developing a sustainable community model that delivered high quality care and support and prevented unnecessary inpatient admissions. She emphasised the need to get this right and even though the numbers were relatively small it was about using the resources better. There were a small group of individuals that had lived in care for more than 5 years and the cost to the NHS and local government was significant. The money in the system would need to be used better.

The Committee was informed that key progress made locally included:-

- **Transforming Care** for people with learning disabilities, autism or both –this incorporates a wide range of initiatives such as improving health inequalities and preventative measures in physical health to delivery of new models of care.
- Supporting the cost of additional community care packages
- Funding to support transitional discharge costs

- Investment in community infrastructure
- Investment in workforce development
- “Confirm and Challenge” group in place comprises of people with learning disabilities, carers and families helps the board to ensure that the programme of work is underpinned by co-production and provide constructive feedback.
- The Programme is supported by specific work streams who focus on areas such as workforce, and finance, children and young people with Task and finish Groups leading on advocacy, medicines optimisation and risk stratification, etc.
- Transformation Funding has been provided support improvements and new ways of providing advocacy for people.

A Social Care Provider event had been held on 20th July 2017. The event was aimed at managers and leaders from existing and potential providers of social care to increase awareness and increase engagement in delivery of Transforming Care for people with a learning disability, autism or both. An operational resettlement “hub” is now in place with a focus on people who have been in inpatient services for 5 years or more, complex cases ,and children and young people. Collaborative Commissioning Hubs (CCHs) are in development, to lead implementation of the enhanced community infrastructure.

- Mental Health – Sharon Pickering, Tees, Esk and Wear Valleys NHS FT gave an update on:-
 - Workstream priorities for Health & Wellbeing, Care & Quality, Funding & Finance transformation
 - What we are hoping to achieve
 - Key Priority Areas
 - Progress being made locally

The Chairman referred to a recent report claiming that there was a major workforce deficit for psychiatrists. He reported that a 15 year old girl from Hartlepool had been transferred miles away from home to receive care and he asked if there was a problem with people coming in and out of the system.

Sharon Pickering explained that there were some problems locally and this varied due to the different geography and specialities. She went on the report that we were not as badly affected as some areas and a lot of work was taking place to retain psychiatrists and junior doctors. She said that it was important to invest early and that TEWV was a good place to work. Access to childrens’ beds was a national problem as there were not enough in the country. If a bed was free in our area and there was a demand for it, regardless of where that child lived, they would be able to access it. It was all about doing what was best for the child. The money would need to be used in a more efficient way. A national pilot was looking to admit children to tier 4 beds as there was not sufficient capacity in the community.

Councillor Blackie supported this and accepted that there was a need to have some inpatient beds available bit asked how close this would be for the relative.

Sharon Pickering advised that there would be a need for inpatient beds and the number would correlate to the level of community services available. There would be less reliance on beds if community services and support was available. The best therapeutic interventions to meet the needs of people whether that be in the home or community would be offered. She added that the number of people requiring beds were far less than those who needed care in the community.

Councillor Moorhouse referred to the extra care facility and the heavy demand for out of community services and was concerned about the needs of the family. Sharon Pickering informed her that feedback had been received from the individual and the carers. Councillor Moorhouse expressed concerns that there weren't enough extra care beds in the Hamilton areas.

Janet Probert explained that the changes in the mental health service for Hamilton and Richmond were out for public consultation. A preference option had been included but this would be considered with the feedback received when it closed.

Councillor Chaplow commented that when someone makes a decision when a person was mentally ill but not well enough for a bed was a lot of responsibility as that person could go on to commit a crime if not given the proper help.

Sharon Pickering said that all professional make assessments on individuals with the information that have available at the time. Should there be an incident as a result then there would be a full review and anything that could have been done would be a lesson learnt. She added that clinicians use their own judgements but that people's freedom could not be removed.

- Cancer – Andrew Copeland, Hartlepool and Stockton CCG gave an update on:-
 - Our ambition
 - Key Objectives for Northern Cancer Alliance Work Plan
 - Key Workstream Priorities
 - Progress being made locally

The Chairman thanked everyone for their participation in the meeting and noted that during most of the presentations, there had been some degree of debate around workforce capacity and potential future workforce modelling. He suggested that information be brought to the next meeting of the Committee regarding workforce issues.

Resolved that:

- (i) the information contained within the presentations and the comments made, be noted;
- (ii) a presentation be brought to the next meeting of the Joint OSC detailing the work that was being undertaken in respect of the workforce modelling workstream

7 Any Other Business

The Chairman referred to the set of a similar STP body for the north of the region and informed the Committee that all local authorities had agreed the proposed terms of reference.

Stephen Gwilym advised that the Chief Executive of Middlesbrough Council had requested to attend and address the committee about his concerns. He advised that this opportunity would be offered to all other local authority chief executives from the areas represented.

8 Date and Time of Next Meetings

The next meetings would be held as follows:-

Wednesday 8 November 2017 at 2.00 p.m. – Middlesbrough

Wednesday 17 January 2017 at 2.00 p.m. – TBC