

# Adults Wellbeing and Health Overview and Scrutiny Committee

9 November 2017



## Regional Health Scrutiny Update

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### Report of Lorraine O'Donnell, Director of Transformation and Partnerships

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#### Purpose of the Report

- 1 This report provides members with an update in respect of regional health scrutiny activity undertaken by the North East Regional Joint Health Scrutiny Committee and the Durham, Darlington, Teesside, Hambleton Richmondshire and Whitby STP Joint Health Scrutiny Committee (formerly the Better Health Programme Joint OSC).
- 2 The report also sets out the latest position in respect of the establishment of a Northumberland, Tyne and Wear and North Durham STP Joint Health Scrutiny Committee.
- 3 The report details ongoing discussions regarding the draft STP documents and further update reports will be brought back to this Committee in respect of detailed consultation and engagement plans that are developed for any service review/reconfiguration proposals arising from the STP process.

#### Background

- 4 The North East Regional Joint Health OSC was established in 2010 and its membership consists of a nominated lead health scrutiny councillor from each of the 12 North East regional local authorities. Durham County Council is represented by Councillor John Robinson, who is also vice chairman of the North East Regional Joint Health OSC.
- 5 The Durham, Darlington, Teesside, Hambleton Richmondshire and Whitby STP Joint Health Scrutiny Committee (formerly the Better Health Programme Joint OSC) was established in July 2016 and its membership consists of 3 health scrutiny councillor representatives from Darlington Borough Council, Durham County Council, Hartlepool Borough Council, Middlesbrough Borough Council, North Yorkshire County Council, Redcar and Cleveland Borough Council and Stockton-upon-Tees Borough Council.
- 6 At the Committee's meeting held on 6 September 2017, members agreed to support the establishment of a Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan Joint Health Scrutiny Committee. The Committee's membership will consist of 3 health scrutiny councillor representatives from Durham County Council, Gateshead Borough Council, Newcastle City Council, North Tyneside Borough Council,

Northumberland County Council, South Tyneside Borough Council and Sunderland City Council.

- 7 The Adults Wellbeing and Health OSC received detailed presentations from the lead officers for the Durham, Darlington, Teesside, Hambleton Richmondshire and Whitby STP and the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan at its meeting held on 3 March 2017. This report updates members of those issues that have been considered by the respective STP Joint Health OSCs since that time.

### **North East Regional Joint Health OSC**

- 8 The North East Regional Joint Health Scrutiny Committee provides a mechanism for scrutiny oversight, and in-depth reviews on health and health inequality issues in the North East region, and feeds into statutory health scrutiny consultations which impact upon all North East local authorities.
- 9 The Committee is chaired by Councillor Ray Martin Wells, Hartlepool Borough Council and has met on two occasions during the 2017/18 municipal year.
- 10 At its meeting held on 28 June 2017 the Committee received an update in respect of the North East and Cumbria Learning and Disability Transformation Programme. The programme aims to bring an end to the institutionalisation of individuals as a model of care for people with learning disabilities (LD) by reducing the reliance and use of inpatient beds and moving to a more community based model of care.
- 11 Key issues across the North East region identified at the meeting included:-
- There were high levels of LD inpatient bed usage and the length of stay was frequently long and not consistent with their description of assessment and treatment;
  - Individuals, and their families, struggled to get adequate care in the community and may spend years fighting for it;
  - There is a significant cost issue associated with the care of people with learning disabilities - £177,000 a year for average inpatient placements and £140,000 a year for fully staffed average living costs in the community for those with higher needs;
  - The actual numbers of people were low. As at 16 May 2017 there were 216 individuals in long stay hospital beds; 110 Non Secure, 106 Secure. Planned discharges for 2017/18 totalled 93, with 50 of those becoming the responsibility of their local CCG and 43 going into specialised community care models.
  - New service models were being developed for people of all ages who have a range of complex needs including learning disability, autism spectrum conditions including Asperger's syndrome, plus people with additional mental health conditions, sensory impairments and physical disabilities.

- As of May 17 a local data snap shot had 84 in-patients with a length of stay of 5 years or more with 33 being CCG and 51 specialised commissioning patients. Data suggests that the length of stay regarding new admissions are reducing but there remains a significant number of inpatients approaching 5 years, and the number of 5 year plus inpatients is not reducing significantly per quarter.
  - It was proposed that current inpatients would have a 'dowry' that would follow those discharged from long term hospital care into their new community setting. There were 70 such inpatients and it was proposed that around 40 of them to be 'released' from hospital care. Further work was taking place in respect of dowries and how they would be implemented with local authorities being engaged in this process. Work was ongoing with the local authorities on how this would be implemented. It was considered that Cumbria and the North East was in a much better place on this issue than other regions.
- 12 The Committee resolved to note the information presented in respect of the North East and Cumbria Learning and Disability Transformation Programme and agreed to nominate representatives to observe future meetings of the Programme Board.
- 13 At its meeting held on 27 September 2017, the Committee received a verbal update from Angela Frisby, Appeals and Overview and Scrutiny Co-ordinator, Gateshead Borough Council on the progress being made in respect of the establishment of a Northumberland, Tyne and Wear and North Durham STP Joint Health OSC.
- 14 The Committee also received a detailed presentation from Mark Cotton and Caroline Thirlbeck, North East Ambulance Service NHS FT which set out the latest performance information in respect of Ambulance response times as well as informing members of the proposed new Ambulance Response standards to be introduced from October 2017.
- 15 Members of the Adults Wellbeing and Health OSC received a similar presentation at its meeting held on 2 October 2017.
- 16 Key issues identified included:-
- A marked shift from conveyance to Emergency Departments to Hear/See and Treat;
  - A steady reduction in the % of 111 calls referred to Emergency Departments;
  - 90 of GPs across the NEAS Trust now permit direct appointments to be made via the 111 Service;
  - Improvements in the friends and family test results which has seen the percentage of staff who would recommend NEAS as a place to work increase from 25% in October 2014 to over 80% in August 2017;

- Increases in funding which has enabled an additional 42 paramedics and 42 Emergency Care Technician posts to be established;
  - NEAS remains the Ambulance Trust with the highest sickness absence rates in England at 6.9%;
  - There is no correlation between reference costs of the service and how an Ambulance Trust performs – NEAS has the lowest reference costs in the Country but is rated as Good by the CQC;
  - NEAS receives the lowest Urgent and Emergency Income per head of population by NHS Ambulance Trust in the country at £26.70;
  - NEAS performance trustwide is consistently below the National Targets for Red 1 and Red 2 calls – Current 2017/18 performance for Red 1 is 73.48% against a target of 75% and for Red 2 is 58.21% against a target of 75%
- 17 The Committee resolved to write to the 10% of GP practices who were not currently allowing direct appointments to be made via the 111 services asking why this was the case and encouraging them to sign up to this service.
- 18 The next meeting of the North East Regional Joint Health OSC is scheduled for 23 November 2017.

**Durham, Darlington, Teesside, Hambleton Richmondshire and Whitby (DDTHR) STP Joint Health OSC**

- 19 The Council's representatives on the Durham, Darlington and Teesside Hambleton Richmondshire and Whitby STP Joint OSC are Councillors John Robinson, Jean Chaplow and Owen Temple although Councillor Temple has given up his seat on the Joint OSC and has been replaced by Councillor Richard Bell with effect from 1 October 2017.
- 20 The DDTHR Joint Health OSC met on 9 March 2017 to examine the local authority public health and social care considerations being undertaken within the Better Health Programme. At the meeting, members received detailed presentations setting out a number of health and social care initiatives and projects currently being undertaken as part of the Better Health Programme and which were being subsumed into the STP. These included:-
- South Tees System Integration Programme – a series of projects that were aimed at ill-health prevention and improving health promotion across Middlesbrough and Redcar and Cleveland Borough Councils;
  - Social Care across the Better Health Programme/STP footprint – this established the key principles being considered in respect of health and social care integration; the discussions taking place between Directors of Social Care regarding STP documents and the views of the Directors on progress made to date and potential what happens next scenarios;

- New models of care: Integrated Community Hubs – this showcased work being undertaken across Darlington by Darlington Borough Council and the County Durham and Darlington NHS Foundation Trust to develop functionally integrated holistic teams made up of community services, allied health professionals, local authority social care; specialist nurses and the Community and voluntary sector all linked to GP practices;
- Discharge Management – this set out the work being undertaken across County Durham to improve the discharge management function from acute health to social care;
- Integrated Personalised Commissioning (IPC) – this highlighted the work being undertaken by the Stockton-on-Tees IPC partnership consisting of Catalyst ( a Stockton-on-Tees CVS); Hartlepool and Stockton CCG; North Tees and Hartlepool NHS Foundation Trust and Stockton-on-Tees Borough Council to deliver an improved integrated health and social care planning framework which sat alongside new personal health budgets;
- Supporting the Frail Elderly – this showcased work being carried out across North Yorkshire involving health and social care which aimed to improve the lives of frail elderly across North Yorkshire.

21 Local authorities then entered a prolonged period of election purdah from mid-March until 8 June 2017 which preceded the local government and general elections.

22 At the Committee's meeting held on 10 July 2017 members approved proposals to re-designate and extend the remit of the Better Health Programme Joint Health OSC to incorporate the Durham, Darlington and Teesside Hambleton Richmondshire and Whitby STP.

23 At the meeting members also received an extensive presentation appraising the Committee of proposals for options appraisal evaluation criteria for future potential service changes that may be proposed as part of future STP planning as well as detailed evaluation reports for Phase 5 of the Better Health Programme engagement process covering maternity and paediatric services.

24 The next meeting of the Committee was held on 13 September 2017 and provided members with feedback in respect of a stakeholder engagement event held on 27 July 2017 in Newton Aycliffe in respect of the development of the option appraisal evaluation criteria reported to members at their previous meeting and referenced in paragraph 22 above.

25 Detailed presentations were also provided to the Joint OSC in respect of the development of plans and early deliverables in relation to the following STP workstreams:-

- Prevention
- Urgent Care

- Mental Health
- Learning Disabilities
- Cancer

26 The next meeting of the Committee is scheduled for 8 November 2017 at Middlesbrough Town Hall.

### **Northumberland, Tyne and Wear and North Durham STP Joint Health Scrutiny Committee**

27 As referenced earlier in this report, the Committee has agreed to support the establishment of a Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan Joint Health Scrutiny Committee and Councillors John Robinson, Mark Davinson and Owen Temple have been appointed as the Council's representatives on the Committee.

28 The first meeting of the Committee is scheduled for Monday 13 November 2017 and regular reports from that Committee will be brought back to the Adults Wellbeing and Health OSC.

### **Recommendations and reasons**

29 The Adults Wellbeing and Health Overview and Scrutiny Committee is recommended to receive and note the information detailed within this report and agree to further reports coming back to future meetings of this Committee.

### **Background papers**

Agenda and reports to the Adults Wellbeing and Health OSC – 1 March 2017 and 6 September 2017

Agenda and Reports to the Durham, Darlington, Teesside, Hambleton Richmondshire and Whitby STP Joint Health Scrutiny Committee (formerly the Better Health Programme Joint OSC) – 9 March 2017, 10 July 2017 and 13 September 2017

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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 – None**

**Procurement - None**

**Disability Issues - None**

**Legal Implications – None**