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

At a meeting of the **Durham Darlington Teesside Hambleton Richmondshire and Whitby STP Joint Health Scrutiny Committee** held in Council Chamber, Civic Centre, Hartlepool on **Wednesday 13 June 2018 at 2.00p.m**.

Present:

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

In Attendance

Councillor C Dickinson (North Yorkshire County Council)

Officers

Peter Mennear (Stockton-on-Tees Borough Council)
Joan Stevens (Hartlepool Borough Council)
Alison Pearson (Redcar and Cleveland Council)
Daniel Harry (North Yorkshire County Council)
Stephen Gwillym (Durham County Council)
Caroline Breheny, Edward Kunonga and Hayley Coleman (Middlesbrough Borough Council)

Trust and CCG Representatives

Alan Foster, STP Lead and Chief Executive – North Tees and Hartlepool NHS Foundation Trust
Mary Bewley, Head of Communications and Engagement, North of England Commissioning Support
Janet Probert, Chief Officer, Hambleton, Richmonshire and Whitby Clinical Commissioning Group
Stewart Findley, Chief Clinical Officer, Durham Dales, Easington and Sedgefield Clinical Commissioning Group

Apologies

Councillors W Newall J Taylor and L Tostevin (Darlington Borough Council)
Councillor J Chaplow (Durham County Council)
Councillor B Brady and E Dryden (Middlesbrough Council)
Councillor J Blackie (North Yorkshire County Council)
Councillors M Ovens (Redcar and Cleveland Borough Council)
Councillor S Bailey (Stockton-on-Tees Borough Council)

1. **Appointment of Chair**

   Councillor John Robinson (Durham County Council) was appointed as Chair of the Committee.

2. **Appointment of Vice Chair**

   Councillor L Hall(Stockton Borough Council) was appointed as Vice Chair of the Committee.

3. **Substitute Members**

   None.

4. **To receive any Declarations of Interest by Members**

   None recorded.

5. **Minutes**

   Agreed that the minutes of the meeting held on 17 January 2018 be confirmed and signed by the Chair as a correct record subject to the inclusion of more detailed reference to the discussions that had taken place in respect of the development of a 3 centre acute hospitals model and that an associated press release on this be published jointly within a reasonable timescale.

6. **Durham Darlington and Teesside Hambleton Richmondshire and Whitby STP – Update**

   Councillor Robinson referenced a recent press article in the Northern Echo which detailed discussions that had taken place at a meeting of North Yorkshire County Council regarding the future of health service provision at James Cook University Hospital, Middlesbrough; University Hospital North Tees, Stockton and Darlington Memorial Hospital. He stated the article suggested that key services would be retained at Darlington Memorial Hospital and this had raised issues with the DDTHRW STP Joint OSC members given their previous request for appropriate communications to be issued by the STP lead/Commissioners in respect of the development of the three acute hospitals model that had been discussed at the Committee's meeting in January 2018.

   In response, Mr Foster indicated that he had been disappointed in the press coverage on this issue and suggested that this may have been inaccurate. He stated that the press statement asked for by the Committee in January had not been issued because of difficulties that had occurred in getting all representatives to sign up to any press release. He introduced Mary Bewley, Head of Communications and Engagement, North of England Commissioning Support to members and indicated that an updated position statement in respect of the development of the STP/Better Health Programme and Integrated Care

System would be published on 14 June 2018. This will be circulated to Local Authority Chief Executives; Directors of Adult and Children's services and Directors of Public Health along with Health Scrutiny members and Health and Wellbeing Board representatives.

Mr Foster then gave a presentation to members which set out proposals for the development of an Integrated Care System for the North East and Cumbria which included associated leadership structures and governance proposals.

Mr Foster reported upon the context for the NHS within the North East and Cumbria, referencing the fact that the NHS Cycle is driven by poorer population health as a starting point leading to an overdependence on hospitals. NHS Funding is drawn away from prevention and preventative services which stops the causes of poor health from being addressed. Ill health within the region also contributes to worklessness, poor productivity and lower economic growth. The associated opportunity cost is poorer health outcomes in areas such as life expectancy at birth; smoking related deaths; under 75 mortality from cardiovascular disease and cancer.

In setting out the case for change, Mr Foster stated that the NE and Cumbria had a long established geography with highly interdependent clinical services. The vast majority of patient flows stay within the area and there is a history of joint working and a unanimous commitment from NHS organisations to establish an Integrated Care System across the North Eats and Cumbria. However, he stressed that the 2012 Health and Social Care Act had led to fragmentation across the health system making system wide decision making difficult. This coupled with significant financial gaps, service sustainability issues and poor health outcomes had led to further challenges.

The proposed changes would see the replacement of three STPs across the North East and Cumbria with a single Integrated Care system which would provide a single leadership, decision making and self-governing assurance framework for the area. Joint financial management arrangements would be established with an aspiration to devolve control of key financial and staffing resources. The ICS would set the overarching clinical strategy, standards, pathways and workstreams to reduce variation across services and would also hold Integrated Care Partnerships to account for the delivery of NHS England's Five Year Forward View outcomes.

4 Integrated Care Partnerships (ICPs) would sit underneath the ICS and will be commissioned to deliver integrated primary, community and acute care in accordance with the agreed ICS strategy as well as ensuring that a critical mass of service workload would sustain vulnerable acute services within their geography.

Mr Foster stated that the clear goal was to keep NHS finance and jobs in the North East in the face of existing staffing challenges. He referenced the recently announced commitment nationally to recruit 5000 additional GPs and the importance of being able to recruit and retain staff from abroad in the face of current visa restrictions and the impact of Brexit.

In discussing the 4 Integrated Care Partnerships across the North East and Cumbria, members noted that there would be a Joint CCG Committee covering the whole of the ICS and a CCG Committee in Common for each of the ICPs. At this point in time, it was reported that the exact footprint for each of the ICPs was not yet known.

Mr Foster stated that sitting below the ICPs would be placed based commissioning arrangements including health and social care integration at a locality level which would involve CCG and Local Authority joint working and commissioning.

Members were informed that the options for service planning and delivery that had been considered thus far included:-

<u>ICS – Across Cumbria and the North East</u>

Strategic Commissioning

- Population Health Management
- Commissioning of specialised acute services
- 111 and Ambulance Services
- Shared policies, service standards and pathway redesign

System Wide Co-ordination

- Transformation programmes
- Urgent and Emergency Care
- Joint Financial Planning
- Strategic Communications and key public health messages
- ICT, Data Management and Digital Care
- Workforce planning including recruitment and harmonised training

<u>ICP – Sub Regional Arrangements</u>

- Commissioning, contracting and performance management of acute hospital services
- Acute services reconfiguration, improvement and clinical networks

<u>Place based Integration – At CCG Local Authority level</u>

- Public & political engagement and consultation
    - Health and Wellbeing Boards
    - Overview and Scrutiny committees
    - GP representative bodies
- Relationships with local public and third sector
- Commissioning of
    - GP services
    - Community Services
    - Health and Social Care integration
    - Local pharmacy services
- Local workforce development

- Safeguarding children and adults

In considering the associated governance process, members sought assurances that Overview and Scrutiny arrangements across the ICS/ICP structures were robust and appropriate. Mr Foster indicated that any proposals for service change under the new structure would be subject to statutory scrutiny arrangements as required under the Health and Social Care Act 2012.

The Committee then considered the headline clinical strategy produced by NHS England. He indicated that this was driven by extensive clinical engagement and informed by insights from population health management. It proposed a shift of emphasis of care to prevention and early intervention in the community. Key strands within the strategy included:-

- Collaboration and networking of acute services around four centres of population;
- Service consolidation and organisational change only where necessary;
- CNE-wide solutions for Pathology and Radiology;
- Building on CNE-wide coordination arrangements: UEC Vanguard & Cancer Alliance;
- Developing new models of primary care to meet the needs of an ageing population;
- Industrialising our approach to prevention focused on screening for atrial fibrillation and osteoporosis;
- Delivery of an ambitious 'No Health without Mental Health' programme

Members then considered those acute hospital services across Cumbria and the North East which are considered to be "vulnerable". These included specialised services (Neonatology; Vascular; Breast symptomatic and screening; Hyper acute stroke; Interventional radiology and Neurosciences); core services (General Radiology; Pathology; Obstetrics; Emergency, general and paediatric surgery; Emergency Departments and Acute Gastroenterology and planned endoscopy) and more localised service pressures (Ophthalmology; Rheumatology; Dermatology; Clinical Haematology; Urology and Anaesthetics).

Reference was made to the discussion earlier in the meeting regarding the pressures facing County Durham and Darlington FT; North Tees and Hartlepool NHS FT and South Tees Hospitals NHS FT in respect of their ability to deliver 24/7 acute services across multiple hospital sites and the development of a 3 acute hospital site model in the DDTHRW footprint which was formerly part of the Better Health Programme and had been discussed at the Committee's meeting in January. Mr Foster suggested that the ability to deliver such an option was dependent upon a commitment to networking of clinicians across the three trusts and that to date no concensus across the Trusts had been reached on how this might be achieved.

Concern was also expressed regarding the potential impact of any proposed changes to acute services at the Friarage hospital, Northallerton. This was being compounded by the absence of any firm service proposals for Darlington Memorial Hospital. Janet Probert, indicated that whilst options for service improvements at the Friarage were being developed, there were some obvious

areas of interdependency between the Friarage and Darlington Memorial Hospitals which at the moment cannot be progressed. Mary Bewley suggested that CCG Accountable officers needed to liaise with one another across the footprint to ensure that information can be brought back to members on what is being developed.

During the discussion which followed Councillors expressed further concern at the apparent lack of progress in respect of the development of the 3 acute hospital site model discussed in January and also the press article published by the Northern Echo which had suggested that previously reported plans to set up 2 specialist emergency hospitals within the STP footprint had been dropped. Members suggested that the Committee was no further forward in this respect. Mr Foster again reiterated that there had been no concensus reached by clinicians across the three FTs on the development on the model which explained the lack of progress. Janet Probert also stressed that the issue was not only about an individual set of specialty services being discussed but also the inter-dependencies between them that was proving difficult to resolve.

In response to Councillor Hall, Mr Foster stated that the impact of the delay in developing the 3 centre model on the existing STP workstreams varied from one to another. For example such a delay would not compromise the ongoing work of the digitisation workstream but would have an enormous impact on the transport workstream. He assured members that Hospitals would not close but suggested that they may be used differently in the future.

Stewart Findlay, Chief Clinical Officer, DDES CCG reiterated that commissioners were frustrated that a position where an acceptable acute services model for consultation had not yet been reached and expressed further concerns at the potential impact of such a delay on the future viability of existing services across the DDTHRW footprint. He also stressed that less than 10% of NHS activity occurs in acute hospitals.

Councillor Bell referenced ongoing concerns that have been expressed regarding the availability of key staff to deliver acute services and the finance required for this. He asked if an increase in funding would alleviate the problem and was advised that his was not the case. Cllr Clark also referred to the recently announced Health Care professional “fast track” programme by the Secretary of State for Health and Social Care and asked if the STP programme was included in this initiative. Mr Foster indicated that he was unsure of the progress of this initiative.

The Committee considered the options available to seek progress on the issues discussed, not least the 3 acute hospital site model, and it was suggested that the Chairman write to the Chief Executives of County Durham and Darlington FT; North Tees and Hartlepool NHS FT and South Tees Hospitals NHS FT asking them to attend a future meeting of the Committee to discuss this issue further and seek clarity on the progress being made in this respect.

Agreed that the report and presentation be noted and the Chairman of the DDTHRW Joint OSC write to the Chief Executives of County Durham and Darlington FT; North Tees and Hartlepool NHS FT and South Tees Hospitals

NHS FT asking them to attend a future meeting of the Committee to discuss this issue further and seek clarity on the progress being made in this respect.

7. Chairman's Urgent Items

None.

8. Any other business

None

9. Date and Time of next meeting

To be confirmed

The meeting ended at 3.45 pm.