

Better Health Programme Joint Health Scrutiny Committee

At a meeting of **Better Health Programme Joint Health Scrutiny Committee** was held at the Redcar and Cleveland Leisure and Community Heart, Ridley Street, Redcar on **Thursday 19 January 2017 at 2.00pm.**

Present:

Cllr J Robinson (Durham County Council) Chair

Councillors –

Councillors J Taylor and L Tostevin (Darlington Borough Council)

Councillors J Blakey and O Temple (Durham County Council)

Councillors B Brady and E Dryden (Middlesbrough Council)

Councillors D Chance, J Clark, C Dickinson (North Yorkshire County Council)

Councillors N Cooney, R Goddard and M Ovens (Redcar and Cleveland Borough Council)

Councillors L Hall and A Mitchell (Stockton-on-Tees Borough Council)

Officers –

Peter Mennear (Stockton-on-Tees Borough Council)

Stephen Gwilym (Durham County Council)

Joan Stevens (Hartlepool Borough Council)

Alison Pearson and Lucy Donaghue (Redcar and Cleveland Council)

Daniel Harry (North Yorkshire County Council)

Better Health Programme –

Ann Farrar

Dr Boleslaw Posmyk

Dr Sath

Edmund Lovell

Chris Gray

Paula Bolden

Alan Foster

Also in attendance – Councillor D Walsh, Redcar and Cleveland Borough Council

1. Apologies

Councillors W Newall and H Scott (Darlington Borough Council)

Councillor Watts Stelling (Durham County Council)

Councillors Akers-Belcher and R Cook (Hartlepool Borough Council)

Councillor J Walker (Middlesbrough Council)

Councillor J Blackie (North Yorkshire County Council)

Councillor S Bailey (Stockton-on-Tees Borough Council)

2. Substitute Members

Councillor L Tostevin (Darlington Borough Council)

Councillors O Temple (Durham County Council)

3. **Declarations of interest**

None recorded.

4. **Minutes of the meeting on 1 December 2016**

AGREED that the minutes of the meeting held on 1 December 2016 be confirmed and signed by the Chair as a correct record subject to the following amendment on page 8:

“Cllr Jan Blakey noted the importance of children’s mental health.”

5. **Better Health Programme Joint Overview and Scrutiny Committee – Terms of Reference**

The Chair advised that the Terms of Reference were contained on pages 9-14 of the papers for Members information.

Cllr J Clarke commented that there was no reference to Hambleton, Richmondshire and Whitby CCG within the terms of Reference. The Chair stated that this would be amended to reflect their involvement in the Better Health Programme.

Cllr M Ovens asked about the scrutiny of the Sustainability and Transformation Plan (STP).

The Chair indicated that North Yorkshire County Council could be added to the North East Regional Joint Health OSC, if it was determined that this would be the most appropriate body to scrutinise STPs. Stephen Gwilym suggested that this be raised with the lead officers and members of the North East Regional Joint Health OSC at the earliest opportunity.

At the conclusion of the discussions it was

AGREED that:

1. The information in the report be noted;
2. The issue of how STPs are to be scrutinised be raised with the North East Joint Health Scrutiny Committee.

6. **Better Health Programme – Workforce considerations/service modelling**

Representatives of the Better Health Programme gave a presentation which provided an update on the workforce considerations and service modelling which had been undertaken by the Better Health Programme Board.

Members were advised that in England there was a shortfall in consultant posts to match demand in respect of the following service specialisms:

- Acute medicine is 552 increasing to 873 by 2020
- A&E is 224 increasing to 371 by 2020

- Anaesthetics is 225 increasing to 530 by 2020
- Cancer is 353 increasing to 629 by 2020

To mitigate against these shortfalls, there would be an investment in development of training places for:

- nursing
- advanced practitioners
- community and primary care workforce
- scientific training programmes

Key issues identified within the presentation included:-

- Acute hospital services could deliver better quality of care by direct access to Consultant specialist services for everyone 7 days a week, and where appropriate, 24 hours a day.
- Some highly specialist services did not see enough patients to maintain and develop care which met agreed clinical standards, e.g. acute surgery and neonatal intensive care.
- Some services did not have enough consultants to ensure rotas in hours and on call to meet clinical standards, e.g. A&E.
- People experienced variation in quality of care depending on where and when they were treated.

The Representatives from the Better Health Programme summarised by advising that:

- The workforce are highly committed and highly professional
- Transformation of the workforce was a continual journey of improvement to deliver better care to patients
- Increasingly, there were pressures on training and specialist workforce both nationally and in the North East
- We are responding positively but we need wider system transformation to retain and attract the best in a highly competitive workforce.

Three short videos were shown to the Joint Committee.

The Chair asked what impact Brexit would have on the services. Members were advised that it took 7 years to train a consultant. It was difficult to know what the impact would be but there were many employees currently from overseas and some had already decided to return to their own countries as feared the impacts of Brexit. 30% of the NHS staffing was made up from overseas trainees and doctors. These could leave a huge shortfall in the future.

Cllr L Tostevin asked if there was a plan for upskilling in local hospitals. Members were advised that there was a plan in place. There were a lot of nurse practitioners in the South Tees area. Specialist skills were being used to the greatest ability.

Cllr M Ovens asked if there were any scientific training programmes in place. Members were advised that the NHS had invested heavily across the region in Radiologists and Radiographers. There were PHD scientists across the

board. There was an issue with recruitment and retention of staff in the South Tees Area. A lot of staff were trained and decided to go to the North Tees area.

The Chair thanked the Representatives from the Better Health Programme for their presentation and attending the meeting.

At the conclusion of the discussions it was:-

AGREED that the information in the report be noted.

7. Better Health Programme – Phase 4 Engagement Analysis Report

Edmund Lovell from the Better Health Programme presented a report which provided details on the BHP Phase 4 engagement feedback analysis. There had been 12 public engagement events held between 10 October and 17 November 2016.

In total there were 212 attendees. Phase 4 asked attendees to discuss what factors were most important around Care out of Hospital and to look closely at the Care out of Hospital model of Care. The most common comments were around the importance of clear communication to the general public about any changes, where services could be found and to make assurances that ensure confidence in the new proposals.

The comments in phase 4 refined the key themes identified earlier in the engagement process and offered further evidence of the public's views and priorities with which the BHP team could use in its own communication and consultation stage.

A further set of engagement events would take place in February 2017 as part of Phase 5 on maternity and children's services. Details of the venues dates and timings for the Phase 5 events had been circulated to members of the Committee.

The Chair advised that not all Members had received the information on the upcoming events and requested that they be recirculated to all Members of the Joint Committee.

The Vice Chair asked about the table on page 23 of the report. Members were advised that the table was specifically related to out of hospital care.

Members were advised that information sharing was currently a problem and when a patient was admitted to hospital the hospital did not have access to patient records from the GPs and primary care services. If this information could be shared it could save a lot of time but also if the patients were unable to provide details the hospitals would have access to them.

The Vice Chair advised that transport to the hospitals was a priority, especially if services were being moved. Members were advised that during the consultation events this had been a re-occurring theme discussed all of

them and that it had been noted. The NHS were in discussions with local transport providers.

Cllr M Ovens added that the larger hospitals such as James Cook University Hospital discharged patient's right across the region to many Local Authorities.

The Chair advised that James Cook University Hospital had patients across 7 Authorities and the Mental Health Trust had patients across 12 Local Authorities.

Members were advised that the Sustainability and Transformation Plan (STP) would be looking at all the aspects that had been raised. Intervention was a key focus and it was important keeping people in their own homes and in the community to reduce hospital admissions.

The Chair thanked the representatives from the Better Health Programme for their report.

At the conclusion of the discussions it was

Agreed :

1. That the information in the report be noted; and
2. That information on the consultation events be circulated to the Members of the Better Health Programme Joint Scrutiny Committee.

8. Chairman's urgent items

The Chairman had no urgent items.

9. Any other business

There had been no items identified.

10. Date and time of next meeting

Thursday 9 March 2017 at 2.00 p.m. – Committee Room 2, Town Hall, Darlington Borough Council.

The meeting ended at 3.25pm.