

**AGENDA ITEM**

**REPORT TO COUNCIL**

**27 APRIL 2016**

**REPORT OF SENIOR  
MANAGEMENT TEAM**

**BETTER HEALTH PROGRAMME – JOINT SCRUTINY COMMITTEE APPOINTMENTS**

**SUMMARY**

The Better Health Programme is a large scale transformation programme covering a range of NHS clinical services in the Durham and Tees Valley area. The programme is being delivered by the six relevant NHS Clinical Commissioning Groups (CCGs) in partnership. Public engagement work is ongoing, in advance of formal consultation on a range of proposals from November.

This report sets out an update on the programme, and outlines the process for statutory consultation with Health Scrutiny. A Joint Health Scrutiny Committee consisting of representation from all affected Councils is required to respond to the consultation.

**RECOMMENDATIONS**

1. Council to appoint three non-executive Members to the statutory Joint Committee (two Labour and one Conservative).

**Detail**

1. The Better Health Programme is particularly focussed on acute care in hospitals and how high quality services can be achieved and maintained, given the pressures facing the local health economy. The CCGs state that they need to enact change or risk a continually declining level of quality.
2. The main drivers for the Programme are the need to achieve changing clinical standards and reduce variation, together with:
  - workforce – there is growing pressure on the maintenance of sufficient levels of staff across all levels of the health system;
  - health outcomes – there is growing demand for care combined with local health inequalities and often poor outcomes in the local area compared to nationally;
  - public engagement – a desire to improve access and prevent loss of services;
  - financial pressures – resources are insufficient to maintain current services;
  - NHS Five Year Forward View – this sets an agenda for major changes.
3. Around one hundred clinicians (including from local Trusts) have been involved in reviewing future models of service, including the use of networks across several providers. Issues being considered include the availability of specialist and appropriately experienced staff, access to diagnostic tests, and appropriate patient case loads. Areas under consideration include:

- Acute Medicine
  - Acute Surgery
  - Urgent and Emergency Care
  - Critical Care
  - Acute Paediatrics, Maternity and Neonatology
  - Interventional radiology
4. The Programme has considered around 700 clinical standards, and in conjunction with partner provider Trusts, has been able to meet around two thirds of these. The remaining standards cannot be achieved without substantial change. There is an increasing focus on out of hospital care to reduce the need to access acute provision and avoid the need to travel more than whenever necessary.
  5. Better Health Programme members have stated their commitment to engaging with a wide range of stakeholders as it prepares final options, and for these options to be available for consultation from November 2016.

### **Engagement and Consultation**

6. Engagement to date has included updates at Tees Valley Health Scrutiny Committee, Health and Wellbeing Boards, and the Adult Services and Health Committee (on 29 March 2016).
7. Stakeholder and public events have taken place, and further events are planned for May across the sub-region.
8. The Health and Wellbeing Board (HWB) will continue to be updated on the Programme and ensure partners are consulted (nb. the CCGs involved in proposing changes are members of local HWBs). The Council's main consultation response will be coordinated via Health Scrutiny and Council, as follows:
9. There is a statutory requirement for Local Authorities via their respective Health Scrutiny bodies to be consulted on substantial changes to local health services, and to respond to the relevant NHS bodies with their views. Ultimately as part of this process, any disagreements with such proposals may be referred to the Secretary of State by the Local Authority concerned.
10. The Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013 require the formation of a joint scrutiny arrangement, where an NHS body or relevant health service provider consults more than one local authority on proposals to make substantial variations or developments to services. They provide that all the local authorities whose residents receive such services must participate in the joint scrutiny arrangement for the purpose of responding to the consultation.
11. A local authority can opt-out if, having considered the information provided by the NHS body or relevant health service provider proposing the service change, they determine that the proposal is not "substantial" for their residents.

12. Only the joint scrutiny committee can require the organisation (s) proposing the change to provide information to them, or attend before them to answer questions. That organisation is under a duty to comply with these requirements.
13. In scrutinising the proposals, the joint committee should aim to consider the proposal from the perspectives of all those affected or potentially affected by that proposal. Only the joint scrutiny arrangement can then make a report and recommendations back to the organisation proposing the change. At Stockton, it will be necessary for Stockton's position in such a report to be first agreed by Council. It may need to be recognised from the outset of this Programme that the report will not necessarily achieve consensus, but reflect a range of views. The right to make any subsequent referral to the Secretary of State would be retained by individual Local Authorities (unless formally delegated to the Joint Committee).
14. Due to the geographical nature of the likely proposals, it is almost certain that each affected local area will view the changes as substantial for them and it is therefore clear that a Joint Committee will be required to enable the statutory consultation with Local Authorities.
15. The local authorities affected are: Darlington, Durham, Hartlepool, Middlesbrough, Redcar and Cleveland, and Stockton. Consultation and liaison may need to be arranged with other authorities for example North Yorkshire depending on the scope of the final proposals.
16. Setting up the Joint Committee soon after the Local Government Elections would enable Members to be involved and briefed on options prior to the public consultation. Early involvement of the Joint Committee would be by far preferable.
17. The CCGs would also welcome an early opportunity to brief the Joint Committee ahead of the start of public consultation.
18. Early discussions and precedent (the most recent similar scenario for Stockton was joint consideration of acute medical and critical care in 2013) would suggest that a manageable approach would be to have three Members appointed from each Council. A draft terms of reference is being developed and support/chairing arrangements would be subject to further discussion.
19. Due to the Elections, appointments to the Joint Committee by other Authorities will be made in May. In discussion with other Authorities, and subject to agreement by the Joint Committee it is proposed that the Joint Committee will then meet from July to be briefed on the Programme, consider the options appraisal process, and consider the proposals for public consultation. The formal consultation proposals will then be considered from November.
20. Council is therefore requested to appoint three non-executive Members on a politically proportionate basis, ie. two Labour and one Conservative. It would be appropriate and advisable for those appointed to also be members of Adult Services and Health Select Committee.

### **Deputy Chief Executive**

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