

Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday, 28th October, 2015.

Present: Cllr Jim Beall(Chairman), Cllr Mrs Ann McCoy(Vice-Chairman), Cllr Sonia Bailey, Cllr Lynn Hall, Cllr David Harrington, Cllr Di Hewitt, Tony Beckwith, Peter Kelly, David Brown (Substitute for Martin Barkley), Alan Foster, Ben Clark (Substitute for Audrey Pickstock), Steve Rose, Paul Williams, Ali Wilson

Officers: Michael Henderson, Peter Mennear (LD), Mandy Mackinnon, Emma Champley, Mark McGivern (PH)

Also in attendance: Councillor Gillian Corr (SBC), Sundeep Harigopal (Northern Neonatal Network), Peter Dixon (NHS England Specialist Services),

Apologies: Barry Coppinger (CPCC) Jane Humphreys (SBC) Martin Barkley (TEWV), Audrey Pickstock

HWB 35/15 **Declarations of Interest**

Councillor Sonia Bailey declared a personal non prejudicial interest in the item entitled neonatal services in the North East and Cumbria as she has previously received maternity services at North Tees and South Tees hospitals and her activities bring her into contact with mothers who's babies have been admitted to neonatal care at North Tees Hospital.

Alan Foster declared a personal non prejudicial interest in the item entitled neonatal services in the North East and Cumbria as he was Chief Executive Officer of North Tees and Hartlepool NHS Foundation Trust.

HWB 36/15 **Minutes of the meeting held on 30 September 2015 - to follow**

The minutes of the meeting held on 23rd September were confirmed as a correct record.

HWB 37/15 **Minutes of Children and Young People's Partnership held on 23rd September 2015**

The minutes of the Children and Young People's Partnership held on 23 September 2015 were noted.

HWB 38/15 **Review of Neonatal services in the North East and Cumbria**

The Board considered a summary report relating to recommendations set out in an independent review of Neonatal Intensive Care Services in the North East and Cumbria, which had been undertaken by the Royal College of Paediatricians and Child Health on behalf of NHS England.

Representatives from North of England Specialised Commissioning were in attendance to present the report and respond to any questions.

Members noted that the Royal College had produced 3 recommendations with one specifically relating to the Tees Area configuration:

- A single neonatal intensive care unit sited at the James Cook University Hospital site. The unit at North Tees would continue to

operate as a neonatal special care unit.

Members noted the rationale for the recommendations:

Essentially, North Tees was considered to be too small to justify designation as an LNU (Local Neonatal Unit). Like the GNCH and unlike North Tees, South Tees was recognised as a neonatal grid training site. The review cited the following as reasons why North Tees should no longer be designated as a NICU:

- “North Tees was currently the smallest NICU in England by birth-rate.
- There was insufficient activity even to justify designation of an LNU at this site. There was insufficient complexity and throughput to attract and retain enough specialist medical staff, and consequently the paediatric team would probably be required to take on additional duties of cover for which they may not adequately trained or experienced.
- Combining the expertise and capacity of the medical staff to that of the team at JCUH would maintain their skills and interest and facilitate the further development of a first class training and research centre for Teesside.”

The Board noted that the full report, produced by the Royal College, would be circulated to its members.

It was suggested that, under the proposal, the care of 54 babies, on average per year, would be transferred from North Tees to South Tees, with 28 of these being the babies of Stockton residents.

Members considered the proposals and the following points/comments were raised by members:

- it was noted that the Regional Scrutiny Committee had been approached but it was strongly felt that there needed to be discussion locally specifically relating to the recommendation affecting the Tees Area.
- Members asked for some details of numbers affected at South Tees, if a single unit was based at North Tees.
- there was concern at the lack of options coming forward and it was suggested that outcomes for babies at North Tees were very similar to those at other units in the North East, particularly Sunderland,
- the service should be considered within the SeQiHS programme alongside other Children's and Women's Services. It should not be dealt with in isolation and the approach should be more strategic.
- the consultation must clearly identify the number of babies affected and what the proposal would provide in terms of saving lives and improving outcomes.
- the distinction between the types of neonatal care involved must be made to the public and clearly detail that only intensive care was involved and numbers that would go to South Tees on a planned basis (i.e not transferred during/after

labour)

- there needed to be details made available of how many babies would go to Newcastle for care.
- having a local unit was very important for the families of poorly babies and this should not be overlooked.
- the importance of understanding population flow and birth rate, across the region.
- there was a suggestion that Specialist Nurses could work across more than one unit.

In response to the issues raised representatives indicated that:

- they would provide more information to the Board.
- in terms of SeQiHS it was noted that it had proposed 1 unit in the Tees area.
- units, such as the RVI, with high levels of activity had the best outcomes for babies as such units continuously improved to a greater extent than other units. Figures backed this up.

RESOLVED that the report and discussion be noted and any further queries be passed to Peter Kelly

HWB 39/15 SeQiHS - Better Health Services Programme

Members considered a report that provided an update as to how NHS commissioning organisations and acute trusts, in the Darlington, Durham and Tees Valley area, working with Health and Wellbeing Boards, intended to develop plans to deliver better health services through the Securing Quality in Healthcare Services (SeQiHS) Better Health Services programme.

As well as several other pieces of important preparatory work, independent research had been undertaken to help understand what local people felt was important about hospital services. Key messages from the research included:

- o Service priorities among local residents with regard to hospital services include: knowledgeable & professional staff; quality of care; cleanliness and hygiene
- o Most people were willing to travel for planned care but would like to see unplanned and emergency care close by
- o Urgent and emergency care was the most used hospital service amongst local residents in the last year.
- o The research described satisfaction rates with NHS care overall, the quality of care and ease of access (this was largely interpreted by residents as physical access such as parking but also included some information on availability and

waiting times).

o Residents also considered changes that might be made to reduce spending in the NHS in challenged financial climate.

NHS commissioners and provider organisations and local councils across the area had put in place support arrangements to take forward the next phase of planning and delivery. The Boards vision was 'Meeting patient needs now and future proofing for the coming 10-15 years, with ever improving sustainable health care delivered in the best place'.

Members were informed of the work that the programme board had undertaken and noted that it had recently held a stakeholder forum event and discussed ways of securing the involvement of patients and the public at an early stage and throughout the programme. Participants at the event had suggested a number of approaches, including that a short briefing paper on the issue be developed. The first public version of that briefing had been developed and was attached for the Board's information, together with a summary of the feedback from the stakeholder event.

Going forward the programme board had established a number of working groups to develop detailed plans and case for change. The communications and engagement working group was producing an engagement plan to ensure public, patients, carers, staff and clinicians had sufficient opportunities to consider the issues and contribute to the thinking.

It was noted that further updates would be brought to the Board in the future and options would be developed late summer 2016.

The Board was informed that SeQiHS was a sub regional programme, and the neonatal review had considered the whole NE Region.

The Board recognised the need to keep clinical services as safe as possible.

Members discussed the information it had been provided with and felt that the neonatal review, it had considered earlier in the meeting, would best be considered as part of the SeQiHS programme. The Board did not feel the neonatal intensive care service should be considered in isolation and a much more strategic approach was needed, given its close links with other perinatal services, maternity services and the national maternity review. The SeQiHS programme would provide the opportunity for the strategic approach needed and would better take account of the views of local people.

It was suggested that the Board's on this matter should be highlighted with NHS England and shared with both the Borough's local Members of Parliament.

RESOLVED that

1. the report be noted.

2. the Chair writes to NHS England's Specialist Commissioning Team indicating that the Board considered that the neonatal services should be reviewed, as part of the SeQiHS programme, and not in isolation. Copies of the letter to be forwarded to the Borough's MPs

**HWB
40/15** **Healthwatch Annual Report**

Consideration was given to the Annual Report 2014/15 - Healthwatch Stockton-on- Tees.

The Board noted that during 2014/15 Healthwatch had contributed to several investigations either in its own right, or to support the Council's Scrutiny Committees; it had been able to offer the views of the public and generate change in the way services were provided.

Healthwatch had started a programme of "Enter and View" visits to services across both health and social care. The outcome of such visits would directly influence the way these services were provided by picking out deficiencies and suggesting change as well as influencing the commissioning of services in the future.

RESOLVED that the Annual Report of Healthwatch 2014/15 be noted.

**HWB
41/15** **Update on Public Health Grant Consultation**

The Board received a report that described the impact for the ringfenced public health grant for Stockton on Tees Council for 2016/17 if the recommendations of the Advisory Committee on Resource Allocation (ACRA) were implemented.

The Department of Health had published its latest version of the ACRA proposed target allocation formula for the Public Health Grant for Local Authorities for 2016/17. The consultation paper described the proposed target allocation as a percentage of the entire national pot of the Public Health ring fenced grant for Local Authorities.

The Board was provided with an appendix which detailed the cash impact of the proposed new formula for 2016/17, for every upper tier local authority in England. The appendix showed the cash value of the public health grant for Stockton-on-Tees was £13.067m for 2015/16 and that, subject to the size of the national pot being the same the cash value for 2016/17 under the ACRA proposals was £12.057m, a reduction of £1.01m. This did not take into account the in-year reduction of funding of £897,000 as it was unknown whether this would be applied in 2016/17.

The ACRA consultation document does not give any cash figures rather it described the percentage share each upper tier local authority could expect to receive under the proposed formula. The consultation made it clear that the size of the entire pot for the ring fenced public health grant for local authorities was not their decision but a matter reserved for ministers, as was the pace of change towards any new funding formula.

The total value of the ring fenced public health grant across the five Tees Valley Local Authorities is £56.032m for 2015/16. The total reduction in funding proposed by the implementation of this formula for 2016/17 was £9.38m (16.7% reduction).

It was noted that the basis of the formula meant that the older the age profile of an area's population, the more money it received. This had resulted in many areas with high levels of deprivation receiving a reduction in funding and, more affluent areas, receiving an increase. This would not assist in reducing health inequalities. The Board considered that the use of an age based funding formula was more suited to Health Services and was not appropriate for Public Health.

The Board agreed that partners would need to continue working together, to maximise all funding available.

It was explained that the Council would be responding to the consultation paper on the proposed formula and the concerns raised would be included. It was suggested that the Borough's two MPs be provided with the consultation response.

RESOLVED that the report be noted and the consultation response from the Council be provided to the Borough's two MPs.

HWB 42/15 CQC - Thematic Review - Integrated care for older people

Members were provided with an update on the CQC's thematic review of integrated care for older people.

It was noted that the review would, amongst other things:-

- listen to people's individual experience of care and look at data which describes how people interact with and move between different organisations in the health and care system.
- examine how effectively care providers were coordinating care for older people and how well they communicated.
- look for examples of good and outstanding care
- talk to commissioners to understand local arrangements for the care of older people.

The review was very time consuming and feedback would be provided to the Board.

RESOLVED that the update be noted.

HWB 43/15 Chair's Updates

The Chair explained that he would email members with any urgent updates.

HWB 44/15 Forward Plan

Members considered the Board's Forward Plan.

RESOLVED that the plan be agreed.

