

AGENDA ITEM

**REPORT TO HEALTH AND
WELL BEING BOARD**

28 OCTOBER 2015

**REPORT OF CHIEF
OFFICER, NHS
HARTLEPOOL AND
STOCKTON CLINICAL
COMMISSIONING GROUP**

**Securing Quality in Health Services (SeQiHS) Better Health
Services programme**

This paper provides Health and Wellbeing Board members with an update as to how NHS commissioning organisations and acute hospital trusts in the Darlington, Durham and Tees Valley area, working with Health and Wellbeing Boards, intends to develop plans to deliver better health services through the Securing Quality in Healthcare Services (SeQiHS) Better Health Services programme.

RECOMMENDATIONS

Health and Wellbeing Board members are requested to note the update.

DETAIL

1 BACKGROUND

- 1.1 Hartlepool and Stockton Clinical Commissioning Group has been working with clinicians, other commissioners, and providers of acute care services to people living in Durham and the Tees Valley area have been working together for more than two years to explore and examine ways of making sure acute care services in the area can meet increasing demands over the next few years as part of their continuous work to improve the health services available to patients in our area.
- 1.2 We have worked hard with clinical staff and independent experts for over two years to understand the challenges in detail and to deliver several pieces of preparatory work:
 - Developing a set of clinical standards that hospitals should be delivering for each of the acute care services and we have assessed each hospital against those standards.
 - Commissioning independent experts to tell us how possible it would be to introduce those new standards of care to our hospitals. They told us it wouldn't be possible without substantial extra funding or reconfiguration of services. We know no extra money will be available to us.
 - Regularly talking to and sharing information with partners, Health and Wellbeing Boards and Overview and Scrutiny Groups.

- Commissioning independent public research to tell us: what local people feel is important about hospital services, how well they understand the balance that has to be achieved between quality, access and affordability; and how well they understand the need for change in the NHS generally.
- Asking our Clinical Leadership Group (a group of senior doctors and other clinical staff chaired by Professor Andrew Cant) to consider what the best possible acute care would look like and how they could deliver that to meet the clinical standards and tackle the challenges we face. We asked them not to consider individual hospitals and sites at this stage.

1.3 Summary of key messages from the independent research:

- Service priorities among local residents with regard to hospital services include: knowledgeable & professional staff; quality of care; cleanliness and hygiene
- Most are willing to travel for planned care but would like to see unplanned and emergency care close by
- Urgent and emergency care is the most used hospital service amongst local residents in the last year.
- The report describes 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)
- Residents also considered changes that might be made to reduce spending in the NHS in challenged financial climate

1.4 NHS commissioners and provider organisations and local councils across the area have set up a programme board and have put in place support arrangements to take forward the next phase of planning and delivery.

Commissioning Organisation

- NHS Durham Dales, Easington and Sedgefield CCG
- NHS Darlington CCG
- NHS Hartlepool and Stockton-on-Tees CCG
- NHS North Durham CCG
- NHS South Tees CCG
- NHS England North East and Cumbria

Provider Organisation

- County Durham and Darlington NHS Foundation Trust
- South Tees NHS Foundation Trust
- North Tees and Hartlepool NHS Foundation Trust
- North East Ambulance Service NHS Foundation Trust

1.5 Local Authorities and Local Healthwatch organisations are represented on the programme board.

- 1.6 The programme board is working closely with neighbouring NHS Hambleton, Richmondshire and Whitby CCG because a number of their patients use services provided by the acute hospital trusts in our area.

2 THE PROGRAMME

- 3.1 The programme board vision is:

Meeting patient needs now and future proofing for the coming 10-15 years with ever improving sustainable health care delivered in the best place

- 3.2 Acute care is the short-term active treatment and care patients receive, usually in a district general hospital, for severe injury or illness, urgent medical conditions, or recovery after surgery. Our work focuses on:

- Acute paediatrics and maternity
- Accident and Emergency
- Acute Medicine
- Acute Surgery
- Intensive Care
- Interventional Radiology

- 3.3 GP and Community provided services are considered a critical element of the programme and feature in a “before” and “after” comparison of overall service provision. Robust and innovative plans that ensure patients are treated in or close to home are already being implemented in local communities but there is a recognition that these will need to be further developed and implementation progressed at pace.

- 3.4 Recognising this work has reached a stage where it is appropriate to increase opportunities for patients and the public to be involved, the programme board invited stakeholder organisations from across the geography to attend the first of a series of Stakeholder Forum events at Sedgefield Racecourse on 30 September 2015. Participants received a presentation from Dr Boleslaw Posmyk, the programme’s clinical chair, and discussed ways of securing the involvement of patients and the public at this early stage and throughout the course of the programme.

- 3.5 Participants at the stakeholder forum suggested a number of approaches including that a short briefing paper on the issues be developed. The first public version of that briefing is attached at **Document 1**. A summary of the feedback from stakeholder forum participants is attached at **Document 2**

- 3.6 Our objectives are:

- To share with the public, carers, stakeholders and partners the issues and challenges hospital care faces in coming years;
- To provide opportunities for open discussions on people’s experience and expectations of services to help shape the development of local hospital care;

- To understand the views of people from a wide range of different backgrounds and across the demographic spectrum;
- To keep partners, stakeholders and other interested audiences informed about the developing discussion.

4 NEXT STEPS

- 4.1 The programme board has established a number of working groups each led by a senior clinician or commissioner as appropriate. These groups will continue to develop the detailed plans and case for change and report into the programme board.
- 4.2 The communications and engagement working group led by Amanda Hume, chief officer of South Tees CCG, is producing an engagement plan to make ensure public, patients, carers, staff and clinicians have sufficient opportunities to consider the issues and contribute to the thinking at this early stage and throughout the programme.

REASONS FOR RECOMMENDATIONS

Health and Wellbeing Board members will be kept apprised of progress through regular updates and advance notice of planned engagement activities being undertaken to ensure a joint approach.

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