

Tees Valley Health and Wellbeing Board Chairs' Network

A meeting of Tees Valley Health and Wellbeing Board Chairs' Network was held on Monday 23 February 2017.

Present: Councillor Jim Beall (Chairman) (SBC), Councillor Andrew Scott (DBC), Mayor David Budd (MBC),

Also in attendance: Councillor Lucy Hovvels (DCC), Councillor Clare Wood (NYCC), Councillor Lynn Pallister (R&BC)

Officers: Michael Henderson (SBC), Edward Kunonga (MBC); Jane Robertson (DCC), Richard Webb (NYCC)

Apologies: Cllr Christopher Akers Belcher, Councillor Sue Jeffrey (R&CBC),

1 Declaration of Interest

There were no declarations of interest.

2 Minutes of the meeting held on 21 November 2016

The minutes of the meeting held on 21st November 2016 were confirmed as a correct record.

3 Sustainability Transformation Plan (STP)

Alan Foster, Lead for Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby Sustainability and Transformation Plan (STP) Footprint was in attendance and provided the Network with a presentation on the Plan.

Members noted some of the factors that were driving the STP.

STP priorities were::

- Preventing ill health and increasing self care
- Health and care in communities and neighbourhoods
- Quality of care in hospitals – 'Better Health Programme'
- Use of technology in health care.

The presentation also provided details of the system model of care, possible hospital scenarios, an out of hospital model of care, financial issues and an overview of the STP's current governance structure.

There was a lengthy discussion on various elements of the STP and that discussion could be summarised as follows:

- Two of the six hospitals would be specialist emergency hospitals.
- It was accepted that the STP in the South of the region had to be developed in the context of the STP in the North of the region, and vice versa.
- The NHS viewed engagement with local authorities as extremely important.

- The hospital reconfiguration element of the STP was currently at the forefront of the public's thoughts and there were growing numbers of activists wanting more information. It was suggested that the NHS needed a strategy to address this as there was a danger it could swamp discussion/consultation on the STP as a whole. It was noted that there were attempts to try and combat any myths and make sure the facts were there, however, there was no dedicated resource to deal with this in a more comprehensive way. Also, many of the questions being posed did not, at this stage, have an answer.
- North Yorkshire was lobbying to have its own STP. Current arrangements were a major capacity issue for its officers and members.
- There would be changes at all 6 hospitals in the footprint but there were no details at present. The only confirmed position was that James Cook would remain a Specialist hospital and Major Trauma Centre in any configuration going forward.
- If the Friarage Hospital lost its current A&E then Darlington was likely to be the closest hospital offering such a service. This was concerning, particularly for the communities in the Western Dales, given the long distances involved.
- Changes to services would need to be clearly articulated to public, describing the different types of A and E. Scenarios would assist with the message e.g. if you have stroke in xxx this is what is likely to happen, if you fall in a nursing home then xxx. LA's could help with such scenario planning.
- In terms of finances it was queried if capital loans, through local authorities had been considered, as local authorities had access to cheaper borrowing. It was noted that all potential areas of capital funding were being considered. It was also noted that capital spending would need to cover everything, including ambulances, technology and buildings.
- Workforce challenges were discussed and it was noted that staffing levels were a problem and not enough new workers were being trained. The NHS continued to rely on overseas staff.
- It was agreed that workforce considerations needed to take into account social care markets. There was discussion around the possible need for a different kind of worker, one with social care and nursing skills.
- Members highlighted that local authority social care budgets were being set and there was concern that these budgets may be challenged by factors contained in the STP. It was suggested that it would be useful to have conversations around this, at an early stage.
- Issues around stimulating the care home market and nursing homes fees

were mentioned and the need to work closely together in these areas.

- Transport would be a major challenge and an important consideration for patients and their families and should not be underestimated. Local Authority involvement in the logistics of transport was offered
- Use of technology to support care in remote areas was positive, however capital considerations in this area would need to include poor broadband access in some areas, individuals who did not have devices or were not familiar with IT.
- It was suggested that there was a risk that the hospital reconfiguration may overshadow the rest of the elements of the STP around prevention and out of hospital care. These were important issues and unless these were adequately addressed any reconfiguration would not have the right base in terms of preventing people being admitted.
- There was discussion around the hospitals at home scheme and the positive outcomes from this. Such messages needed to be relayed effectively to the public by all parties.

It was apparent, from discussions, that local authorities recognised the need for change and were eager to work with the NHS in any areas necessary to ensure the best outcomes possible. It was noted that local authorities continued to experience significant challenges around the adult social care budget and reductions in public health funding and it was felt that this could impede the effectiveness of any STP.

It was suggested that there may be some value in formally stating areas of common ground between authorities; this could take the form of a letter to the NHS. Reference was made to the discussion earlier in the meeting relating to the development of a worker with social work and nursing skills and it was suggested that this could be raised in the letter too. Richard Webb would initially draft something with colleagues for consideration by Chairs.

It was agreed that Alan Foster be invited back to the May meeting of the Network to provide an update on the STP. This would be after the elections and more detail around the plan may be known. Chairs across the full footprint would be invited.

RESOLVED that the discussion be noted and actioned as appropriate.

Forward Plan

Members agreed that attempts would be made for Amanda Hume to attend the March meeting to present the Tees Mental Health Crisis Concordat.