

TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

A formal notice had been issued to all concerned of a meeting of the Tees Valley Health Scrutiny Joint Committee to be held on 12 October 2009. At the appointed time of 10.00 a.m. the following were present: -

PRESENT: Representing Hartlepool Borough Council:
Councillor Lilley

Representing Middlesbrough Council:
Councillor Dryden

Representing Redcar & Cleveland Council:
Councillors Carling and Mrs Wall

Representing Stockton-on-Tees Borough Council:
Councillor Cains (Chair).

OFFICERS: J Walsh (Hartlepool Borough Council), J Bennington and J Ord (Middlesbrough Council), S Ahmed (Redcar & Cleveland Council) and P Mennear (Stockton-on-Tees Borough Council).

**** PRESENT BY INVITATION:** Momentum Project:
Carole Langrick, Director of Strategic Development/ Deputy
Chief Executive
Alison Wilson, Director of Health Systems & Estates
Development
Claire Young, Head of Communications.

The required quorum in accordance with the agreed protocol states that the quorum of the Joint Committee should be six for general meetings and one third for review meetings and that each authority should be represented. In the absence of the quorum and given the business to be transacted it was agreed by those present to proceed with the items on the agenda on an informal basis and any decisions to be formally considered at the next meeting of the Joint Committee.

**** APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Newall, Mrs Scott and Mrs Swift (Darlington Borough Council); Councillors Brash and Plant (Hartlepool Borough Council); Councillors Carter and Cole (Middlesbrough Council); and Councillors Sherris and Mrs Walmsley (Stockton-on-Tees Borough Council).

** DECLARATIONS OF INTEREST

Name of Member	Type of Interest	Item / Nature of Interest
Councillor Mrs Wall	Personal/Non Prejudicial	Any matters arising relating to North East Ambulance Service NHS Trust - related to a number of employees.

** MINUTES

The minutes of the meeting of the Tees Valley Health Scrutiny Joint Committee held on 14 September 2009 were submitted.

AGREED that it be recommended that the minutes of the meeting of the Tees Valley Health Scrutiny Joint Committee held on 14 September 2009 be approved as a correct record subject to an additional recommendation under the minute heading 'Out of Hours Care – Service Redesign Progress' as follows: -

'2. That a progress report on developments be submitted to a subsequent meeting. '

MOMENTUM PROJECT – PROGRESS REPORT

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from the Momentum Project Team to provide a briefing on the progress of the Momentum Project since summer 2008.

The Chair welcomed members of the Momentum Project Team who reported on the progress of the Momentum: Pathways to Healthcare programme which had been established in April 2007 to lead on the transformation of the local healthcare system, including the redesign of healthcare across primary, community and secondary care; the development of new community facilities and the building of a new hospital.

The Joint Committee was reminded of the key aims and objectives of the programme as outlined in Appendix 1 of the report submitted.

In addition to the report submitted the members of the Momentum Project Team gave a presentation on the background and progress to date.

Members were reminded of the formal consultation exercise between 2 June 2008 and 1 September 2008 to secure agreement of local people and stakeholders to the proposed models of future care, the development of community infrastructure to support such models and the site of the new hospital.

The outcome of the consultation supported the proposed future models of care; the proposed plans to develop the community infrastructure in Stockton, Hartlepool, Yarm and Billingham; and the site of the new hospital to be at Wynyard Business Park north of the A689.

It was confirmed that the blueprint for future service provision being taken forward by the programme was that of providing as much care as possible in community based settings with only that which was dependent on specialist equipment, skills or facilities being provided from a hospital setting as demonstrated in the diagram provided.

The programme was made up of three projects:

- Service Transformation – which covered all the service models and care pathways which would be remodelled and redesigned throughout the duration of the Programme;
- Hospital Capital Planning Project – which covered the design, procurement, build and commissioning of a new hospital to replace the existing two hospitals, University Hospital of Hartlepool and University Hospital of North Tees;
- Primary and Community Care Capital Planning Project – which covered the design, procurement, build and commissioning of new community based facilities from which they would provide existing community services as well as those being relocated from hospital settings.

The Momentum: Pathways to Healthcare Capacity Plan had underpinned the three projects and quantified the changes to the pathways and models of care. The specific measurables that the programme would deliver were reported as follows: -

- a) a reduction of 124 General and Acute Beds;
- b) 40,000 A & E attendances at the community integrated care centres, relieving pressures on the major A & E Department of the new hospital;

- c) a negligible increase in emergency admissions and a reduction in emergency lengths of stay by up to one third, ensuring that Trust performance for emergency length of stay is at or close to top decile nationally;
- d) 161,200 outpatient appointments in the community, including 90,000 physiotherapy and OT;
- e) a shift of up to 6,500 treatments that currently take place on day case or inpatient facilities to procedure rooms, possibly in a community setting;
- f) a shift of inpatient treatments into a day case setting to achieve an overall day case rate of 78%.

In terms of Hospital Capital Planning an Outline Business Case (OBC) for the new hospital at Wynyard Business Park had been produced and approved by the North Tees & Hartlepool NHS Foundation Trust Board of Directors on 24 September 2009. Further approval would be sought from the Stockton on Tees Teaching PCT Board and Hartlepool PCT Board in October and the Strategic Health Authority in November 2009. The OBC would then be submitted formally to the Department of Health and the Treasury for consideration.

The OBC had involved work input from a range of staff and clinical teams from within the Trust as well as legal, financial, health planning and technical advice from a range of external professionals. The OBC identified the principles that underpinned the design of the new hospital and included provision of single occupancy en suite rooms for every patient; ensuring flexibility of use was embedded from the outset; delivery of a small carbon footprint; use of the latest technology and the provision of a high quality environment for patients, visitors and staff.

The Joint Committee was advised that the next phase of the New Hospital Design and Procurement process was being developed, building upon the work undertaken with Laing O'Rourke and healthcare planners in summer 2008. Such work included the development of further clinical consensus to the design; identifying and developing a core clinical team that would champion design solutions; building expertise and confidence; testing the design; and reviewing design assumptions.

In terms of Primary and Community Care Capital Planning a Strategic Outline Case (SOC) for the design and build of community facilities in Stockton, Hartlepool, Yarm and Billingham had been produced by the Primary Care Trusts.

The new Integrated Care Centre in Hartlepool was expected to be open in April 2010 with an Urgent Care facility in the same location in November 2010. Integrated Care Centres were planned for Stockton in July 2012, Billingham facility planned for June 2013 and a Yarm facility for April 2011.

PCT managers, GPs and Practice Based Commissioning managers were actively engaged in the work of the Service Transformation Project to review healthcare pathways and agree the future location and provision of services.

The Joint Committee was advised of the Service Transformation Project which took forward the service models (planned care, unplanned care, women & children, diagnostics, step up/step down care, long term conditions, end of life care) designed in the early phases of the Momentum: Pathways to Healthcare programme.

As part of the service modelling work, 107 separate care pathways had been identified as requiring change or improvement to deliver both the aims of the Momentum: Pathways to Healthcare programme as well as the specific measurables previously identified. The care pathways had been grouped into 46 Business Service Change Projects (BSCP) as shown in Appendix 1 the timetable for which was outlined in Appendix 2 and the full description given in Appendix 3 of the report submitted.

BSCPs were being undertaken as whole system/patient central reviews of healthcare pathways to ensure efficiency and integration. The scheduling of the BSCP had been undertaken in collaboration with stakeholder PCTs to ensure continued synergy and the development of service

specifications. Close links would continue to be developed with County Durham PCT to provide an overview of ongoing developments and to maximise potential opportunities.

Confirmation was given of the BSCPs which had commenced: End of Life Care Primary, A & Scoping Project, Extended Working Project, Future Use of Peterlee Hospital Site, Diabetes Healthcare Pathway, Respiratory Care Project, Gynaecology Project, Radiology in the community, A & E /Minor Injuries/ Out of Hours Project (Hartlepool), Outpatient Provision Project, Physiotherapy & OT Project, Diagnostics (including Audiology & Pathology) Hartlepool, Endoscopies in the Community Project.

Specific reference was made to the following in the presentation given at the meeting: -

Respiratory Conditions with improved care management; joint teams/specialist advice; Community Respiratory Service; Clear and early escalation of care;

Diabetes Pathway involving earlier detection; improved support for self-management; wider training and awareness of diabetes issues; community based provision;

Radiology and Diagnostics with wider range of tests in the community; exploit latest Information and communication technology; more access points for 'Points of Care Tests'; communication/access to specialist advice; staffing, equipment and logistics;

Accident & Emergency Services including major A & E Department in the new hospital; minor A & E units in community, town centre locations, appropriately staffed and equipped; around 40% of patients expected to access the minor units; patient signposting critical;

Physiotherapy and Occupational Therapy including mainstream outpatient services in most appropriate setting (musculoskeletal, neurology, rheumatology and amputee rehabilitation); provision of specialist services (paediatrics, Parkinson's disease, spinal rehabilitation); ensure linkages with clinical pathways e.g. diabetes, respiratory, vascular, stroke; better access with a more robust emphasis upon prevention and self management in a 'de medicalised' setting; exploit interfaces with leisure and education facilities and staff;

Gynaecology with delivery of outpatient consultations in the community; more community based assessments; additional appropriate minor gynaecology procedures in the community; service responsive to patients needs and changes in demand; additional specialist gynaecology services; upskilling of workforce;

Future Use of Peterlee Hospital linked to County Durham PCT Strategy; provide more services closer to the population of East Durham; maximise clinic utilisation across a range of specialties; upgrade diagnostics/clinical equipment.

The Joint Committee's attention was drawn to progress in relation to community based facilities-care in hospital; care in an integrated care centre or diagnostic and treatment centre; care at health centres or GPs' surgeries and care at or close at home.

A plan showed the network of Care Services in community settings which covered such areas as minor injuries, range of diagnostics, outpatient clinics, minor surgery, community dentistry, contraception and sexual health, physiotherapy and musculoskeletal services and speech & language therapy /audiology.

The Joint Committee's attention was drawn to the main principles of the design, which included locally led patient centred care; evidence based design International best practice; patient expectation; work place environment; and sustainable design.

A plan showed the layout and general aspect of two wards each with 24 beds and also an example of a patient bedroom ward design.

It was confirmed that significant progress had been made in all three projects that comprised the Momentum: Pathways to Healthcare Programme.

Details were provided of the overall timetable of: -

- OBC approvals September to November 2009;
- Hartlepool Borough Council Planning Committee on 12 October 2009;
- Treasury approval in February 2010;
- Procurement period of 24 months by means of competitive dialogue;
- Build period of 3 years 3 months;
- Hospital opening late spring 2015.

Specific attention was given to aspects relating to public transport services, which covered the following: -

- a) a regular shuttle bus operating seven days a week throughout the daytime and evenings between the hospital, other developments at Wynyard, Billingham Railway Station and Billingham Town Centre;
- b) the extension to Wynyard of a current commercial bus service serving Easington, Peterlee, Blackhall and Hartlepool operating on an hourly basis during the daytime seven days per week and into evenings Monday to Saturday, offering direct travel opportunities from coastal towns in County Durham as well as Hartlepool;
- c) the provision of two semi-flexible demand responsive transport services that would operate five times per day during weekdays and link the hospital to communities in the East Durham Coalfields area and the South and West Stockton area and for such services to be booked in advance and in conjunction with appointment and visiting times.

It was stated that the proposed highways measures provided comprehensive traffic signal control at the current roundabouts, to include the A689 junctions with the principal entrance to the hospital site, the former Samsung site, the A19, Wolviston Services and the A1185 Seal Sands Link.

Details were given of the Travel Plan, which included: -

- i) the appointment of a travel plan co-ordinator for the new hospital to deliver the plan and liaise with internal and external bodies;
- ii) the delivery of a rigorous transport marketing plan, including personalised travel planning for staff and patients, provision of updated on-site information boards and the creation of travel plan interest groups amongst staff;
- iii) maintain a travel plan website and arrange regular travel events across the hospital;
- iv) provision of safe cycling parking, umbrellas and shower rooms to encourage walking and cycling wherever possible to supplement the current scheme for cut-price cycle purchase loans, lift share schemes;
- v) a commitment to specific measures that would help to alleviate travel problems and encourage the use of non-care modes, such as flexible working times and integrating patient transport provision with appointment times;
- vi) a regular and rigorous monitoring regime to assess the impacts of the Travel Plan and guide future areas where measures to influence travel behaviour should be guided.

The Joint Committee was advised that the transport measures comprised a significant investment in transport services and infrastructure. The Trust's contribution to such measures were identified as follows: -

- Highway improvement measures - £3,650,000
- Cycleway measures - £500,000
- Billingham Interchange improvements - £100,000

- Public Transport Support up to £4,890,000.

Members were advised that total transport investment by the Trust may reach £9.1 million by 2024, ten years after the opening of the hospital which was regarded as a significant sum and reflected the paramount importance that the Trust placed on providing good, safe and congestion free transport access to its new hospital at Wynyard.

Reference was made to the Communication and Stakeholder Engagement Strategy, which had three key elements: -

- a) production of a regular newsletter update for wide distribution to all stakeholders;
- b) engagement of groups and individuals in the work of projects (Service Transformation and Capital Design);
- c) Liaison with local stakeholders and partners who had an interest in the Programme.

The next steps of the programme were identified as follows: -

- a) continue to progress the Service Transformation; Hospital Capital Planning and Primary and Community Capital Planning Projects;
- b) maintain alignment and integration across the three projects that made up the programme;
- c) manage risk and issues as they were identified;
- d) secure planning approvals;
- e) secure Strategic Health Authority, Department of Health and Treasury approvals with regard to Business Cases for both Hospital and Community Facilities as necessary;
- f) ensure integration and alignment of BSCPs with mainstream business planning process;
- g) continue engagement and communication with all stakeholders;
- h) identify and realise new healthcare pathway efficiencies as soon as they become possible and reduce any duplications or double running;
- i) track and manage achievement of key deliverables and ensure progress was maintained;
- j) assess and manage the implications of service changes for the workforce and current staff.

Given the current economic climate and should there be any changes in central government an assurance was sought as to the impact on the overall proposals. In response the Joint Committee was informed that the funding proposals were being pursued for the Momentum Project and the timetable agreed with the Strategic Health Authority and Department of Health for consideration of the funding approvals. The outline business case for the new hospital was subject to the local, regional and national approval process, which included PCTs, Strategic Health Authority, Department of Health and the Treasury. It was expected that a final decision would be made in spring 2010.

It was confirmed that the outline planning approval for the new hospital at Wynyard would be considered by the Planning Committee of Hartlepool Borough Council on 12 October 2009. It was noted that as part of the planning consultation procedures the views of a number of local Councils had been sought and concerns had been expressed regarding the transport arrangements. It was confirmed that a Section 106 agreement applied whereby the integrated care centres and improved highways and public transport needed to be complete prior to a move to a new hospital.

In commenting on the design of the building it was confirmed that A & E would be located on the ground floor level and administration on the fifth floor. The Board was advised that adequate car

parking provision had been made the income from which would offset some of the other transport costs.

In terms of the overall consultation process it was noted that given that the proposals were based on the re-provision of current services there was unlikely to be a formal Section 244 Momentum Phase 2-consultation procedure as originally envisaged.

AGREED that the local NHS representatives be thanked for the information provided.

NORTH EAST AMBULANCE SERVICE - CAPACITY OF THE SERVICE ACROSS TEES

Further to a request by the Joint Committee to receive detailed information regarding the capacity of Ambulance Services across the Tees Valley the Scrutiny Support Officer submitted a report which outlined options for progressing the matter.

An indication was given of some of the areas which could be covered such as the size and skill mix of the workforce, service performance, the nature of the population served and the location and amount of available ambulance resources.

It was suggested that Elected Members establish a Working Group comprising one member per constituent Authority, in line with the Joint Scrutiny Committee's original suggestion, to consider the matter in detail.

AGREED as follows: -

1. That the Tees Valley Health Scrutiny Joint Committee form a Working Party, comprising one member from each constituent local authority, to progress the work into NEAS capacity across the Tees.
2. That the names of the delegates from each constituent local authority be reported to the Joint Committee.
3. That the Working Party meet with senior NEAS representatives and report further to the Tees Valley Health Scrutiny Joint Committee.
4. That as part of the work to be undertaken arrangements be made for a visit to the North East Ambulance Service Headquarters at Benicia House, Newcastle –upon – Tyne.

DATE OF NEXT MEETING

It was confirmed that the next scheduled meeting of the Tees Valley Health Scrutiny Joint Committee would be held on Monday 16 November 2009 at 10.00 a.m.

NOTED AND APPROVED