HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 25 October 2016.

PRESENT:	Councillors S Biswas, J G Cole, E Dryden, A Hellaoui, C Hobson, G Purvis and M Walters
PRESENT BY INVITATION:	Dave Budd, Mayor, Councillors Brady, Rostron, Thompson and Walker
ALSO IN ATTENDANCE:	Amanda Hume, Chief Officer, South Tees Clinical Commissioning Group Edmund Lovell, Communications and engagement Lead, Better Health Programme Dr Michael Stewart, Medical Director for Specialist Care, South Tees Hospitals NHS Foundation Trust
OFFICERS:	C Breheny, C Holt, E Pout

APOLOGIES FOR ABSENCE Councillor B A Hubbard, Councillor J McGee.

DECLARATIONS OF INTERESTS

None Declared

16/10 **MINUTES - HEALTH SCRUTINY PANEL - 27 SEPTEMBER**

The minutes of the meeting of the Health Scrutiny Panel held on 27 September were submitted and approved as a correct record.

16/11 **SEMINAR FOR ALL MEMBERS**

BETTER HEALTH PROGRAMME - IMPLICATIONS FOR MIDDLESBROUGH

The Chair of the Health Scrutiny panel invited all Council members to the meeting to enable them to find out more about the implications for Middlesbrough of the NHS's Better Health Programme (BHP). The BHP was a piece of work, led by clinical staff , which aimed to improve outcomes and experiences for patients in the Darlington, Durham and Tees areas, when they needed care, especially in an emergency. It also covered hospital and community based services.

The Mayor introduced the seminar and highlighted the importance of the issue for Middlesbrough.
Councillor Dryden explained that there was a sub-regional scrutiny which had been set up to consider the BHP which was attended by him and Councillors Brady and J Walker. The outcome of the BHP could result in changes to the provision of NHS services across the patch which may have an impact on Middlesbrough residents and because of that the Health Scrutiny Panel opened up their meeting to all Councillors at a relatively early stage in the process to ensure Members were kept aware of the developing issues. The topic would also be revisited in the future in order to keep Members aware of progress.

The representatives explained that the BHP had been created to bring NHS organisations together to create Darlington, Durham and Tees wide solutions to challenges that individual organisations had been trying to tackle on their own. The process brought together 6 Commissioning Groups and 3 Trusts across the patch to discuss and agree shared approaches to similar issues.

Members were reminded about the case for change which included: an increasing elderly population, increasing long term conditions, medical advances, funding increases that had not kept pace with demand, a shortage of specialist skills and how the location of specialist skills provided better outcomes for patients.

In discussing whether the programme was being driven from a financial perspective it was explained that from the outset the programme had been led by 100 clinicians with the primary aim of improving standards. Finances were not the issue because it was explained that it did not matter how much money was put in to the system the issues of difficulties in recruiting and the increases in the elderly population and people with long term conditions were the key issues. The budget was there to recruit those with specialist skills and it was noted that the centralisation of services into specialist areas helped to attract trained medical professionals to the area.

Members were informed that to maintain the status quo was not an option. A transformational shift was needed, key challenges included: access to primary care; retaining and recruiting a specialist workforce; variations in the quality of care across different areas; increased A&E and admissions; and delayed discharges.

The Medical Director for Specialist Care outlined how the advances in cardiology had led to improvements in patient outcome, for example 20 years ago it was expected that 1 in 10 people requiring cardiology care did not leave hospital, now it was 1 in 100. Clinical pathways had been developed and consultant led care was available on site 24/7. It was explained that those sort of clinical pathways needed to be developed for other specialities. Members were told that clinical work did not have to take place across all localities and capacity had to be created so that not everything needed to happen across all locations. People should only need to travel when clinically appropriate. The realignment of services would free up the specialist hospitals to focus on the highly specialised areas.

The model of care was outlined to the Members and the 'triangle' model showed how the majority of people should be seen or directed to their GP and community services, a smaller proportion at their local hospital and at the top of the triangle, a small proportion of people should attend their specialist hospital.

Discussions took place about the importance of preventative work. Prevention work would benefit from additional resources however it was noted that it was difficult to shift resources when there was a lot of activity in other areas. The Chief Officer of the South Tees CCG explained that the CCG wanted to use the 'South Tees Pound' to make the best impact for the residents. Investing in preventative strategies was being done in partnership with local authorities and the Sustainability and Transformation Plans (STP) included an element about prevention.

The Members highlighted how any proposals to take services away from hospitals would cause controversy. It was explained that there will always be local hospitals but that those hospitals won't have specialist services. Analysis of the current facilities would take place and how more specialist services could be placed in James Cook University Hospital and how more planned work could then be done at local hospitals. It was explained that this would lead to less planned surgery being cancelled due to the need for emergency surgery.

When work began on the BHP clinicians initially worked on hospital services but soon recognised that they needed to consider how a robust service was delivered outside of hospital. Therefore a 'not in hospital' strategy was developed which involved prevention, accessible services and access to social care support, a co-ordinated health and social care delivery to meet people's needs and a proactive approach to connecting and supporting people in their own community.

Members watched a video about how the 'Hospital at Home' approach had helped local residents. Members discussed the funding for such care and it was explained that it is different to domiciliary care in that qualified nurses attend a patient to take care of their health needs. Therefore it is funded through the health budget.

The BHP had become a key part of the Sustainability and Transformation Plan and it was reiterated that no decisions had been made about where services should be provided and where. Currently, there were on going issues for the South Tees area such as breast diagnostics were now provided at North Tees, South Tees was supporting North Tees with haematology and stroke services in South Tees were being supported by a locum to keep the

rota viable. Across the geography solutions had been put in place to manage the 'here and now' but a sustainable plan was needed for the future.

A number of possible scenarios were displayed and the Chief Officer of the South Tees CCG outlined that modelling was taking place in order to build on and enhance the health services the area had. It was reiterated that maintenance of the status quo was not an option and that services were not sustainable. When looking towards the future it was known that specialisation brought better outcomes, made services stronger and attracted a broader workforce.

Members had concerns about where Middlesbrough residents would go for 'non urgent' care if any changes to the current structure led JCUH to have an increase in urgent care patients if it was to be made a specialist hospital. It was explained that there would continue to be a minor injuries unit in the hospital along with a GP in A&E. There was worry amongst the Committee that there would be downgrading or even closures of A&E departments. It was explained that in the future it was anticipated that all hospitals will have a facility to assess minor injuries etc. and that it was already the case that the current protocol is that for people who have sustained a major trauma that they don't go to their local hospital they go straight to JCUH as the most appropriate hospital to deal with that level of specialist care.

As the consultations progress it was agreed that any information presented about the BHP and its potential options must be made clear to the public and Councillors about just what will be delivered and on what site. In clarifying the current position it was noted that 80% of what A&E departments currently did would continue to take place and modelling and testing and working through the detail was being undertaken to provide a number of scenarios which would be presented clearly and fully. It was anticipated that consultation on service change would begin in June 2017 and that health professionals responsible for the BHP would continue to work with the Better Health Programme Scrutiny Joint Committee and local councils up to and after that point.

The Chair thanked the attendees for their contribution and members agreed that the Council should continue to work on improving Middlesbrough and making it an attractive place to live and work in order to help the health service retain and recruit the workforce needed for the area. The Chair thanked representatives for their offer to attend meetings at Middlesbrough Council and to keep Councillors informed of the developments in this area.