

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 19 December 2018.

PRESENT: Councillors E Dryden (Chair), A Hellaoui, J McGee and L McGloin and M Walters

ALSO IN ATTENDANCE: Caroline Breheny - Democratic Services Officer
Samantha Dorchell - Principal Solicitor
Steven Mason - Director of Finance
Kevin Oxley - Director of Estates, ICT and Health Care Records
Helen Renney - Senior Commissioning Officer & Support Officer (Cancer Portfolio)

APOLOGIES FOR ABSENCE Councillor S Biswas, Councillor C Hobson and Councillor J A Walker.

1. **MINUTES - HEALTH SCRUTINY PANEL - 13 NOVEMBER 2018**

The minutes of the Health Scrutiny Panel held on 13 November 2018 were approved as a correct record.

2. **SOUTH TEES HOSPITALS NHS FOUNDATION TRUST UPDATE**

The Director of Finance and Director of Estates, ICT and Health Care Records at South Tees Hospitals NHS Foundation Trust was in attendance to provide an update on the current financial position and overall performance including NHS targets, infections and safety. An update on the Integrated Care System (ICS) and Integrated Care Partnership (ICP) for the south of the region was also provided.

In terms of performance for 2018/19 the Director of Finance advised that within the Trust there were a number of key performance targets that were standard across all acute trusts. South Tees Hospitals NHS Foundation Trust had historically been a high performing Trust in terms of meeting the national A&E targets. In 2018/19 a 95.65 per cent compliance rate had so far been achieved against the national target of 95 per cent of patients being seen within 4 hours at A&E. The Director expressed the view that in spite of the pressures and a 7 per cent increase in emergency referrals in 2018/19 the Trust had performed well and A&E performance was above target.

The Trust had faced some challenges in respect of achieving the 18 week referral to treat (RTT) target and in 2018/19 89.23 per cent compliance had been achieved against a target of 92 per cent. It was explained that to some extent the reduction in compliance was attributable to the fact that a proportion of the traditional weekend working undertaken by the Trust had ceased. Plans were however in place for the Trust to return to 92 per cent compliance by the end of March 2019. At the start of 2018/19 NHS England had advised the Trust that the priority was to meet the control target and maintain waiting list numbers at the 2017/18 year end figure. Balancing these competing demands had resulted in the reduction in weekend working.

On cancer the Trust had achieved 80.92 per cent compliance against a national target of 85 per cent of patients waiting a maximum of two months (62-days) from urgent referral for suspected cancer to the first definitive treatment for all cancers. It was explained that the reason for the below target performance was due to the fact that the Trust was a tertiary centre and referrals forwarded from County Durham and Darlington NHS Foundation Trust and North Tees and Hartlepool NHS Foundation Trust impacted negatively on the figures. The Trust's performance for direct referrals for cancer patients was currently 87.5 per cent.

In terms of current issues around infection control the Director explained that the Trust was allowed a number of cases annually and as of October 2018 the number of Trust apportioned cases was under trajectory. In terms of the financial forecast, the Trust was slightly off plan, £2.2m off plan at the end of November 2018. A query was raised in relation to priorities and it was advised that when prioritising waiting lists decisions were based on clinical priorities and the need to avoid potential breaches for waiting times / targets.

The Chair queried as to whether the panel needed to be concerned in relation to the recently agreed aligned incentive contract and whether the Trust's focus was now solely on the finances. It was advised that the Trust was very much focused on the clinical service and less focused on the financial control targets. The establishment of the aligned incentive contract had served only to incentivise the Trust, CCG and GP's to work more collaboratively.

The Director expressed the view that in the past one of the issues with the internal market had been that on occasion the financial incentive for the Trust to generate income had inhibited the development of the most appropriate clinical pathway. For example, local GP's had put forward a suggestion that seeking advice from Paediatricians via telephone would be clinically beneficial for their patients. However, the financial impact for the Trust had been estimated to equate to approximately £1m per annum in lost income and therefore the proposal was not pursued. Equally, there was a perception amongst CCG's nationally that often Trust's would 'up code' activity and apply the highest tariff. Increasingly CCG's were challenging the treatment costs, as submitted by the acute Trusts, in response to their own budget reductions.

It was emphasised that the real problem across the Tees Valley, as in other parts of the UK, was that there was simply not enough money in the health system. It was also acknowledged that there were difficulties in terms of what services were provided across different hospital sites. The panel queried what type of quality measures the Trust had in place to make comparisons between the Trust's performance pre and post the introduction of the aligned incentive contract. The Director explained that in terms of the aligned incentive contract the biggest change related to how as an organisation the Trust interacted financially with the CCG; the performance and quality measures remained the same. The basic premise of the aligned incentive contract was to evaluate with the CCG the total sum of money available, to consider collectively the pressures in the system and establish the best way of allocating the funding. Within the finance department at the Trust savings had been made, as there was no longer a need for the CCG and Trust to challenge one another in respect of costs. Whereas the internal market had created uncertainty in the system, which impacted on the Trust's financial assumptions and could delay payments to suppliers the aligned incentive contract afforded that degree of certainty in respect of cash flow for the Trust in 2018/19.

During discussion the following points were raised:-

- The restrictions on patients visiting times at JCUH had been removed and this had been very well received by patients and visitors. The general recommendation was for there to be no more than 2 visitors per bed.
- A significant amount of work had been undertaken in terms of patient experience including a recent initiative to ensure that the hospital was quieter overnight to help ensure patients were able to benefit from more sleep.
- One of the areas the Chief Executive at the Trust was keen to develop was more integrated performance management between the various Trusts including South Tees Hospitals NHS Foundation Trust, North Tees and Hartlepool NHS Foundation Trust and Country Durham and Darlington NHS Foundation Trust.
- Clarification would be sought from the Director of Nursing at the Trust in respect of the patient satisfaction data.

In terms of the Trust's financial position, the Director acknowledged that in recent years the Trust had been unsuccessful in achieving its financial control target. In 2018/19 productivity and efficiency savings of £35.6m had been identified and in total £33.9m had been delivered to date. It was advised that these savings had included a number of one-off savings linked to PFI funding and the Trust planned to deliver a further £1.7m worth of savings for 2018/19. In terms of the national picture 163 out of 230 providers were reporting a deficit. This equated to 92 per cent of the acute sector.

In terms of the proposals around the Integrated Care System (ICS) and Integrated Care Partnership (ICP) for the south of the region the panel was advised that the 44 Sustainable Transformation Partnerships had evolved into ICS's and Cumbria and the North East (CNE) was included in Wave 3, which would come into effect as of March 2019. Four integrated care partnerships would be formed and these included:-

North Cumbria; population 327,000, ICP lead Stephen Eames
North; population 1,025m, ICP lead Jim Mackey
Central; population 675,000, ICP lead Ken Bremner
South; population 1.1m, ICP lead Siobhan McCardle (Chief Executive, South Tees Hospitals NHS Foundation Trust).

The South Integrated Care Partnership included 5 CCG areas, 3 NHS Foundation Trusts and 7 Local Authorities.

The ICP's operating principles were detailed as follows:-

- The needs of people would have priority over organisational interests
- Staff would work in clinical networks across hospital sites - sharing scarce resources to maintain local services
- Staff would work collaboratively, urgently and with pace on system reform and transformation
- Costs could only be reduced by improving co-ordinated care
- Waste would be reduced, duplication avoided and activities stopped which had limited value or where benefits to our population was disproportionate to cost

In terms of the work currently being undertaken in respect of the ICP it was advised that:-

- Clinicians were developing the Clinical Strategy
- Each of our hospitals would be preserved for the future by using them differently and in a more joined up way to benefit all patients
- Some changes and improvements might be necessary to services currently provided from different hospital sites
- New ways of working would need to be introduced so that clinicians could work easily across multiple organisations and clinical sites
- There would be an expansion in the use of new roles and care models that would help us to manage demand and drive an improvement on outcome.

It was explained that the Clinical Strategy would focus on how a number of key services would be delivered in the future including:

- Urgent & Emergency Care
- Paediatric, Maternity (Gynaecology modelling interdependencies)
- Elective care: Spinal; Breast; Urology
- Frailty services
- Stroke services

The Clinical Strategy would be finalised and agreed in early 2019 and it would then be shared with the panel.

AGREED as follows:-

- a) That an invitation be extended to the Director of Nursing at South Tees Hospitals NHS Foundation Trust to attend a future meeting of the panel and provide an update in respect of patient satisfaction data and healthcare associated infections.
- b) That a formal request be submitted to the Trust in respect of extending the free parking period at JCUH from 20 to 25 minutes.
- c) That further consideration be given by the Trust on promoting the availability of the weekly and monthly discounted parking passes on all parking payment machines at JCUH.

3. **BREAST SYMPTOMATIC SERVICES IN SOUTH TEES - UPDATE**

The Council's Principal Solicitor was in attendance to provide the panel with legal advice in respect of the temporary relocation of breast symptomatic services from JCUH to the

University Hospital of North Tees.

The panel was advised that the CCG had a duty to inform the scrutiny panel as to when a decision was to be taken in respect of significant changes to service provision i.e. the relocation of breast symptomatic radiology services from JCUH to University Hospital of North Tees. The CCG also had a duty to advise as to whether a public consultation was to be undertaken and when that consultation would take place.

AGREED that a formal request be submitted to the CCG for clarification to be provided in respect of:-

- a) The CCG's formal decision process for the provision of breast symptomatic services for patients in South Tees to be delivered at the University Hospital of North Tees.
- b) The proposed timescale for undertaking a statutory consultation in respect of this significant service change.
- c) A final copy of Regional Breast Service Review Report, as produced by Cancer Alliance in 2017, be provided to the panel.

4. **REGIONAL HEALTH SCRUTINY UPDATE**

The Chair provided an update in respect of the work undertaken by the regional Joint Health Scrutiny Committees as follows:-

Tees Valley Joint Health Scrutiny Committee

The Committee met on 2 October 2018 to receive a briefing on proposals regarding Direct Access to Hearing Services.

A presentation was provided by representatives of HaST, DDES, North Durham, South Tees and Darlington CCGs and the Committee was advised that:-

- The review did not affect the Audiology service provided at South Tees and North Tees Trusts for more complex services.
- There was an opportunity to increase efficiency – currently there were 18 contracts in place.
- The preferred option was to move to a Prime Provider model.
- A minimum number of access points would be required to be provided in each CCG area but it was not currently possible to say where the service would be located in future at this stage.
- The successful bidder would be approved in January, and an update would be provided to the Committee at that point.

A task and finish group met on 29 October 2018 and undertook a site visit at Roseberry Park.

The Committee met on 11 December 2018 and considered the following:

- Tees and Darlington Suicide Prevention Plans
- North East Ambulance Service Update
- Roseberry Park Task and Finish Group
- Committee Work Programme

South Tees Joint Health Scrutiny Committee

The Committee met on 19 October 2018 and considered the following:

- South Tees CCG Update

Durham, Darlington, Teesside, Hambleton, Richmond and Whitby STP Joint Scrutiny

Committee

The Committee met on 25 September 2018 and considered the following:

- Empowering Communities - Communications and Engagement for Integrated health and care.

A presentation was given by Mary Bewley, Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby STP Communications Lead.

The Committee met on 27 November 2018 and considered the following:

- An Integrated Care System for the North East and Cumbria

(i) Developing Integrated Health and Care Partnerships

A presentation was given by Alan Foster, STP/ICS lead

(ii) Clinical Strategy Development – South Integrated Care Partnership

A joint presentation was given by the Chief Executives of County Durham and Darlington NHS Foundation Trust, North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust.

- Durham, Darlington and Tees Valley CCGs - CCG Collaborative

A presentation was given by Stewart Findley, Chief Clinical Officer, Durham Dales, Easington and Sedgfield Clinical Commissioning Group

North East Joint Health Scrutiny Committee

The Committee met on 27 November 2018 and considered the following:

- Joint Scrutiny Committee Updates
- Work Programme

AGREED that the update be noted.

5. OSB UPDATE

The Chair provided a verbal update in respect of the matters considered by the Overview and Scrutiny Board on 13 November and 14 December 2018.