

---

**BETTER HEALTH PROGRAMME**

---

**SUMMARY REPORT**

**Purpose of the Report**

1. To provide Members with background information regarding the Better Health Programme. which includes an indicative timeframe for statutory public consultation.
2. The report also details suggested proposals to establish a Joint Health Scrutiny Committee under the provisions of the Health and Social Care Act 2012 involving all local authorities affected by the Better Health Programme and any associated service review proposals.

**Summary**

3. The Better Health Programme (formerly 'Securing Quality in Health Services – SeQiHS') is a large scale transformation programme covering a range of NHS clinical services in the Durham and Tees Valley area.
4. The programme is being delivered by the six relevant Durham and Tees Valley area CCGs in partnership. Engagement work is increasing, with the aim of consulting on a range of proposals from November 2016.

**Recommendation**

5. It is recommended that.
  - (a) The report be received;
  - (b) That the establishment of a Joint Health Overview and Scrutiny Committee under the terms of the Health and Social Care Act 2012, be agreed in principle;
  - (c) That the Terms of Reference and membership of the Joint Health Scrutiny Committee, established to scrutinise the Better Health programme and associated consultation and engagement plans be agreed in principle; and
  - (d) That the Terms of Reference and membership of the Joint Health Scrutiny Committee, established to scrutinise the Better Health programme and associated consultation and engagement plans be submitted to Council for approval.

**Paul Wildsmith,  
Director of Neighbourhood Services and Resources**

## **Background Papers**

There were no background papers used in the preparation of this report.

Karen Graves : Extension 5801

S17 Crime and Disorder	There are no direct benefits for Crime and Disorder
Health and Well Being	This multi-organisational project will provide improvements for health and well being of residents in Darlington
Carbon Impact	There are no implications arising from this report.
Diversity	There are no implications arising from this report.
Wards Affected	This project is relevant to all Wards
Groups Affected	This project is relevant to all residents within the Borough
Budget and Policy Framework	The decision neither impacts on the MTFP nor the Policy Framework
Key Decision	This is not a key decision
Urgent Decision	This is not an urgent decision
One Darlington: Perfectly Placed	N/A
Efficiency	N/A

## **MAIN REPORT**

### **Information and Analysis**

6. The Health and Partnerships Scrutiny Committee received information in respect of the Better Health at its meeting on 24 February 2016.
7. The Securing Quality in Health Services (SeQIHS) project was initiated by the former Primary Care Trusts and has now become the responsibility of the five Clinical Commissioning Groups, working together with the local NHS hospital foundation trusts in the County Durham, Darlington and Tees valley region.
8. The programme is about achieving and sustaining high quality care provided by hospital services in the Durham, Darlington and Tees (DDT) area as defined by agreed clinical quality standards and national expectations.

9. In the next ten years acute care for people will come under pressure that will challenge the capacity of acute care services, including:
  - (a) The changing health needs of the people, including an ageing population;
  - (b) Rising numbers of people with long-term conditions;
  - (c) Lifestyle risk factors in young people;
  - (d) Greater public expectations of NHS provision; and
  - (e) Financial considerations, including the costs of new treatments, rising patient numbers, and finite budgets.
10. The commissioners and providers of acute care services across Durham, Darlington and Tees have to act now to make sure the acute care services can meet increasing demands over the next few years.
11. The drivers set out above, along with the requirement to ensure that the delivery of high quality clinical standards remains a priority for commissioners and providers alike, create the rationale and momentum for the Better Health Programme.

### **Information and Analysis**

12. The Better Health programme is about meeting patient needs now and in the future with constantly improving health and social care delivered in the best place. Commissioners want to make sure that:
  - (a) They improve results for patients;
  - (b) Care is of the same high standard wherever, and whenever it is provided;
  - (c) Services have the resources to be sustainable for the next 10 -15 years;
  - (d) We can provide services across seven days a week where necessary;
  - (e) We make services easier for patients to understand and use; and
  - (f) We improve life expectancy and quality of life for everyone in Darlington, Durham and Tees.
13. The programme aims to continue improving the services available in Darlington, Durham and Tees but in doing so, key challenges have been identified including:
  - (a) The changing health needs of local people;
  - (b) Meeting recommended clinical standards;
  - (c) Availability of highly trained and skilled staff;

- (d) High quality seven-day services;
  - (e) Providing care closer to home; and
  - (f) Making the best use of our money.
14. Commissioners have worked with over 100 clinicians over several months, asking them to consider what the best possible care would look like for patients across Darlington, Durham and Tees. Specifically they were asked to look at the following hospital services:
- (a) Acute Medicine;
  - (b) Acute Surgery;
  - (c) Accident and Emergency;
  - (d) Critical Care;
  - (e) Acute Paediatrics, Maternity and Neonatology (services for very small babies); and
  - (f) Interventional radiology
15. They are also looking at care outside of hospital ('not in hospital care') including services and support which will help reduce the number of people who require hospital care, and help people maintain independent lives in their homes or normal places of residence.
16. Clinicians are agreeing a set of clinical standards for these services. These include standards recommended by national experts, for example :
- (a) London Quality Standards;
  - (b) Royal College of Obstetricians and Gynaecologists;
  - (c) Royal College of Physicians;
  - (d) Royal College of Paediatrics and Child Health;
  - (e) Royal College of Emergency Medicine;
  - (f) National Confidential Enquiry into Patient Outcome and Death; and
  - (g) The National Institute for Health and Care Excellence (NICE)
17. Clinical standards cover issues like:
- (a) Availability of consultant staff;

- (b) Staffing levels and availability during the day and at night or weekends;
- (c) Numbers of patients who should be seen and treated by a service to make sure skill levels are maintained;
- (d) Use of best practice and recommended treatments;
- (e) Access to diagnostic tests, where required; and
- (f) Timescales for assessment by a senior clinician.

### **Better Health Programme Timeline for 2016**

18. Commissioners have stated their desire to work with stakeholder organisations and public representatives during the Programme and an indicative timeline for 2016 has been shared with stakeholders indicating that public consultation will commence around November 2016.

### **Provisions for Consultation and Engagement with Overview and Scrutiny Committees**

19. The Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013 require the formation of a joint scrutiny arrangement, where an NHS body or relevant health service provider consults more than one local authority on proposals to make substantial variations or developments to services. They provide that all the local authorities whose residents receive such services must participate in the joint scrutiny arrangement for the purpose of responding to the consultation, using the method most appropriate to the areas and issues being considered.
20. A local authority can opt-out if, having considered the information provided by the NHS body or relevant health service provider proposing the service change, they determine that the proposal is not 'substantial' for their residents. Where a local authority opts out in this way, they will relinquish the power to refer the proposed change to the Secretary of State for the purposes of that particular consultation.
21. Only the joint scrutiny committee can require the organisation proposing the change to provide information to them, or attend before them to answer questions. That organisation is under a duty to comply with these requirements. If a local authority has opted out of the joint arrangement, they may not request information or attendance from the NHS body or relevant health service provider proposing the change.
22. In scrutinising the proposals, the joint committee should aim to consider the proposal from the perspectives of all those affected or potentially affected by that proposal. Only the joint scrutiny arrangement can then make a report and recommendations back to the organisation proposing the change.

## **Establishment of a Joint Health Scrutiny Committee**

23. The establishment of joint Health Scrutiny Committee has been proposed consisting of representatives from Darlington Borough Council, Durham County Council, Hartlepool Borough Council, Middlesbrough Council, Redcar and Cleveland Borough Council and Stockton-upon-Tees Borough Council.
24. In accordance with the regulations detailed above, the Joint Committee will be the vehicle through which the respective Local Authorities will respond to the consultation.
25. A protocol and terms of reference (**Appendix 1**) has been drafted by health scrutiny officers across the respective local authorities for the proposed Joint Health Scrutiny Committee setting out the role and function of the joint Committee as well as the proposed representation required from each Council. Early discussions on the issue of representation recommend three Councillors from each local authority to be appointed and that these reflect the political balance of each constituent Council.