

**HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE**

6 January 2017

**PRESENT** – Councillor Newall (in the Chair); Councillors Crichlow, Nutt, Regan, S Richmond, T. Richmond H Scott and J Taylor (8)

**APOLOGIES** – Councillors Donoghue and Tostevin (2)

**ALSO IN ATTENDANCE** – Councillors Copeland and Knowles (2)

**OFFICERS IN ATTENDANCE** – Ken Ross, Public Health Specialist

**EXTERNAL REPRESENTATIVES** – Ali Wilson, Chief Officer, Hartlepool and Stockton-on Tees NHS Foundation Trust, Alan Foster, Chief Executive, North Tees and Hartlepool NHS Foundation Trust and Gillian Curry, Communications Manager, County Durham and Darlington NHS Foundation Trust.

**HP30. DECLARATIONS OF INTEREST** – There were no declarations of interest reported at the meeting.

(NOTE – In opening the meeting, the Chair of the Scrutiny Committee outlined the role of Scrutiny as one part of the Democratic process and outlined the process to be followed in considering the following item, which would enable members of the public to ask questions at the end of the discussion. It was emphasised that the meeting was a Scrutiny Committee meeting to which members of the public were entitled to attend, it was not a forum for public debate).

**HP31. DRAFT SUSTAINABILITY AND TRANSFORMATION PLAN** – The Chief Officer, NHS Darlington CCG and the Chief Executive of North Tees and Hartlepool NHS Foundation Trust submitted a report (previously circulated) together with the draft Sustainability and Transformation Plan (STP) 2016-21 (also previously circulated) for Darlington, Durham Dales, Easington and Sedgefield, Hambleton, Richmondshire and Whitby, Hartlepool and Stockton-On-Tees and South Tees.

It was reported that the Plan described the local footprint response to the challenges identified in the NHS England Five Year Forward View 2014, together with the ambition for the future and how it would be achieved, focussing on four areas of improvement including :-

- **Preventing ill health and increasing self-care :-**

- help people look after themselves by providing information about self-care and encouraging use of services like local pharmacy;
  - identify people who are at risk and take early action before illness or problems occur, and offer better support to help them stay healthy and take care of their own health; and

increase early diagnosis of cancer and quicker treatment, and improve survival rates.

- **Health and care communities and neighbourhoods :-**

share experience and extend what works well to neighbouring areas;  
extend services provided in the community and improve community based support for earlier discharge from hospital;  
improve local access to mental health support; and  
improve local access to health, social care and voluntary services by developing community based care hubs

- **Quality of care in our hospitals (Better Health Programme) :-**

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extend services provided in the community and improve community based support for earlier discharge from hospital;  
improve local access to mental health support ; and  
improve local access to health, social care and voluntary services by developing community based care hubs

- **The use of technology in health care :-**

develop the 'Great North Care Record', so NHS and other care organisations can share patient records, with the patient's permission;  
use technology to support care in remote rural areas; and  
use technology so patients can maintain independence

In addition, a joint presentation was also given by the Chief Officer of NHS Darlington CCG and the Chief Executive, North Tees and Hartlepool NHS Foundation Trust which covered what the STP would mean for Darlington; how it had influenced the draft Plan through some of the work which had already been undertaken locally (such as the improved access for primary care advice seven days a week), the development of community hubs and support for prevention and locally provided mental health services as detailed in the Darlington 2020 Vision and how it was envisaged that local services would evolve and become sustainable over the next five years. It was emphasised that the aim of the STP was to bring together organisations to develop a shared plan for better health and social care for local populations and would build on and add value to existing local plans.

Reference was made to the reliance on the voluntary service in providing community based support and the difficulties which may be faced by those organisations in the future following a reduction in their funding and Members questioned whether any additional funding would be provided by health to support those organisations. The Chief Officer referred to the existing funding support provided through the Better Care Fund and to a joint piece of work currently being undertaken with the CCG and the Council to help support the voluntary organisations to work better together as partners and maximise the funding available. It was highlighted that the proposals within the STP had to be sustainable and alternative ways of doing things needed to be explored.

It was accepted that Healthwatch Darlington had played a valuable role to date in relation to consultation around the draft Plan however, it was suggested that, due to the financial position of that organisation, it may be unable to do as much in the future.

Members particularly questioned the proposals in relation to the hospital re-configurations and re-assurance was given that there were no hospitals to be closed as a result of the re-configuration and that no new hospitals would be opened. The aim of the proposals was to ensure that for serious emergencies and life threatening situations, care would be provided by senior consultants and experienced teams of staff 24/7 at two specialist emergency hospitals (James Cook and either Darlington or North Tees) with capacity then being available at other dedicated facilities to undertake planned operations, offering a better patient experience and a reduction in potential cancellations or routine operations. It was confirmed that relevant local authorities would be consulted prior to any decisions in relation to future service delivery being made.

The Chief Executive referred to the current financial position of the local NHS and the necessity for all organisations to work together to identify how savings could be made each year across the whole system with the priority being to invest in and protect high quality front line services that delivered the best care for patients. The delivery of the STP however, did depend on capital funding being allocated and that an internal business case for the proposals would need to be submitted, which could affect the timescale for delivery of the proposals. It was agreed that regular updates to Members on the current position could be provided at the pre-arranged briefing meetings.

Discussion ensued on the useful services provided by community pharmacists and the need to look at encouraging ways of promoting the valuable services provided by them and encourage residents to use those services to relieve pressures on primary care and A and E services, where appropriate; the challenges faced in encouraging local residents and communities to look after themselves and take early action before illness or problems occurred and reference was made to the work being undertaken by Public Health officials within the North East in relation to the preventative agenda.

A Member questioned the omission of reference to the ambulance service and it was confirmed that the service was a major part of the plans and that discussions had taken place on how it could assist with the evolving changes. The Chair confirmed that representative of the North East Ambulance Service would be attending a future meeting of this Scrutiny Committee.

The presentation also referred to the governance structure around the STP; the various public engagement events which had been held to date and the key issues arising from those events and the next steps. Members felt that the presentation had been extremely useful in helping to understand the principles of the STP and following questions about how the messages would be relayed to the wider public and other Members of the Council, the representatives confirmed that they would be willing to engage wherever possible and that information would continue to be available on the website.

A member of the public who was present at the meeting acknowledged the reassurance that had been given about the hospital reconfigurations and a further member of the

public requested that the Scrutiny Committee give detailed consideration to each of the proposals line by line as in her view the proposals were devastating to the future of the NHS. She requested confirmation that Scrutiny would refer the STP to the Secretary of State; call in the contract and operational plans; and explain what it was doing to safeguard existing services in Darlington and North Tees.

The Chair responded to the points raised above and confirmed that this Scrutiny Committee would give full consideration to the views of all those involved and that ultimately, the aim of elected Members was to ensure the best services for the residents of Darlington. The Vice-Chair re-iterated the introduction given by the Chair at the commencement of the meeting about the role of Scrutiny and its powers and not as a forum for public debate.

**RESOLVED** – That the report and presentation be noted at this stage.