
SUSTAINABLE TRANSFORMATION PLAN

Responsible Cabinet Member - Leader and all Cabinet Members

**Responsible Director -
Ada Burns, Chief Executive
Suzanne Joyner, Director of Children and Adults Services**

SUMMARY REPORT

Purpose of the Report

1. To report to Cabinet the main themes and issues emerging from the recent Enquiry event into the NHS, Sustainable Transformation Plan (STP), and to propose next steps.

Summary

2. Following consideration of the STP within the Health and Partnerships Scrutiny Committee, and full Council, it was decided to organise a wider event to engage patients and stakeholders in offering their perspectives and evidence on the emerging STP proposals. Whilst the NHS team responsible have organised a series of engagement events, there is a view that these have been very tightly orchestrated and have not offered an open environment for concerns and contributions to be heard.
3. Submissions were invited from a range of interested stakeholders from all the communities that make significant use of the health facilities within Darlington, and the opportunity was made available for the public to participate as well.
4. The event took place in the Council Chamber on the 17 February, attended by approximately 80 people and streamed live into the Town Hall foyer.
5. In total 21 people spoke at the event, following the overview presentation from the STP team, led by Dr Andrea Jones, Chair of the Darlington Clinical Commissioning Group (DCCG). Speakers were MP's, Councillors, health practitioners, voluntary sector representatives, patients campaigning groups, and users of health services. They came from Darlington, North Yorkshire, Redcar and Cleveland and County Durham.

6. As a consequence Members were able to hear and reflect upon a wide range of themes and this report summarises these.
7. People were also invited to leave comments on the Council's website and these have been collated and fed into this report.
8. At the culmination of the event the Council met and agreed a motion that has been conveyed to the relevant NHS STP team.
9. While the formal consultation on the STP options is not due to commence until the summer, NHS officials are continuing to research and develop their thinking and options, and Members are asked to consider further Council-facilitated engagement with stakeholders as proposed within this report.
10. The Chairs of the Health and Well Being Boards within the STP footprint have met and reviewed the emerging proposals. A letter sent on their behalf is attached at Appendix A.

Recommendation

11. It is recommended that Members:-
 - (a) Note the outcome of the STP Enquiry held on the 17th February.
 - (b) Agree to continue to progress opportunities for engagement and discussion with communities potentially impacted by the STP proposals.

Reasons

12. The recommendations are supported to enable cabinet members to reflect on the views expressed in preparation for the formal commencement of consultation on the STP.

**Ada Burns
Chief Executive**

Background Papers

Draft Sustainable Transformation Plan
Council Motion agreed 17 February 2017
Copy of letter from Councillor Jim Beal on behalf of the Health and Wellbeing Chairs Network

Ada Burns Extension 4836

S17 Crime and Disorder	The report does not specifically impact on the duties relating to crime and disorder
Health and Well Being	The STP proposes a radical shift in the way in which care and health services are organised and provided and are of significant importance to residents of the borough and others who use the services located within Darlington. The Council held the Enquiry in order to offer an opportunity for wider debate on the issues.
Carbon Impact	There are no carbon impact implications in this report
Diversity	The Enquiry heard evidence and representations of the potentially inequitable access to health and care services should these be relocated away from Darlington. In particular there appear to be risks to the wellbeing of older people, those without access to private transport, those with long term conditions, and pregnant Mothers.
Wards Affected	All wards are affected equally
Groups Affected	All communities are affected
Budget and Policy Framework	This decision does not represent a change to the budget and policy framework.
Key Decision	This is not a key decision
Urgent Decision	This is not an urgent decision
One Darlington: Perfectly Placed	The Community Strategy aims to ensure that people “have enough support when needed”. The proposals within the draft STP have a bearing on the capacity of services to achieve this goal.
Efficiency	The MTFP contains significant spending reductions relating to social care and public health prevention activities. The draft STP makes assumptions on an increase in out of hospital care and services but without a specified allocation of funding to deliver these. There is a risk to the achievement of the MTFP within the emerging proposals in the STP.

MAIN REPORT

Information and Analysis

13. The Enquiry brought forward a number of specific themes and concerns within the proposals, particularly those relating to the provision of accident and emergency and maternity and paediatric care at Darlington Memorial Hospital. The themes that emerged are summarised as follows:

Journey Times

14. In the STP presentations there is a gap in understanding of the role that Accident and Emergency (A&E) plays in addressing urgent medical crisis. The narrative is often presented as two fold – critical conditions, heart attack, stroke, RTA injuries etc need to go to the hospitals with senior consultant specialists, and this may require patients to journey further (as currently happens with the trauma centre in James Cook Hospital). Secondly, many other attendances at A&E could be safely dealt with in GP surgeries or other community health facilities. As a result it is safe to move to fewer A&E departments. However the point was made that over 90% of A&E attendances are not for critical conditions and amongst these are a host of serious medical conditions, such as chronic asthma, or sepsis, where speed of treatment is vital to a good outcome. The STP options for A&E need to address this evidence. Increased journey times increases mortality by 1% for every 10km.
15. Current performance of the Ambulance Service in both the North East and Yorkshire regions is poor and as a result public confidence is low. Much of the case for rationalising A&E is based on the promise of early speedy treatment from paramedics. The STP options need to address how improvements are to be made or funded.
16. One of the challenges faced by the Ambulance Service is being able to safely hand over patients at our hospitals. Frequently there will be 5 or 6 ambulances queuing outside because of the capacity problems within the A&E. The STP options for A&E need to address how a reduction in A&E capacity would improve this situation.
17. Public anxiety about the distance from A&E is in itself a contributor to poor health and well-being. This impacts on elderly people, particularly those living alone, and also parents of young children. Low levels of confidence with the current ambulance service are contributing to this anxiety.
18. The support of family and carers is a contributor to swift recovery when someone is admitted to hospital, and is of real practical assistance to health staff, particularly with patients suffering from dementia. The STP needs to demonstrate how journey times, the ease of travel by public transport, and the cost of travel to hospital for carers and family members would not detriment recovery and discharge time.
19. Journey times used for planning do not take account of poor weather, or delays, which in the dispersed rural communities served by DMH are common. Similarly

they are usually calculated on the basis of the towns, when DMH serves isolated communities right up to the border with Cumbria.

Population Changes and Growth

20. The proportion of the population who are ageing is growing, and with that the proportion with complex long term health conditions. At the same time there is significant house-building taking place, and planned across the footprint and major expansion of the troop numbers that will be based in Catterick. The STP needs to demonstrate how these population changes are addressed in the options.
21. Army families experience and demonstrate particular needs and vulnerabilities; often young, living far away from family support and familiar surroundings, and with the anxieties of their spouse potentially serving in war zones. The STP needs to demonstrate how options for A&E and maternity/paediatrics enhance outcomes for these families.

Out of Hospital Care

22. There are inbuilt assumptions about a significant expansion in services out of hospital to keep people well at home (which as a broad goal are welcomed). These major on the role of technology, the voluntary sector, enhanced opening hours in General Practice, public health and social care. There are major challenges with all of these; 13.1% of Darlington adults have never been online and 25% report not having basic online skills; the voluntary sector is shrinking as a consequence of funding cuts, General Practice is struggling to recruit sufficient staff to operate current hours and services; public health and social care are experiencing and planning further significant cuts in spending. There would in fact be additional costs to social care from both 7 day working, and from travel to support discharge plans if the DMH were downgraded. The STP needs to demonstrate how out of hospital care will be sufficient to divert patients from hospital before any changes to hospital services are planned.

Engagement & Staffing

23. There is a perception that engagement to date, for both the public and clinicians, has been carefully managed towards a pre-determined outcome. There is little scope for the major challenges and concerns expressed at the Enquiry, to be heard or recorded. This is contributing to a feeling of “bad faith” in the STP process and weakening confidence that the process can make a positive contribution to better health outcomes. There is no evidence that most clinicians are supportive of the emerging options.
24. Patient care is labour intensive. The number of patients attending these units will remain the same and therefore staff numbers will remain the same with little saving.
25. Staff recruitment is often cited as a major driver for change. The STP process should make available information on recruitment, and the strategies adopted to attract more staff to DMH and the regions hospitals.

26. The STP itself, and the options included, are in themselves denting confidence in the security of employment at the regions hospitals.
27. When changes were made to both Bishop Auckland Hospital, and the Friarage Hospital in Northallerton, the public engagement brought forward many of the same concerns expressed about the STP. Commitments were made, to elected representatives and to the public, that DMH would remain as an accessible hub for those services – A&E, maternity and paediatrics. The STP needs to address why these commitments may no longer be key to good health outcomes, particularly in view of all the demographic and population changes.
28. The potential of seeing these commitments unpicked is further contributing to the lack of trust and confidence in the proposals for health services in the region.

Consolidation of pathology services

29. Some sub-specialities of pathology such as microbiology are labour intensive. Centralisation will not save any money as specimen numbers and staff numbers will remain the same. Centralisation is expensive: up- front costs are required for new build of the central station and specimen transport will be an ongoing and open-ended cost burden.
30. Microbiology specimens are badly affected during transport results will not be accurate. Also, once taken off site, the hospital cannot benefit from new rapid methods which are becoming available e.g. detection of MRSA. These facts have been overlooked in the past and the public are probably unaware of them.
31. Some specimens are not affected by transport or delay, and undergo automated tests. For these, some degree of centralisation will result in economies of scale. However a mega lab and its drawbacks must be avoided. Retaining several lab sites ensures flexibility in the face of equipment and computer failure.
32. The future for pathology is in networking. Purchase of equipment and reagents across Trusts will generate large savings. This must be considered.
33. The College of Pathologists is compiling a report on the effects of consolidation so far.

Summary

34. Whilst contributors understand the need for change, given demographic demand in particular, the STP plan, process of engagement to date has not succeeded in demonstrating that the potential changes to DMH or North Tees, can do anything other than put at risk the health and well-being of the communities who currently use these facilities. Overall the NHS is cheap compared with healthcare in neighbouring European countries. This comes at a price. The UK has poorer outcomes for avoidable deaths including deaths from heart attack and stroke. The UK also has relatively high neonatal and child mortality rates.

35. Within the UK, the ASMR as well as the incidence and mortality related to cardiovascular disease are highest in the North East region.
36. The options within the STP would require very significant up-front investment in buildings, services and transport, but there is no evidence that the funds will be available.
37. There is a lack of evidence being made available, and as a consequence of the approach to engagement, and past experience, a growing level of mistrust in the STP leaders.
38. The opportunities created by Darlington Borough Council, within Health Scrutiny Committee and in open events such as the Enquiry, to give a voice in an open way, to questions, doubts and concerns, were welcomed and will be repeated.

Next Steps

39. The Leader of the Council has written to the STP Lead for this area, Alan Foster, with a copy of the Motion and the themes described in this report.
40. As contributors raised a number of important questions and themes Members, within the Health and Partnerships Scrutiny Committee, and through the Health and Well Being Board Chairs Network will continue to question and seek access to the debates and proposals as they are worked up.
41. In addition, Members will continue to liaise with colleagues in North Yorkshire and Durham to facilitate opportunities for a coordinated approach to the proposals as they emerge.

Financial Implications

42. There are no direct financial implications to this report. However there are significant financial risks to the Council's MTFP within the draft STP. There is an expectation of a growth in out of hospital care but there has not been a thorough assessment of the costs of this to Council social care services.
43. Nationally there has been an estimate reported that STP's could add a further burden of £3bn to social care and public health services.
44. The Council, with its neighbours, will continue to press for these financial implications to be fully reflected in the development of the options.

Consultation

45. This report summarises a consultation with the public and other stakeholders on the provision of health services delivered from within Darlington.