GATESHEAD METROPOLITAN BOROUGH COUNCIL

NORTHUMBERLAND TYNE & WEAR & NORTH DURHAM STP HEALTH SCRUTINY COMMITTEE MEETING

Monday, 13 November 2017

PRESENT: Councillor M Foy (Chair) (Gateshead Council)

Councillor(s): L Caffrey(Gateshead Council), Chequer (Sunderland CC), Clark(substitute member North Tyneside Council), Davinson (Durham CC), Dodd (substitute member Northumberland CC), Flynn (South Tyneside Council), Hall (North Tyneside Council), Heron (Sunderland CC), Hetherington (South Tyneside CC),Leadbitter (Sunderland CC), P Maughan (Gateshead Council), Mendelson (Newcastle CC), Robinson (Durham CC), Schofield (Newcastle CC), Simpson (Northumberland CC), Taylor (Newcastle CC) and Temple (Durham CC).

APOLOGIES: Councillor(s): Armstrong and Watson (Northumberland CC) Bell and Grayson,(North Tyneside Council) and Huntley (South Tyneside Council).

1 APPOINTMENT OF CHAIR

One nomination had been received for the position of Chair.

AGREED – That Councillor Mary Foy (Gateshead Council) be appointed to the position of Chair.

2 APPOINTMENT OF VICE CHAIR

One nomination had been received for the position of Vice Chair.

AGREED – That Councillor Wendy Taylor (Newcastle City Council) be appointed to the position of Vice Chair.

3 DECLARATIONS OF INTEREST

Councillor Wendy Taylor (Newcastle CC) declared an interest as an employee of Newcastle Hospitals NHS Foundation Trust.

Councillor Mendelson (Newcastle CC) declared an interest as a member of NTW NHS FT Council of Governors.

4 APOLOGIES

Councillors Bell and Grayson (North Tyneside), Councillors Armstrong and Watson (Northumberland) and Councillor Huntley (South Tyneside)

5 CONSTITUTION/ TERMS OF REFERENCE / APPOINTMENT OF SUBSTITUTES

AGREED – That the constitution and terms of reference for the Joint Committee be approved.

6 OUTCOME OF STP ENGAGEMENT EXERCISE

The Joint Committee was advised that the draft STP was published in November 2017 and a twelve week engagement programme on the draft was carried out.

The North East is one of the highest performing regions in the country and the aim is to have high quality hospital and specialist care and address the gaps in the Five Year Forward View.

The draft STP had identified gaps relating to the need to scale up existing health prevention work and the need to work collaboratively to improve the quality of care. In particular there was a need to focus on out of hospital care and provide care closer to home. The need to close the financial gap was also identified as a key priority.

The Joint Committee was advised that the feedback received showed strong support for work to tackle health inequalities and queries had been received on how public health could be funded to progress this.

A major theme emerging from the engagement exercise related to workforce and centred around the issue of the ageing GP workforce and shortages of mid - grade doctors and the impact on nursing burseries and the need to retain staff. There had been questions around how these issues could be tackled and in relation to seven day working and how this might impact on the role of carers.

Another key theme related to access to services particularly in rural areas such as Durham and Northumberland and a strong theme in Durham had been around the fact that it was split across two differing STPs.

In addition, it was highlighted that the STP was very focused on health rather than social care issues and there were issues raised as to how local authorities were going to be involved in the plan and how the financial costings outlined in the plan were going to be achieved. A major theme in the feedback was around how the financial gap would be achieved.

Feedback from the engagement exercise also highlighted that there had been the expectation that there would be a significantly greater level of detail in the plan than is currently there, particularly around how the needs of certain groups would be looked at /met.

There was also feedback from some parties who felt that they should have been involved in drawing up the plan.

The Joint Committee was advised that when the STP goes out for formal consultation liaison will take place with local authorities to ensure the formal consultation is as wide as possible.

Councillor Mendelson highlighted that she was aware that the Ambulance Service and Pharmacy Services had raised concerns that they had not been involved in drawing up the STP and the proposed delivery method. Concerns had also been raised around accountability and the structure for delivering this and it was considered that this needed to be spelt out more clearly.

The Joint Committee was advised that the plan is currently at a very high level and there is a need to provide a significant amount of detail for each area going forwards.

Councillor Mendelson was asked who it was she had spoken to from Pharmacy Services and she advised that it was a representative from the local Pharmacy Committee in Newcastle.

The Joint Committee was advised that Pharmacy Services will be involved in the development of the STP and that different people from different organisations will be involved at differing levels.

Councillor Mendelson advised that the Chief Executive of the Ambulance Service had also raised this as they are involved in delivering care at the front end.

The Joint Committee was advised that this was really helpful feedback to receive.

Councillor Caffrey advised that she was aware that locally representatives from the voluntary sector generally and also from Healthwatch Gateshead would have liked to have been more involved in the engagement exercise and there appeared to have been confusion amongst some as to whether the exercise was a formal consultation exercise as opposed to an engagement exercise.

Councillor Caffrey highlighted that within the report there was no overall analysis and there appeared to be less than 800 parties involved in the engagement exercise. Given the size of the area the STP was covering, Councillor Caffrey considered that it was no wonder that a number of people, were quite rightly unhappy at what they saw as the CCG and STP getting on with business in the usual way and making plans. As a result, there were concerns that health colleagues would be rubber stamping the plans and Councillor Caffrey asked that these views be taken on board when health colleagues moved on to the next phase in the process.

The Joint Committee was advised that this was also really helpful feedback. The Joint Committee was advised that representatives from NECS has already met with the Chairs and Chief Officers from Healthwatch across the patch and they had expressed their concerns and there would be ongoing dialogue with Healthwatch going forwards.

The Joint Committee was informed that NECS felt that there had been a good quality response to the engagement exercise as they had invited responses from those with knowledge of health and social care issues. However, it was acknowledged that the exercise had not really focused on responses from the general public. NECS would work with this Joint Committee to look at how they developed plans for future engagement and consultation.

The Joint Committee was advised that there were opportunities for the Joint Committee to do some work with the Consultation Institute if that was felt to be helpful.

The Chair advised that it was not the case that elected members didn't understand the difference between the engagement exercise and consultation rather it was the voluntary sector who had not felt effectively engaged. The Chair indicated that it was appreciated that health colleagues had carried out an engagement exercise prior to a formal consultation. However, the key point was that there were some organisations who had not been invited to participate who felt that they should have been involved in that engagement exercise.

Councillor Caffrey also highlighted that this had not been helped by the fact that it had almost been a year since the engagement exercise was carried out and there appeared to have been very little progress since then.

Councillor Hetherington noted that South Tyneside Council was currently involved in a consultation on major service changes to the acute trust and it was clear from that process that it was very important that there is ongoing consultation with staff. Councillor Hetherington considered that this was an important consideration for any consultation on the STP.

Councillor Schofield noted that Professor Pollack had previously raised concerns that the STP was being used not just as a savings exercise but a means of making cuts and closing hospitals. It was queried what was known about the organisations who would be expected to provide new care models and whether these would be Accountable Care Organisations (ACOs).

The Joint Committee was advised that the aim was to create an accountable care system across the North East and Cumbria so that the NHS and local authorities and other partners can support each other at the right level. The Joint Committee was informed that health and social care are inextricably linked and face immense funding challenges so within the system they will need accountable care organisations that can work at a local level. It was hoped that these aims could be achieved by adopting a place based approach and building on the work of local Health and Wellbeing Boards to assist in strengthening primary care and community services. The Joint Committee was informed that investment was needed in primary care and community services and it was hoped that some additional funding would be forthcoming in the budget.

Councillor Heron noted that the consultation on the proposed changes to services in South Tyneside had highlighted issues around lack of consultation with staff and

major concerns around the ambulance service not being funded at the right level and he considered that this was something that really needed to be looked at further.

The Joint Committee was informed that NECS had taken on board the concerns raised regarding consultation with staff as part of the consultation on changes to services in South Tyneside and there will be a presentation to the South Tyneside and Sunderland Joint Committee outlining proposals for a full year of pre – engagement where staff will be brought into options development.

NECS also wanted to learn lessons from the STP engagement process.

The Joint Committee was assured that funding for the ambulance service was high on the STP agenda. There were a number of difficult issues such as availability of funding and workforce and these would play into different workstreams within the STP.

Councillor Taylor noted that there had been no reference within the emerging themes to Brexit and its impact. There has been a 90% drop in the number of nurses applying to work in the UK and there are huge issues in terms of GP shortages. Appropriate levels of staff and training are needed but this will all take time and Councillor Taylor considered that this was not achievable within the timeframes given. In addition Councillor Taylor noted that funding was also needed to invest in new services to ensure that they worked effectively. In light of this, Councillor Taylor stated that she had serious concerns that the STP was not achievable.

The Joint Committee was informed that the financial situation was hugely difficult for all the NHS. However, as a region this was one of the best places to be starting this work as it was the highest performing NHS area nationally so the region has as good a chance as any of achieving the desired outcomes. Workforce is one of the reasons why planning is taking place across this footprint as there is no sense in one hospital in the area doing well and another doing badly.

John Whalley Co – ordinator for Keep the NHS Public noted that there were representatives from a number of health campaign groups from across the patch at the meeting and he asked to raise a number of points relevant to all groups.

The first related to rationing of services. John considered that reductions in funding could lead to rationalisation of services and this was fundamentally at odds with equity and universalism.

The second point was that STPs were leading to increased privatisation. However, national contracts which have gone out to private businesses have then had to be handed back to the NHS as these organisations have not been able to cope.

Thirdly, STPs were based on unrealistic collaborations between private organisations and NHS providers.

Finally, STPs centre around an underfunded NHS and whilst it was acknowledged that there is scope for improvements, it was considered that this underfunding was driving the development of the STP.

The Joint Committee was advised that in terms of the comments made regarding rationing, the health service is continuously looking at services and whether they are being delivered effectively and efficiently and new services are coming into being as a result of technical innovations. It is therefore not a case of rationing. Rather it is a case of ensuring that organisationally the health service has the ability to continue to deliver the services which are needed. In order to ensure a strong sustainable health service into the future it is therefore necessary to transform services and deliver them in a different way.

On the issue of underfunding, it was acknowledged that there has been a significant amount in the press regarding this and Simon Stephens has raised this. However, the Joint Committee was advised that it was necessary to work within the funding allocated to the region and make best use of this.

The Joint Committee was informed that there had not been a funding cut. However, the region was not being allocated as much of an increase in funding as in previous years. Alan stated that as a result it was necessary to make this funding allocation ie the place £ go as far as possible and it was important to lobby government for increased levels of funding.

The Joint Committee was informed that the STP was not about privatisation. The aim was to keep NHS funding in the NE and localities as far as possible rather than pass this to the private sector. It was acknowledged that the NHS has had to deal with the private sector in terms of PFI initiatives but stated that going forwards what was needed was collaboration and previous models for tendering services needed to be rethought as a model which encouraged competition between trusts was not necessarily the most economic model.

A member of the public highlighted that within this sub regional footprint there were three maternity units and it was clear that there were going to have to be less. Furthermore the prevention agenda can't be achieved without investment and the money to achieve this is not forthcoming. It was also noted that the BMA does not support the STP.

Councillor Caffrey noted that there were a range of different perspectives on funding for health and care provision and it was important to move beyond this.

The Chair stated that it was up to everyone to lobby for fairer funding for the NHS.

7 STP - CURRENT POSITION & NEXT STEPS FOR WORKSTREAMS

The Joint Committee was informed that when the STP plan / vision was put together this was done in a technical way. Consideration was given to three areas; how the health and wellbeing of patients can be improved; the quality of services and available funding. Within the STP footprint there is still a considerable amount of deprivation issues in terms of public and patient health and the aim is to narrow the gap. However there is an identified £641m funding gap by 2021. However, there is potential for this gap to be even higher as the demand for health services keeps

rising and funding for these services is staying relatively flat.

The Joint Committee was advised that the plan predominantly sets out the work which is already taking place across the STP footprint which in general terms falls under three headings. The first is around how we can scale up prevention work and help people to have healthier lifestyles and become fitter. The second is around out of hospital collaborations to develop different services such as the Vanguard Care Homes Initiative in Gateshead. The third area is focused on how we get NHS staff in hospitals to work together in different ways. Previously trusts have been set up to work as competitive organisations. This approach has not been helpful in relation to funding issues. The aim now is to encourage trusts to look at how they can work together instead.

There is a focus on these three areas across the STP with different variations and work is taking place across prevention, urgent care, cancer, pathology and workforce which is one of the biggest.

The Joint Committee was advised that there is a really good track record of joint working in the North East and this has meant that some of the workstreams across the STP areas have been in place for some time eg Digital and Urgent Care.

The STP added other workstreams such as how the big Foundation trusts are working together to tackle issues such as workforce, pathology and prevention. Other workstreams have been put in place to take things forward on a task and finish basis so that learning can be disseminated to all CCG areas and to look at how it is possible to deliver more in terms of support services for patients.

The Joint Committee was advised that in terms of decision making across the region, governance arrangements are in their infancy and there is a need to understand how the three STPs will work together as all three STPs will need to work across the fourteen different workstreams. Draft proposals are being considered in relation to an Accountable Care Partnership and local delivery partnership / models linked closely to local Health and Wellbeing Boards.

The Joint Committee was advised that the key point was around a changing emphasis away from competition to collaboration with Foundation Trusts working more together and developing networks of clinicians working across the patch so that they can support services and keep them as local as possible. The Joint Committee was advised that this did not meant that there won't be some changes arising from the work being carried out. However, the aim is to keep services as local as possible.

It was noted that workforce needed to be considered across the regional footprint as there is a need to address staff shortages in primary care and train up staff. As a result a medical school is planned to be developed and supported in Sunderland. It was important to achieve equity of access in the future.

The Chair queried who set the priorities for the workstreams and was informed that these needed to be clinically led. The workstreams would then make recommendations which be fed through to NHS and local authority managers and

then to Health and Wellbeing Boards and OSCs if there is to be an impact in a particular area. The Joint Committee was informed that the legal requirements for consultation on service changes would be adhered to.

Councillor Caffrey noted that every year the Health and Wellbeing Board in Gateshead would look to set its priorities for the year. However, when this process takes place most of the priorities have to relate to national or regional targets which have to be delivered before consideration can be given to putting forward one or two local targets. Councillor Caffrey stated that she would like to be convinced that this system is different as it is being driven clinically. However, Councillor Caffrey stated that looking at the diagram the same mechanisms / individuals appeared to be involved. Councillor Caffrey considered that it was important that a top down process was avoided and that work is carried out to understand the position on the ground and the services that people need in localities.

The Joint Committee was advised that this was a good point although inevitably there would always be a need to address certain national targets. The Joint Committee was advised that they were trying to make the process as bottom up as possible based on what is happening in each local area, having regard to the views of patients and the public and feeding this into the workstreams and then through local NHS / LA mechanisms and local Health and Wellbeing Boards. The aim is to develop a bottom up approach and health colleagues valued the help of the Joint Committee in this regard.

Councillor Mendelson stated that local delivery vehicles would be at the heart of this process and there was a need to have a greater understanding as to what these are and how they would work. Councillor Mendelson noted that she was aware of that recently there had been the threat of losing GP practices in Newcastle based on market issues rather than patient need. Therefore Councillor Mendelson considered that it was important to understand what local delivery vehicles were in place and how they were accountable locally moving forwards.

Councillor Robinson stated that he was delighted that a bottom up approach was being proposed as this was not the approach which had been adopted in North Durham where patients in Seaham are now having to travel to Sunderland. He was also aware of concerns being raised from other smaller parts of the region where there were concerns that local views would be lost in the STP process.

Councillor Robinson also highlighted concerns that there was no reference to NEAS and transport in any of the references to the workstreams. Councillor Robinson stated that he would have liked to have seen even one sentence confirming that every workstream would deal with transport. Councillor Robinson advised that Durham was very concerned about transport as NEAS is unable to fulfil its current targets in that locality and only achieves 36% of emergency 1 calls. Councillor Robinson asked that the issue of transport is addressed as it is a key priority for the public.

It was acknowledged that this was a fair point and Councillor Robinson was assured that transport was part of the agenda and it was accepted that it was right that this was made more explicit. The Joint Committee was informed that a paediatric

intensive service has been established outside of Newcastle where every hospital in the North East will get specialist transport for very ill babies. It was acknowledged that consideration now needed to be given to adult critical care transport.

Councillor Flynn noted that South Tyneside had lost its Stroke unit to Sunderland temporarily due to a shortage of clinicians and he queried whether work across the STP was being driven by a shortage of clinicians.

The Joint Committee was advised that there are issues around the availability of clinicians and certain areas where there are specific problems. There is a national shortage of stroke clinicians and this has already resulted in changes to Stroke Services across Newcastle and Gateshead as well as in South Tyneside. The issue is being considered by the workforce workstream and an update on this area of work will be brought back to a future meeting of this Joint Committee.

Councillor Hall welcomed the involvement of clinicians in the workstreams but considered that it was also important to balance this with input from patients.

The Joint Committee was advised that this was a good point and once clinicians had made their recommendations work would take place around how discussions could take place with patients and the public regarding their needs.

Councillor Taylor noted that different workstreams were at different stages and queried whether it was possible for progress updates to be brought to this Joint Committee on the workstreams which were further ahead in their work. It was queried whether it would be possible to look at the Prevention workstream and as part of that update look at what is happening in the area of smoking prevention.

The Joint Committee was advised that there had been some good progress in this area and it would be useful to bring this to the next meeting of the Joint Committee.

It was also suggested that it would be helpful for the Joint Committee to receive a progress update on the Urgent Care workstream at a future meeting.

Councillor Schofield expressed concern that the STPs were more person - based than geographic and queried how this would be funded and patients would not be excluded.

The Joint Committee was informed that the STP would involve the same levels and standards of service across the patch and much of the work of the workstreams would be around standards and outcomes.

Councillor Schofield asked if it could be confirmed that the STP was not about people not being eligible for funded services and Councillor Schofield was assured that this was not the case.

Councillor Caffrey queried whether the workstreams were going across all areas and it was confirmed that this was the case. The Joint Committee was advised that when good practice was identified in one area it would then be shared across the patch.

8 NEXT STEPS FOR FUTURE ENGAGEMENT / CONSULTATION STP JT HEALTH OSC

The Chair invited the Joint Committee to highlight those areas of work which it would like to receive progress updates on going forwards.

The Joint Committee identified that it would be useful to have updates on Prevention, Urgent Care and Workforce at future meetings as well as information about the role of Accountable Care Organisations. The Joint Committee also identified that it would also be useful to invite other organisations such as Healthwatch to participate in future meetings.

AGREED (i) That the Joint Committee receive a progress update on the Prevention Workstream at its next meeting in January 2018.

(ii) That the Joint Committee also receive progress updates on Urgent Care and Workforce at future meetings as well as information about the role of Accountable Care Organisations.

9 DATE AND TIME OF NEXT MEETING

AGREED That the next meeting of the Joint Committee be held on 15 January 2018 at 10.30am at Gateshead Civic Centre.

Chair……..