North East Joint Health Scrutiny Commitee

Meeting on Thursday 1 October 2015 at 2.00 pm
Committee Room B, Hartlepool Civic Centre.

Agenda

1. **Chairman's Welcome**
2. **Apologies for absence**
3. **To Receive any Declarations of Interest by Members**
4. **Minutes of the meeting held on 31 July 2015.**
5. **NEAS - Progress against Standards and Performance - Presentation by Mark Cotton, Assistant Director of Communications & Engagement**
6. **Patient Transport Update - Presentation by the North East Commissioning Support Agency**
7. **Review of Neonatal Services Across the North East - Presentation**
8. **National Congenital Heart Review - Update from NHS England *(to follow)***
9. **Use of Pharmacies for Minor Ailments and Other Services – Scoping (to follow)**
10. **Chairman's urgent items**
11. **Any other business**
12. **Date and time of next meeting**

    To be confirmed.

Contact Officer, Joan Stevens, Scrutiny Manager – (01429) 284142

NORTH EAST JOINT HEALTH SCRUTINY COMMITTEE

MINUTES

31 July 2015

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

Present:

Chair: Councillor Ray Martin-Wells, Hartlepool Borough Council

Stockton Borough Council:
Councillor Hall

South Tyneside Council:
Councillor Brady

Northumberland County Council:
Councillors Sambrook and Nisbet

Newcastle City Council:
Councillor Mendelson

North Tyneside Council:
Councillor Brooks

Durham County Council:
Councillor Robinson

Middlesbrough Council
Councillor Dryden

Also Present: Yvonne Ormston and Paul Liversidge, North East Ambulance Service
Stephen Gwillym, Durham County Council
Peter Mennear, Stockton Borough Coucil
Karen Christon, Newcastle City Council
Paul Baldasera, South Tyneside Borough Council
Angela Frisby, Gateshead Borough Council
Sharon Ranade, North Tyneside Borough Council
Elise Pout, Middlesbrough Borough Council
Paul Allen, Northumberland County Council

Officers: Joan Stevens, Scrutiny Manager (HBC)
Denise Wimpenny, Principal Democratic Services (HBC)

1. Apologies for Absence

Apologies for absence were submitted on behalf of Councillor Kay, Redcar ad Cleveland, Councillor Green, Gateshead Borough Council, Councillor Turner, Newcastle City Council, Councillor Javed Stockton Borough Council and the Member representative from Sunderland City Council.

2. Declarations of Interest

None.

3. Resignation of Vice-Chair Councillor Richards and Appointment of Replacement

In the absence of any nominations, the Chair advised that the position of Vice-Chair would remain vacant.

4. Minutes of the Meeting held on 24 February2015

Confirmed.

5. Terms of Reference for the North East Joint Health Scrutiny Committee *(Chair of the North East Joint Health Scrutiny Committee)*

The Scrutiny Manager (HBC) sought the Committee's agreement to re-confirmation of the terms of reference and protocols for the North East Joint Health Scrutiny Committee.

Recommendation

That the Terms of Reference and Protocols for this Committee be re-affirmed.

6. Introduction and Performance Update *(Chief Executive, North East Ambulance Service)*

Representatives from the North East Ambulance Service (NEAS) had been invited to the meeting to provide an introduction and update on performance of NEAS.

The Chief Executive from NEAS provided a detailed and comprehensive presentation which included information on the current performance of the service and the measures that had recently been introduced to improve performance. The Committee was advised of the recent links that had been

established with Teesside University to address the shortage nationally of paramedics, support mechanisms in place for staff as well as the future role of the ambulance service following the Government's review of mobile treatment services. The Chief Executive was pleased to report that the North East Ambulance Service had recently achieved network vanguard status, the benefits of which were outlined.

In support of the presentation, further information was provided in a report, a copy of which was tabled at the meeting, that had been presented on ambulance A&E activity to Tees Valley Joint Health Scrutiny Committee in relation to the overall current provision of emergency ambulance care services. The report included a summary of key findings, ambulance activity including response times by ambulance trust, national benchmarking data up to May 2015, patient experience information, community first responder and third party performance as well as workforce data in terms of sickness absence and vacancies.

In response to concerns raised by a Member regarding perception that Teesside was a secondary priority in terms of coverage and response, the Chief Executive, whilst acknowledging difficulties in hot spot rural areas, provided assurances that the aim was to provide a consistent high level service across the North East and highlighted that work was currently ongoing with the police and the fire services in relation to co-responding with a view to improving services in rural areas. It was highlighted that work was also ongoing with CCGs and Urgent Care Centres with a view to reducing the number of transfers to hospital where possible.

The representatives responded to a number of issues raised by Members in relation to the information provided in the report. Clarification was provided regarding the proportion of calls meeting the response times, examples of the challenges faced by the NEAS, paramedic/student training arrangements and how training provision with other emergency services could be shared and more effective. Examples of how a co-responding scheme would operate including the benefits of such a scheme was also outlined. The Chief Executive placed emphasis upon the importance of extending in-house training and work was ongoing to progress this issue.

Discussion ensued as to how the paramedic shortfall could be addressed. The Chair referred to assurances that had been given by the Ambulance Service at a recent Tees Valley Joint Committee that capacity issues would be resolved by 2014 and concerns were raised that this had subsequently been extended to 2016. The importance of retaining students in the North East with a view to actively recruiting paramedics to vacant posts was emphasised. Reference was made to the continuing heavy reliance on third party providers and the request by Members at the last meeting that the viability of student sponsorship with a tie in period, as a means of addressing the paramedic shortfall and aid staff retention be explored. Disappointment was expressed that feedback had not been received in this regard.

A query was raised regarding the current position in terms of ambulances queuing outside hospitals due to delays in hospital admissions. In response, the Committee was advised that whilst the pressures arising as a result of hospital delays had reduced, discussions and work were ongoing with hospital trusts to manage this issue.

Recommendation

(i) That the contents of the presentation and comments of Members be noted.
(ii) That the NEAS explore the suggestion of Members in relation to student sponsorship as detailed above, feedback from which to be reported to this Committee as soon as possible.

7. Selection of Potential Topics for Inclusion in the Committee's 2015/16 Work Programme *(Joan Stevens, Scrutiny Manager*

Members consideration was requested of potential topics for inclusion into the work programme for the North East Joint Health Scrutiny Committee for the 2015/16 Municipal Year. In considering the development of a potential work programme item, the Directors of Public Health across the region and each Local Authority representative had been consulted and the potential topics that had been suggested were included in the report. In order to identify a suitable topic for investigation a PICK scoring system had been utilised, an explanation of which was attached as an Appendix to the report.

The Committee was advised to be cautious in setting an overly ambitious work programme and a maximum of one topic for the coming year was recommended to allow for flexibility in its work programme for emerging issues and referrals.

During the discussion that ensued on the potential work programme items, a number of preferences were suggested including the wider issue around GP provision as well as recruitment, encouraging people to use pharmacies for minor ailments and other services where provided as well as 7 day NHS working. Following debate, the majority of Members supported the issue of encouraging people to use pharmacies for minor ailments and other services as their chosen work programme topic for this municipal year.

In terms of taking this issue forward the Committee's approval was sought for the Scrutiny Manager, in consultation with the Chair and officer representatives to scope the investigation for consideration at the next meeting. The Chair indicated that the level of support regionally would need to be explored in order to determine the depth of the investigation.

A Member highlighted capacity issues within their organisation and the

difficulties they would encounter in providing any support.

Recommendation

(i) That encouraging people to use pharmacies for minor ailments and other services be undertaken as the Committee's main topic for investigation during the 2015/16 municipal year.
(ii) That authority be delegated to the Chair of this Committee together with the Scrutiny Manager (HBC) to scope the investigation for consideration at the next meeting.

8. Chairman's urgent items

None

9. Date and Time of Next Meeting

The Chair reported that the next meeting would be held on 1 October 2015 at 2.00 pm – Committee Room B, Civic Centre, Hartlepool

The meeting closed at 11.20 am.

CHAIR

North of England Specialised Commissioning

Paper Title :	Review of Neonatal services in the North East and Cumbria
Author :	Peter Dixon
Date :	21 September 2015
Purpose :	To report the recommendations set out in the independent review of Neonatal Intensive Care Services in the North East and Cumbria undertaken by the Royal College of Paediatrics and Child Health.
Action required :	To seek the advice and recommendation from the Regional OSC Group about the need and level of consultation required.

Background

For a number of years the health economy in the North East and Cumbria has considered that the small size of the units providing Neonatal Intensive Care (NIC) in the North East prevented the network providing the most effective and efficient level of care for the youngest and most vulnerable patients. The current arrangement of four NIC Units is unsustainable. North Tees unit is the smallest unit in England by birth rate, Sunderland is the third smallest and South Tees the tenth smallest.

There have been several unsuccessful attempts over the last ten-fifteen years to configure the service, and so the Neonatal Network recommended that an independent review was the only way forward to review the service and recommend a sustainable configuration.

The three levels of neonatal care are :

- **Neonatal Intensive Care** is care provided for babies who are the most unwell or unstable and have the greatest needs in relation to staff skills, staff to patient ratios (1 cot per nurse), and any day where a baby receives any form of mechanical respiratory support via a tracheal tube.
- **Neonatal High Dependency Care** is provided for babies who require skilled staff (2 cots per nurse) in a neonatal unit where a baby does not fulfil the criteria for intensive care but receives any form of non invasive respiratory support.
- **Neonatal Special Care** is provided for babies who require additional care delivered by the neonatal service but do not require either intensive or high dependency care. Nursing ratio is 4 cots per nurse

The findings of the recent review are summarised below.

Summary of Recommendations :

The final RCPCH report was handed over to NHS England in August 2015, with the following recommendations

1. Transport

There should be an independent, 24hr neonatal transport service. In the short term the Foundation Trusts may need to increase staffing at the Great North Children's Hospital (GNCH) and James Cook University Hospital (JCUH) sites to maintain a safe service.

2. Configuration

a) The GNCH should become a quaternary centre. This decision was based on its size, location, co-located specialties and the vision of its medical /nursing staff.
b) Sunderland – this should be an intensive care unit but one that would look after infants of greater than 26 weeks gestation.
c) Tees area - this should function as a single neonatal intensive care unit sited at the James Cook University Hospital site. The unit at North Tees will continue to operate as a neonatal special care unit.

3. Network
The review makes several suggestions to bolster the role of the Neonatal Network, and to strengthen its effectiveness.

Rationale for the decision on North Tees

Essentially North Tees is too small to justify designation as an LNU (Local Neonatal Unit). Like the GNCH and unlike North Tees, South Tees is recognised as a neonatal Grid training site. The review cites that following as reasons why North Tees should no longer be designated as a NICU :

- *"North Tees is currently the smallest NICU in England by birth-rate*
- *There is insufficient activity even to justify designation of an LNU at this site. There is insufficient complexity and throughput to attract and retain enough specialist medical staff, and consequently the paediatric team would probably be required to take on additional duties of cover for which they may not adequately trained or experienced.*
- *Combining the expertise and capacity of the medical staff to that of the team at JCUH will maintain their skills and interest and facilitate the further development of a first class training and research centre for Teesside."*

Case for change

Specialised Services are defined in Service Specifications which are nationally designated standards of care. The Service Specification for Neonatal Services is clear that :

"There is a growing body of evidence both nationally and internationally that suggests that caring for babies born before 27 weeks and those in other higher risk category groups (e.g. sick, more mature babies requiring prolonged intensive care) should be concentrated in relatively few centres in order to:

- *Ensure that expert and experienced staff treat sufficient numbers of cases to maintain a safe high quality service and move towards the national standards;*
- *Maximise the use of scarce, expensive resources (staff, facilities and equipment).*
- *Organise retrieval services across large enough areas to be effective and economic.*
- *Services and support must be in place for families whose babies are cared for long distances from home."*

The Northern Neonatal Network has accepted this analysis for some time, and several reviews over the last 10+ years have come to the same conclusion that there should only be one NICU on Teesside and recognised that Sunderland was borderline. However, the case for change between Teesside and Tyne & Wear are different. On Teesside there was and remains a concern that North Tees is too small to be sustainable, particularly with regard to on call rotas and recruitment. Although there are concerns about the size of the Sunderland unit, there are more pressing problems with regard to the occupancy levels at the GNCH and whether CHS could help manage short term peak activity levels at the GNCH.

NHS England's position

NHS England commissioned the review from the RCPCH with the agreement of the Neonatal Network and Hospital Trusts to avoid any further prevarication over the configuration of Neonatal Services in the North East.

The RCPCH have not offered any options to the recommendations outlined in the review because *"…the review team were unanimous about this model and felt it would be unhelpful to provide multiple models for the network board to discuss."*

NHS England and the North Neonatal Network are carefully considering their findings and discussing with the four trusts.

If changes are proposed to the way these services are delivered in the future, the views of patients and the public on how they may be affected will be fully taken into account before decisions are made.

Alignment to the CCG Commissioned Services

The proposal was discussed at the CCG Forum on 3 September 2015, the Maternity Network on 7 September 2015, the Maternity and Child Health Steering Group on 16 September 2015, and will be discussed with the Securing Quality in Health Services Programme. The initial feedback from these groups is to approve the recommendations in principle.

NHS England's request of the North East Regional OSC

NHS England seeks the views of the NE Regional OSC on public engagement and/or public consultation on the proposals put forward by the Royal College of Paediatrics and Child Health

- Do the recommendations constitute a significant enough change in service provision to warrant a public consultation?
- If so, should the consultation be a regional consultation or restricted to affected Local Authorities?

Draft Timeline

ACTION		Estimated Date	Position
No.	**Details**		
1	Network to discuss review	22 July 2015	Approved
2	NIC Trusts to advise factual inaccuracies	5 August 2015	Completed
3	Revised and final version of review sent to NHS England	11 August 2015	Completed
4	Update paper submitted to RLG for approval	17 August 2015	Completed
5	Distribution of Review and timing	17 August 2015	Completed
6	Transport proposal from NuTH*	End of Sept.	Continuing
7	Engagement/consultation plan	End October	Continuing
8	Sub-group of Network 1st meeting	8 September 2015	Arranged
9	Meeting between NE&C Team and Regional OSC	1 October 2015	Arranged

Congenital Heart Disease Commissioning & Implementation Programme

NHS England's Congenital Heart Disease Programme: an update

Board Decision

On 23 July 2015 the board of NHS England considered the final report of the new Congenital Heart Disease (CHD) review which described the conclusions of the review, based on the six objectives which were set.

The full report[1] can be found **here** with a video of the NHS England Board meeting **here.**

The board agreed all the recommendations made by the review. Specifically, the board:

- agreed the proposed model of care and service standards and specifications
- agreed the proposals relating to earlier diagnosis and improvements in information
- noted the analysis of the required service capacity
- agreed proposals for commissioning the service and for implementation, including monitoring and management of adherence to the standards

The board's decision brings to a close two years of review and means that the standards and specifications against which NHS England will commission the service from 2016/17 have now been agreed.

New leadership

The board meeting also marks the point where responsibility for the work moves from one part of NHS England to another, and John Holden, who has led the work over the past two years, ceases to be involved. In his place the programme has a new senior responsible officer (SRO), Will Huxter. Will has been involved with the work on CHD for some time, as part of the previous programme board, and so is well placed to take over. He has a wealth of experience from existing and previous roles, and is currently the Regional Director of Specialised Commissioning (London), and Chair of the Women & Children's Programme of Care Board. Prior to joining NHS England in June 2014, Will worked in a range of commissioning roles within the NHS, and for five years at an NHS Trust. He has also spent eight years working in the voluntary sector.

[1] Please note: The full pack, with appendices, runs to over 300 pages. The main board paper, which is the first item in the pack, is a more manageable 30 pages.

Continuity is also provided by Michael Wilson who remains the Programme Director and is supported by his team.

New programme

NHS England has now established a new programme - the CHD Commissioning and Implementation Programme - to implement its board's decision. We are a commissioning organisation so commissioning will be our main tool to achieve this.

A new programme board has been established which officially received handover from the review at its first meeting on 9 September 2015. As before the programme board's papers will be published on the NHS England website.

The programme board reports to NHS England's Specialised Commissioning Oversight Group (SCOG) and board level oversight is provided by the Specialised Commissioning Committee (SCC).

Continued commitment to communication and engagement

We expect to continue our very active programme of engagement with a wide range of stakeholders including patients and their representatives, clinicians, the organisations providing CHD care, local government and Healthwatch, MPs and members of the House of Lords.

We will continue to communicate with stakeholders through a regular blog, now written by Will Huxter. The contact details to reach the programme team still remain the same: england.congenitalheart@nhs.net.Those who have opted to receive blog updates will continue to receive notifications from this mail box.

Working with hospitals

Clinicians and hospital managers have been considering how their CHD services might work together in future as networks, to deliver the new standards. Chris Hopson, CEO of NHS Providers, has facilitated a number of discussions for this group. That work is continuing, and in October NHS England will be taking stock of progress by asking for submissions describing the emerging proposals. This process will inform NHS England's thinking about the appropriate commissioning process. We will feedback to providers later in November 2015.