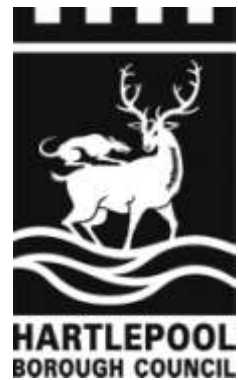


# AUDIT AND GOVERNANCE COMMITTEE AGENDA



Thursday 3 March 2016

10.00 am

**Committee Room B, Civic Centre, Hartlepool**

## MEMBERS AUDIT AND GOVERNANCE COMMITTEE:

Councillors Ainslie, S Akers-Belcher, Belcher, Cook, Lawton and Martin-Wells.

Standards Co-opted Members; Mr Norman Rollo and Ms Clare Wilson.

Parish Council Representatives: Parish Councillor J Cambridge (Headland) and Parish Councillor B Walker (Greatham).

### 1. **APOLOGIES FOR ABSENCE**

### 2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

### 3. **MINUTES**

3.1 To confirm the minutes of the meeting held on 11 February 2016.

### 4. **AUDIT ITEMS**

No items

### 5. **STANDARDS ITEMS**

No items

### 6. **STATUTORY SCRUTINY ITEMS**

Health Scrutiny

6.1 North East Ambulance Service NHS Foundation Trust - Quality Account 2016/17:

(a) Covering Report - *Scrutiny Manager*



- (b) Presentation - Assistant Director of Communications and Engagement and Associate Director of Strategy and Performance, NEAS

6.2 Tees Esk and Wear Valleys NHS Foundation Trust - Quality Account 2016/17:

- (a) Covering Report - Scrutiny Manager
- (b) Presentation - Director of Planning, Business Development and Performance and Director of Nursing, TEWV

6.3 Integrated Urgent Care Services (IUCS) – *Associate Director Commissioning and Delivery, NHS Hartlepool and Stockton on Tees Clinical Commissioning Group*

6.4 Better Health Programme (Formerly Securing Quality in Health Services (SEQIHS)) - *Scrutiny Manager*

7. **MINUTES FROM THE RECENT MEETING OF THE HEALTH AND WELLBEING BOARD**

No items

8. **MINUTES FROM THE RECENT MEETING OF THE FINANCE AND POLICY COMMITTEE RELATING TO PUBLIC HEALTH**

No items

9. **MINUTES FROM RECENT MEETING OF TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE**

No items

10. **MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP**

No items

11. **REGIONAL HEALTH SCRUTINY UPDATE**

No items

12. **ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT**

**ITEMS FOR INFORMATION**

Date of next meeting – Thursday 17 March, 2016 at 10.00 am in the Civic Centre, Hartlepool



# **AUDIT AND GOVERNANCE COMMITTEE**

## **MINUTES AND DECISION RECORD**

### **11 February 2016**

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

**Present:**

Councillor: Ray Martin-Wells (In the Chair)

Councillors: Jim Ainslie, Rob Cook and Trisha Lawton

In accordance with Council Procedure Rule 5.2 (ii), Councillor Paul Beck was in attendance as substitute for Councillor Sandra Belcher

Standards Co-opted Members:  
Norman Rollo and Clare Wilson

Parish Council Representatives:  
John Cambridge (Headland)

Also Present: Councillors Alan Clark and Jim Lindridge  
Karen Hawkins - Hartlepool and Stockton Clinical  
Commissioning Group  
Barbara Carr, Keith Weldon and Julie Lane – Hartlepool and  
North Tees NHS Foundation Trust  
Edmund Lovell, North of England Commissioning Support Unit

Officers: Joan Stevens, Scrutiny Manager  
Angela Armstrong, Principal Democratic Services Officer

### **107. Apologies for Absence**

Apologies for absence were received from Councillor Sandra Belcher and Parish Council Representative Brian Walker.

### **108. Declarations of Interest**

None.

### **109. Minutes of the meeting held on 28 January 2016**

Confirmed.

## **110. North Tees and Hartlepool NHS Foundation Trust – Quality Account** (*Scrutiny Manager/North Tees and Hartlepool NHS Foundation Trust*)

Representatives from North Tees and Hartlepool NHS Foundation Trust presented the main outcomes from the Trust's 2014/15 Quality Account and identified the key priorities for 2015/16.

An update on the new indicator for Mortality was provided including the care coding culture and the national measures of SHMI (Summary Hospital-level Mortality Indicator) and HSMR (Hospital Standardized Mortality Ratio). The HSMR and SHMI values were above the national average but more investigative work was being undertaken to identify why, with a view to reduce these. Further detailed performance information was provided for Dementia, Safeguarding Adults, Nursing and Midwifery and Care for the Dying Patient.

In addition, an outline was presented of the results of surveys undertaken with friends and family of in-patients, emergency care and maternity services. It was noted that a number of consultation events were taking place with the finalised version of the 2015/16 Quality Accounts to be published in June 2016.

There was concern expressed by Members at the higher than national average mortality rates and reassurance was sought that this was being explored further. A representative from the Trust indicated that the actual number of deaths in North Tees and Hartlepool hospitals was reducing and was getting closer to the national mean number. Clarification was also provided that there had been a number of issues around the documentation and recording of data used in the calculations but Members were reassured that there was a lot of work being undertaken to look at good practice and how things could be improved as well as improving the recording of information more appropriately.

A Member referred to the high standards of care that used to be provided within Ward 9 at the University Hospital of Hartlepool. A representative from the Trust confirmed that the staff from Ward 9 continued to provide an excellent service at North Tees Hospital.

The representatives from the Trust provided further detailed clarification on a number of issues raised during the discussions that followed. In response to a question from a Member, the Trust representatives indicated that national figures on mortality rates that compare to other Trusts with similar catchment areas will be provided to Members. Upon receipt of this information, the Chair indicated the Committee will provide a finalised response to the Quality Accounts.

There were concerns expressed that women were being influenced to have their babies at North Tees Hospital which was consultant-led rather than

Hartlepool Hospital which was midwifery-led. A representative from the Trust was disappointed to hear that and reassured Members that the choice of where to give birth was with the prospective parents, subject to clinical advice, and added that she would look into that to ensure women were given all the information to ensure they made an informed choice.

A discussion ensued on the excellent work being undertaken to support patients with dementia and a representative from the Trust confirmed that there were Dementia Support Teams working out of the Hospital but within communities to ensure patients were discharged safely along with the full support of local pharmacists to manage any medication requirements.

Members were reminded that a further report to consider the outcome of the Care Quality Commission inspection of North Tees and Hartlepool NHS Foundation would include further detail and be submitted to the Committee in March for Members' consideration.

A member of the public questioned the implementation of the Friends and Family questionnaires. A representative from the Trust confirmed that all patients/friends or family of patients discharged from hospital should be given a questionnaire as part of their individual discharge package. A lengthy discussion ensued on the practicalities of distributing and retrieving completed questionnaires. It was suggested that this should be monitored more rigorously to ensure that feedback was received from the majority of patients/friends or family and explored further where feedback was not received. A Member requested a breakdown of friends and family questionnaires on a ward by ward basis to determine if there were any ward specific issues.

A Member sought clarification on the staff surveys undertaken and questioned staff morale. A representative from the Trust indicated that staff were surveyed regularly as well as the implementation of staff focus groups for specific issues. The surveys undertaken were anonymous therefore it was not always easy to identify the specific issues, however the Trust were very open to listen to staff and undertook significant engagement with all Trust employees.

### **Recommended**

- (i) That comparison information be circulated to Members with Trusts of a similar catchment size on the HSMR and SHMI rates.
- (ii) That a ward by ward breakdown be circulated to Members on the results of the Friends and Family surveys undertaken.
- (iii) That once this information had been circulated to Members, that delegated authority be given to the Chair to formulate a response to the Quality Accounts based on the discussions above and the information circulated.

### **111. Update Presentation – NHS Better Health Programme (SeQHHS)** *(Better Health Programme Lead Officer)*

A representative from North of England Commissioning Support (NECS) gave a detailed and comprehensive presentation to the Committee on the progress of the Better Health Programme. It was noted that in Hartlepool, the Better Health Programme would take into account the developing integrated Local Health and Social Care Plan. An outline of the clinical case for change was provided and it was highlighted that around 100 clinicians were looking at future models for the provision of health services to meet clinical standards, networking across local hospitals to ensure safe high quality care and maintain local access.

In summary, Members were informed that the aim of the Programme was to improve the quality of care, match clinical resources to meet the needs of the population and ensure the right services were provided in the right place.

The Chair highlighted that NHS England were proposing to downgrade neonatal services provision at North Tees Hospital and it had been suggested that this may be implemented prior to the conclusion and implementation of the Better Health Programme. The representative from NECS confirmed that all partners, including the NHS England proposals would be aligned to the Better Health Programme and this would only be reviewed should clinical safety grounds be identified and would be with the full involvement of the North East Joint Health Scrutiny Committee.

A Member referred to a personal experience and commented that transferring patients to a location where specialist treatment was available was totally understandable. However, Members expressed their ongoing disappointment to see a first class hospital such as the University Hospital of Hartlepool, including seven fully equipped theatres, suffer from an ongoing reduction in service provision. The representative from NECS indicated that one of the key issues to be considered by the provider of health services was, would patients prefer to see a clinician who undertook a particular specialist service once or twice a year, or a clinician who undertook that particular specialist service 20 times a year. Whilst it was acknowledged that an excellent service was provided at James Cook University Hospital, it was also recognised that the car parking arrangements at that Hospital were very frustrating and frequently resulted in patients being late for appointments due to being unable to find a parking space.

The Chair commented that it was interesting to note that whilst the £25m refurbishment was being undertaken at North Tees Hospital, many areas within the University Hospital of Hartlepool, in particular the seven operating theatres, would be utilised whilst North Tees was out of action and this was an issue that would be raised with the senior representatives from the Trust when the opportunity arose. However, the Chair added that a priority must

be to provide at the very least, an emergency/urgent care centre within Hartlepool to serve local residents.

In response to clarification sought by a Member on how specialist staff could be recruited and retained at the University Hospital of Hartlepool when services were being reduced, the representative from NECS that it was difficult to retain specialist, young and ambitious doctors when there were opportunities within larger specialist hospitals such as at Newcastle, Leeds etc. However, the main issue was to ensure local health services were effective and provided from within a model of care that attracted people with the right skills mix which was a huge challenge for any smaller hospitals.

A discussion ensued on the consultation to be undertaken with the public and the representative from NECS confirmed that all feedback and comments received from the consultation will be considered but the ultimate aim was to ensure that safe and effective health services were provided for the people of Hartlepool.

Members were reminded that the Audit and Governance Committee that was adjourned on 5 February will be reconvened towards the end of February and information will be circulated to Members once this was finalised.

The Scrutiny Manager confirmed that any consultation events undertaken as part of the Better Health Programme will be circulated to Members and promoted publicly to ensure the continued involvement in the consultation process through Overview and Scrutiny as well as the potential to establish a Joint Committee to consider the Better Health Programme in more detail.

### **Recommended**

The update provided was noted.

## **112. Youth Justice Strategic Plan 2016-2017** (*Director of Child and Adult Services*)

Members were informed that this report would be deferred to a future meeting of this Committee in the new municipal year.

### **Recommended**

That this report be deferred to a future meeting of this Committee in the new municipal year.

**113. Community Safety Plan 2014-2017 (Year 3)** *(Director of Regeneration and Neighbourhoods)*

The Head of Community Safety and Engagement presented the report which provided the background to the production of the Community Safety Plan and outlined the proposed annual priorities for 2016-17.

**Recommended**

The Community Safety Plan (Year 3) and associated priorities were noted.

**114. Six Monthly Monitoring of Scrutiny Recommendations** *(Scrutiny Manager)*

The report provided an outline of the progress made against the investigations undertaken by the Committee which highlighted that 92% had been completed with 8% in progress to complete.

**Recommended**

The progress made against the agreed recommendations was noted.

**115. Minutes of the Health and Wellbeing Board held on 30 November 2015**

Received.

**116. Minutes of the meeting of the Safer Hartlepool Partnership held on 20 November 2015**

Received.

**117. Any Other Items which the Chairman Considers are Urgent – Adjourned Audit and Governance Committee – 5 February 2016**

Members were reminded that the adjourned meeting of the Audit and Governance Committee held on 5 February 2016 would be reconvened towards the end of February. Further details will be circulated once this has been confirmed and it was hoped that senior representatives from North Tees and Hartlepool NHS Foundation Trust would be in attendance on this occasion.

The meeting concluded at 12.15 pm

CHAIR



## **AUDIT AND GOVERNANCE COMMITTEE**

3 March 2016



**Report of:** SCRUTINY MANAGER

**Subject:** NORTH EAST AMBULANCE SERVICE NHS  
FOUNDATION TRUST – QUALITY ACCOUNT  
2016/17 – COVERING REPORT

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### **1. PURPOSE OF REPORT**

1.1 To:

- i) Introduce representatives from the North East Ambulance Service NHS Foundation Trust who will be in attendance at today's meeting to assist and inform discussions in relation to the Trust's Quality Accounts for 2016/17; and
- ii) Seek views / comments from the Audit and Governance Committee on the Quality Accounts to be included within the third party declaration being prepared by the North East Joint Health Scrutiny Committee.

### **2. BACKGROUND INFORMATION**

- 2.1 The Health Act 2009 (Part 1/Chapter 2/Section 8) requires that all providers of NHS healthcare services produce an annual Quality Account, containing prescribed information relevant to the quality of the services they provide.
- 2.2 As part of the process for the development of these accounts, there is a legal requirement to involve Overview and Scrutiny Committees from each local authority in the formulation, and submission, of third party declarations. The North East Ambulance Service NHS Foundation Trust's Quality Accounts have been considered annually by the North East Joint Health Scrutiny Committee, as the Joint Committee covers a large proportion of the population served by the Trust. The North East Joint Health Scrutiny Committee, at a future meeting will be receiving a presentation from the North East Ambulance Service regarding their Quality Accounts. Following the presentation, the Committee will utilise comments and views from the Joint Committee and individual scrutiny committees across the region to formulate the Joint Committee's third party declaration.

- 2.3 A presentation will be given at today's meeting by representatives from the North East Ambulance Service NHS Foundation Trust. The representatives present at today's meeting will be available to provide clarification and assistance, as required, and in considering the information provided, the Committee is asked to formulate views and comments which will be utilised in conjunction with the draft version of the Quality Accounts (2016/17), timetabled for April 2016, to be included within the third party declaration being prepared by the North East Joint Health Scrutiny Committee.
- 2.5 Given the timescale for the development and submission of the declaration, following today's presentation approval is sought for the finalisation of the Committee's views and comments to be delegated to the Chair of the Committee in consultation with the Scrutiny Manager.

### **3. RECOMMENDATIONS**

- 3.1 That the Audit and Governance Committee:-
- (i) Consider the presentation, seeking clarification on any issues from the representatives from the North East Ambulance Service NHS Foundation Trust present at today's meeting;
  - (ii) Formulate views and comments on the information presented at today's meeting, which will be included within the third party declaration being prepared by the North East Joint Health Scrutiny Committee; and
  - (iii) Delegate finalisation of the views and comments to the Chair of the Committee in consultation with the Scrutiny Manager.

**Contact Officer:-** Joan Stevens – Statutory Scrutiny Officer  
Chief Executive's Department – Legal Services  
Hartlepool Borough Council  
Tel: 01429 284142  
Email: joan.stevens@hartlepool.gov.uk

### **BACKGROUND PAPERS**

No background papers were used in the preparation of this report.

## AUDIT AND GOVERNANCE COMMITTEE

3 March 2016



**Report of:** Scrutiny Manager

**Subject:** TEES, ESK AND WEAR VALLEYS NHS  
FOUNDATION TRUST – QUALITY ACCOUNT  
2016/17 – COVERING REPORT

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### 1. PURPOSE OF REPORT

1.1 To:

- i) Introduce representatives from Tees, Esk and Wear Valleys NHS Foundation Trust who will be in attendance at today's meeting to assist and inform discussions in relation to the Trust's Quality Accounts for 2016/17; and
- ii) Seek views / comments from the Committee on the Quality Accounts to be included within the third party declaration being prepared by the Tees Valley Joint Health Scrutiny Committee.

### 2. BACKGROUND INFORMATION

- 2.1 The Health Act 2009 (Part 1/Chapter 2/Section 8) requires that all providers of NHS healthcare services produce an annual Quality Account, containing prescribed information relevant to the quality of the services they provide.
- 2.2 As part of the process for the development of these accounts, there is a legal requirement to involve Overview and Scrutiny Committees from each local authority in the formulation, and submission, of third party declarations. The Tees, Esk and Wear Valleys NHS Foundation Trust's Quality Accounts have been considered annually by the Tees Valley Joint Health Scrutiny Committee, as the Joint Committee covers a large proportion of the population served by the Trust. Last year, each of the Tees Valley Local Authorities contributed to the preparation of the Joint Committee's third party declaration.

- 2.3 A presentation will be given at today's meeting by representatives from Tees, Esk and Wear Valleys NHS Foundation Trust. The representatives present at today's meeting will be available to provide clarification and assistance, as required, and in considering the information provided, the Committee is asked to formulate views and comments which will be utilised in conjunction with the draft version of the Quality Accounts (2016/17), timetabled for April 2016, to be included within the third party declaration being prepared by the Tees Valley Joint Health Scrutiny Committee.
- 2.5 Given the timescale for the development and submission of the declaration, following today's presentation approval is sought for the finalisation of the Committee's views and comments to be delegated to the Chair of the Committee in consultation with the Scrutiny Manager.

### **3. RECOMMENDATIONS**

- 3.1 That the Audit and Governance Committee:-
- (i) Consider the presentation, seeking clarification on any issues from the representatives from Tees, Esk and Wear Valleys NHS Foundation Trust present at today's meeting;
  - (ii) Formulate views and comments on the information presented at today's meeting, which will be included within the third party declaration being prepared by the Tees Valley Joint Health Scrutiny Committee; and
  - (iii) Delegate finalisation of the views and comments to the Chair of the Committee in consultation with the Scrutiny Manager.

**Contact Officer:-** Joan Stevens – Statutory Scrutiny Officer  
Chief Executive's Department – Legal Services  
Hartlepool Borough Council  
Tel: 01429 284142  
Email: joan.stevens@hartlepool.gov.uk

### **BACKGROUND PAPERS**

No background papers were used in the preparation of this report.

# AUDIT AND GOVERNANCE COMMITTEE

3<sup>rd</sup> March 2016



**Report of:** Associate Director Commissioning & Delivery, NHS  
Hartlepool and Stockton-on-Tees Clinical  
Commissioning Group

**Subject:** INTEGRATED URGENT CARE SERVICES (IUCS)

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## 1. PURPOSE OF REPORT

- 1.1 The purpose of this paper is to provide the Audit and Governance Committee members with an update on NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) development of an Integrated Urgent Care Service (IUCS) and an outline of next steps.

## 2. BACKGROUND

- 2.1 As outlined in previous meetings of the Audit and Governance Committee and Health and Wellbeing Board the intention was to commence a new contract for an IUCS in October 2016. To ensure delivery of this timeframe, the CCG would have been required to commence the procurement exercise on 5<sup>th</sup> January 2016 in order to meet the agreed procurement timetable and offer time for service mobilisation.
- 2.2 The CCG was required, following receipt of correspondence from NHS England (NHSE) in June of 2015 (Gateway 03568), to 'pause' any procurement in relation to urgent care services. This was to allow receipt of the publication of the NHSE Commissioning Standards for Integrated Urgent Care which would outline the expected standards to be delivered in any new model of care. It was therefore expected that changes would be required to specifications in response to the publication to any procurements underway or in development.
- 2.3 Whilst awaiting the publication of the commissioning standards the CCG identified a number of additional developments described in section 3 that would impact on the original procurement timescales and which posed a risk to the CCG progressing within the timescale to commence procurement on the 5<sup>th</sup> January 2016.
- 2.4 Following receipt of the standards and upon identification of the number of developments outlined in section 3 the CCG Governing Body determined a

required extension of timescales for procurement was required. The impact of this decision being that the IUCS will now commence in April 2017, six months later than originally intended.

### 3. PROPOSALS

Outlined below are factors that have been considered by the CCG Governing Body in relation to the extension of the procurement timescales:

#### Commissioning Standards

- 3.1 The CCG received the Commissioning Standards on 15<sup>th</sup> October 2015 and undertook a gap analysis to ascertain what impact the standards would have on the specification already developed.
- 3.2 This impact assessment identified the need to revise the service specification, financial model, quality outcomes and activity assumptions made previously.

#### Vanguard

- 3.3 The CCGs across the North East have been successful in being awarded accelerator site status to be a vanguard to deliver regionally the national recommendations of the Urgent and Emergency Care review. The CCG are impact assessing the schemes that are proposed for the vanguard to be progressed to ensure that they are aligned with local urgent care plans.
- 3.4 The timescales for submission of the value proposition bid for the 16/17 vanguard schemes to NHSE is not expected to be complete until February therefore the CCG would be unable to consider the impact of the regional vanguard within the current procurement timescales.
- 3.5 Further work will be required in order to determine what the impact of the vanguard model will have on the specification/model of care locally. This will not be clear until mid-February when the outcome of the 16/17 value proposition is shared and understood.
- 3.6 It is likely that upon reviewing the vanguard there may be a requirement to revise the current service specification, financial model, quality outcomes and activity assumptions.

#### Hartlepool Plan

- 3.7 The development of a community Health and Social Care Plan for Hartlepool is underway; the CCG have ensured stakeholder, patient and public feedback will be incorporated in the new model of IUCS where appropriate. The public meeting was held on 14th January 2016 in relation to urgent care, therefore procuring within the original timescales would not have enabled

any findings from the meeting to be considered and where appropriate incorporated within the IUCS model.

#### Collaboration with other CCGs

- 3.8 The CCG is required by NHSE to widen the unit of planning footprint to ensure a strategic approach to transformational change. The CCG is therefore expected to collaborate on a wider footprint.
- 3.9 Discussions have commenced with neighboring CCGs who are also considering their urgent care models following receipt of the commissioning standards.
- 3.10 The CCG will therefore be required to work collaboratively with other commissioners (South Tees CCG/DDES CCG) to determine any commonalities and efficiencies that could be delivered in working in partnership to procure on a wider footprint. This will be determined during February.

#### Workforce implications

- 3.11 The CCG currently commission's the GP Out of Hours service (GP OOH) with South Tees CCG. There is a need to ensure alignment of commissioning timescales as by commissioning a new service at a differing timescale to that of South Tees CCG, this would pose a risk on the current workforce with the potential of destabilizing the wider service in light of the local and national shortage of GPs to fulfill additional OOH roles.
- 3.12 The BMA general practitioners committee (GPC) and NHS Employers on behalf of NHS England are currently in the process of negotiating GP contracts which we expect will not be concluded until February or March 2016. The implications of this may be the consideration of a change to existing core services which would need to be considered as any change may then impact upon the specification and financial assumptions for the new IUCS model of delivery.

#### NHS England Dental Review

- 3.13 NHS England is currently undertaking a review of "urgent" dental provision, which is due to span a staged approach over three years. Discussions are therefore being undertaken with NHSE to determine the impact of initial findings of the review on the IUCS model in the short term for the specification, activity assumptions and finances.

#### NHS Planning Guidance

- 3.14 In order to advise on the delivery of the NHS Five Year Forward View, NHS planning guidance for 2016/17 – 2020/21 was received on 22nd December 2015 and will need to be reviewed and impact assessed by the CCG in order

to determine any changes that may be required to our current specification/model of care.

#### **4. SUMMARY**

- 4.1 Due to all of the factors outlined above, a paper was presented to the CCG Governing Body recommending an extension to the original procurement timeframe. The extension was sought to ensure that the CCG had duly considered the appropriate risks of the factors outlined and had the timeframe in which to make any amendments to the procurement documents where any changes may be required.
- 4.2 The intention is still to undertake a procurement for an IUCS during 2016/17, it is now not expected that the new service will commence until 1<sup>st</sup> April 2017, adding an additional six months to the original procurement timeframe.

#### **5. RECOMMENDATIONS**

- 5.1 Audit and Governance Committee Members are requested to note the update.

#### **6. REASONS FOR RECOMMENDATIONS**

- 6.1 To ensure that Audit and Governance Committee members are kept appraised of progress and actions undertaken in order to deliver our agreed joint vision.

#### **7. CONTACT OFFICER**

Karen Hawkins  
Associate Director of Commissioning and Delivery  
NHS Hartlepool and Stockton-on-Tees CCG  
01642 745126



# AUDIT AND GOVERNANCE COMMITTEE

3 March 2016



**Report of:** Scrutiny Manager

**Subject:** BETTER HEALTH PROGRAMME (FORMERLY  
SECURING QUALITY IN HEALTH SERVICES  
(SEQIHS))

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## 1. PURPOSE OF REPORT

### 1.1 To:

- i) Consider background information regarding the Better Health Programme (formerly known as the Securing Quality in Health Services (SeQIHS)), which includes an indicative timeframe for statutory public consultation.
- ii) Outline suggested proposals for the establishment of 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.

## 2. BACKGROUND INFORMATION

- 2.1 The Audit and Governance Committee at its meeting on the 11 February 2016, received an update in respect of the Better Health Programme, the background to which is as outlined below.

### **Securing Quality in Health Services (SeQIHS)**

- 2.2 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. 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.
- 2.3 In the next ten years acute care for people will come under pressure that will challenge the capacity of acute care services, including:

- The changing health needs of the people, including an ageing population;
- Rising numbers of people with long-term conditions;
- Lifestyle risk factors in young people;
- Greater public expectations of NHS provision.
- Financial considerations, including the costs of new treatments, rising patient numbers, and finite budgets.

2.4 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. 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.

### **Better Health Programme**

2.5 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:

- We improve results for patients;
- Care is of the same high standard wherever, and whenever it is provided;
- Services have the resources to be sustainable for the next 10 -15 years;
- We can provide services across 7 days a week where necessary;
- We make services easier for patients to understand and use;
- We improve life expectancy and quality of life for everyone in Darlington, Durham and Tees.

2.6 The programme aims to continue improving the services available in Darlington, Durham and Tees but in doing so, key challenges have been identified including:

- The changing health needs of local people;
- Meeting recommended clinical standards;
- Availability of highly trained and skilled staff;
- High quality seven-day services;
- Providing care closer to home;
- Making the best use of our money.

2.7 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:

- Acute Medicine
- Acute Surgery
- Accident and Emergency
- Critical Care
- Acute Paediatrics, Maternity and Neonatology (services for very small babies)

- Interventional radiology
- 2.8 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.
- 2.9 Clinicians are agreeing a set of clinical standards for these services. These include standards recommended by national experts, for example:
- London Quality Standards
  - Royal College of Obstetricians and Gynaecologists
  - Royal College of Physicians
  - Royal College of Paediatrics and Child Health
  - Royal College of Emergency Medicine
  - National Confidential Enquiry into Patient Outcome and Death
  - The National Institute for Health and Care Excellence (NICE)
- 2.10 Clinical standards cover issues like:
- Availability of consultant staff
  - Staffing levels and availability during the day and at night or weekends
  - Numbers of patients who should be seen and treated by a service to make sure skill levels are maintained
  - Use of best practice and recommended treatments
  - Access to diagnostic tests, where required
  - Timescales for assessment by a senior clinician

### **3. BETTER HEALTH PROGRAMME TIMELINE FOR 2016**

- 3.1 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.

### **4. PROVISIONS FOR CONSULTATION AND ENGAGEMENT WITH OVERVIEW AND SCRUTINY COMMITTEES**

- 4.1 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.

- 4.2 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.
- 4.3 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.
- 4.4 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.

## **5. ESTABLISHMENT OF A JOINT HEALTH SCRUTINY COMMITTEE**

- 5.1 The establishment of a Joint Health Scrutiny Committee is being proposed, consisting of representatives from Darlington Borough Council, Durham County Council, Hartlepool Borough Council, Middlesbrough Borough Council, Redcar and Cleveland Borough Council and Stockton-upon-Tees Borough Council. 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.
- 5.2 Accordingly, it will be for the Council’s Audit and Governance Committee to provide information and representations into the Joint Committee in respect of the consultation as it impacts upon the residents of County Durham to its nominated representatives.
- 5.3 A protocol and terms of reference would be 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.

## **6. RECOMMENDATIONS**

6.1 The Audit and Governance Committee is recommended to:-

- (a) Receive and comment upon the information detailed within the report and accompanying presentation in respect of the Better Health Programme;
- (b) Agree in principle with the establishment of a joint Health Overview and Scrutiny Committee under the terms of the Health and Social Care Act 2012 as set out in this report;
- (c) Agree to a further report coming back to the Audit and Governance Committee detailing the proposed protocol, Terms of Reference and membership of the Joint Health Scrutiny Committee that will be set up to scrutinise the Better Health Programme and associated consultation and engagement plans.

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## **BACKGROUND PAPERS**

Better Health Programme Stakeholder event information - 27 January 2016  
Reports and Minutes from the Audit and Governance Committee - 11 September 2016