

North Tyneside Council

Report to Council

Date: 23 March 2017

ITEM 7

Title: Response to the Council motion on reduction of NHS services and implication of the STP in North Tyneside

Portfolio(s): Adult Social Care Public Health, Health and Wellbeing	Cabinet Member(s): Councillor Alison Waggott Fairley Councillor Margaret Hall
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Report from Service

Area: Health, Education, Care and Safeguarding

Responsible Officers: Jacqui Old, Head of Health Education. Care and Safeguarding Tel: (0191) 6437371
Wendy Burke, Director of Public Health Tel: (0191) 6432104

Wards affected: All

PART 1

1.1 Executive Summary:

- 1.1.1** Council accepted a Motion at its meeting on 19th January 2017 with regard to seeking a review of the current plans for the NHS in North Tyneside and in particular understanding the impact of the Northumberland, Tyne and Wear and North Durham (NTWND) Sustainability and Transformation Plan (STP) for North Tyneside.
- 1.1.2** The motion signed by Councillors John O’Shea, Andy Newman, and Martin Rankin stated: “Residents are concerned at the reduction in NHS services in the Borough and the outcome of the Sustainability and Transformation Plan. The Council requests the Mayor and Cabinet to consider conducting an urgent review on the reduction in NHS services and the implications of the STP on North Tyneside. The outcome of the review to be reported to the next ordinary council meeting.”
- 1.1.3** The NHS describes STPs as being developed to ensure that health and care services are based upon the needs of local populations in order to support successful implementation of the NHS Five Year Forward View (5YFV). STPs are intended to bring together key players across Clinical Commissioning Groups (CCGs), Foundation Trusts, local authorities and other health and care service providers organised as STP ‘footprints’.
- 1.1.4** North Tyneside CCG is required to develop a two year operational plan consistent with the local STP and the 5YFV, delivering core access and quality standards for patients and restoring and maintaining financial balance.
- 1.1.5** The review has been led by Wendy Burke Director of Public Health and involved Senior Managers in Adult Social Care (Haley Hudson, Eleanor Binks and Kevin Allan), the Interim Chief Operating Officer of North Tyneside CCG John Wickes and members of

North Tyneside's Health and Wellbeing Board including the Chair and Vice Chair Councillor Margaret Hall and Councillor Alison Waggott Fairley. It has also drawn on national guidance and wider discussions across the region and North East Combined Authority Area.

1.1.6 The outcome of the review concluded that:

- There have been a number of changes in NHS services in North Tyneside
- There are examples of where NHS services have been reduced and will be reduced further in the coming year, the impact upon residents is not fully understood
- The process of developing STPs has raised concern nationally
- More locally the process of developing the NTSW plan raised concerns around engagement with Local Authorities
- There is no assurance currently that the plans will deliver the necessary changes to address the gaps identified
- The priorities identified in current CCG operational plan could go further in addressing the wider prevention and early intervention aspects of the STP
- The detailed CCG operational plan should be shared with the Health and Wellbeing Board
- There is concern about the financial impact of the plans on the Authority.

1.1.7 The report compiled following the review was referred to Cabinet on 13th March 2017. Cabinet noted the contents of report and agreed to authorise the Head of Health, Education, Care and Safeguarding and the Chair of the Health and Wellbeing Board to seek more detail on the plans for the NHS and monitor the progress of the STP in North Tyneside on behalf of Cabinet, and where there is likely to be any significant impact for the Borough or the Authority to report back to Cabinet.

1.2 Recommendation(s):

It is recommended that Council:

- (1) notes the content of the report; and
- (2) notes that the report was also referred to Cabinet on 13th March 2017 and Cabinet agreed to authorise the Head of Health, Education, Care and Safeguarding and the Chair of the Health and Wellbeing Board to seek more detail on the plans for the NHS and monitor the progress of the STP in North Tyneside on behalf of Cabinet, and where there is likely to be any significant impact for the Borough or the Authority to report back to Cabinet.

1.3 Forward Plan:

Twenty eight days notice of this report has been given and it first appeared on the Forward Plan that was published on 27th February 2017.

1.4 Council Plan and Policy Framework

This report relates to the following priorities in the 2014/18 Our North Tyneside Plan:

- Our people will be ready for school - giving our children and their families the best start in life
- Our people will be ready for work and life, with the skills and abilities to achieve their full potential
- Our people will be healthy and well - with the information, skills and opportunities to maintain and improve their health, wellbeing and independence.
- Our People are cared for and kept safe if they become vulnerable.

1.5 Information:

1.5.1 Changes in NHS Services in North Tyneside

1.5.2 North Tyneside CCG has faced some significant challenges in the last two years. Last year the CCG was rated as 'Inadequate' by NHS England due to failure to meet its financial commitments and was placed into special measures in July 2016. On 25 August 2016 the CCG received legal directions from NHS England which included the requirement to refresh its Financial Recovery Plan (FRP) to achieve a financial control deficit of £19m; to fulfil the agreed actions arising from a capability and capacity review and to undertake a review of management arrangements. The CCG announced in January 2017 that NHS England had decided to remove it from the special measures. The decision recognised the good progress made in the financial recovery plan, and in strengthening management capacity and governance. It was also announced that North Tyneside CCG would share key senior posts with Newcastle Gateshead CCG, and the current Chief Officer and Chief Finance Officer of Newcastle Gateshead CCG have been formally appointed in North Tyneside.

1.5.3 A number of NHS service changes in North Tyneside have been implemented in the last two years and the changes reflect the priorities described in North Tyneside CCG's plans and have contributed to the improvement in the CCG's financial position. Key changes are set out below.

1.5.4 Urgent and Emergency care

The CCG developed an Urgent Care and Emergency Care Strategy 2014-2019 which set out a strategic vision for the development of North Tyneside's urgent and emergency care system for the next five years. The stated aim was 'to develop a successful and long-lasting model of care which supports self-care; helps people with urgent care needs to get the right advice or treatment in the right place, first time; provides a highly responsive urgent care service outside of hospital, so people no longer choose to queue in A&E; and ensures people are treated in specialty centres'. Northumbria's Specialist Emergency Care Hospital (NSECH), a specialised purpose built Emergency Centre, opened at Cramlington in June 2015, for patients with serious or life threatening emergency care needs. This resulted in the Accident and Emergency Department at North Tyneside General Hospital (Rake Lane) closing and the provision of an Urgent Care Centre on the site, for patients with urgent but non-life threatening needs, alongside two other urgent care centres in the borough.

Significant winter pressures have been reported by the NHS 2016/17 both nationally and locally. With increased pressure on waiting time at NSECH, Northumbria Healthcare Foundation Trust announced in November 2016 that the service at the Urgent Care Centre at North Tyneside Hospital would be reduced from 24 hours a day, to 8am to

midnight, seven days a week so that additional support could be provided to NSECH. This arrangement will continue until the end of March 2017.

In addition the CCG is currently in the process of procuring a new single-site Urgent Care Centre for North Tyneside to replace three existing facilities at North Tyneside General Hospital, Shiremoor Paediatric Minor Injuries Unit and Battle Hill Walk-In Centre. The new service will operate 24 hours 7 days per week, will reduce the fragmentation and duplication of services, enable integration with GP Out Of Hours Services and save money.

There remains confusion about the terminology of urgent and emergency care for patients and a resultant lack of understanding about how and where to access the right level of care.

1.5.5 Maternity care

Following public consultation by the CCG in 2014 on the future arrangements for maternity care in North Tyneside, the midwife led maternity unit at North Tyneside General Hospital closed in June 2015 and a new consultant and midwife led unit opened at the NSECH.

1.5.6 Avoidance of unnecessary hospital care

The CCG has invested in more effective ways of looking after people in their homes or in the community. In particular, the CCG has focused on services for people who are near the end of their life, living in a nursing home, or who are living with severe to moderate frailty and with more than one long-term condition. By bringing health services to vulnerable people proactively, more 'crises' are avoided which might otherwise result in an emergency hospital admission.

1.5.7 Intermediate care

In December 2016 The Cedars, a 30-bedded intermediate care and rehabilitation facility operated by the Local Authority and funded by the CCG through the Better Care Fund, was closed. The Cedars was built in the 1950s and was last refurbished in 1995. The layout of the building was not suitable for people with dementia (limiting access for people with cognitive impairment). Following the intermediate care review the CCG decided to withdraw funding for The Cedars and on this basis The Cedars closed. The CCG reinvested part of the savings into a community rehabilitation team and rehabilitation bed capacity in independent nursing homes

1.5.8 Referral management

In 2015 the CCG introduced a Referral Management System which checks that GP referrals comply with best practice guidance and criteria prior to referral for hospital specialist advice. The scheme has been successful in reducing variation in the quality and number of referrals as well as reducing costs and waiting times for outpatient appointments.

1.5.9 Community services

Working with Nothumbria Healthcare NHS Foundation Trust, the CCG agreed price reductions in community and other Trust services of £2.8m per annum – approximately 5% of the total budget considered. Savings were achieved by consolidating nursing services on fewer sites, reviewing nursing skill mix, reducing the number of pathways for foot care services, changing the mix of intermediate care beds at North Tyneside General Hospital and decommissioning ineffective services for people with heart failure or at risk of falling, meeting their needs through other existing and more effective services.

1.5.10 Social prescribing

The CCG made a decision to remove its contribution from 1st April 2017 for the social prescribing service that is currently commissioned jointly with North Tyneside Council. The Authority is currently working to identify how the service can be reconfigured and delivered within a reduced budget.

1.5.11 Memory service

The CCG made a decision to remove its contribution from 1st April 2017 for the memory service that is currently commissioned jointly with North Tyneside Council. The Authority is currently working to identify how services can be provided to support people with dementia and their families with reduced funding.

1.5.12 Mental health

The CCG was not able to meet the 'parity of esteem' test in 2016/17 for mental health spending, which requires CCGs to increase mental health funding by at least the percentage increase in their allocation. The CCG currently spends 14% of the budget on mental health services. Service changes have been agreed with Northumberland, Tyne and Wear Mental Health Foundation Trust to minimise impact on patients.

1.5.13 Children and young peoples mental health service (CAMHs)

The CCG was able to allocate only part of the national CAMHs transformation funding to local services in 2016/17 and has been unable to deliver on all aspects of its development plan to transform mental health services for children and young people locally.

1.5.14 Sustainability and Transformation Plans

1.5.15 STPs were announced in NHS planning guidance published in December 2015 to support implementation of the Five Year Forward View (5YFV), a vision for how the NHS needs to change over the next five years, and what steps need to be taken in order to create a modern and sustainable NHS published in October 2014. NHS organisations and local authorities in different parts of England were required to come together to develop 'place-based plans' for the future of health and care services in each area.

1.5.16 STPs are intended to be five-year plans covering all aspects of NHS spending in England. Forty-four areas have been identified as the geographical 'footprints' on which the plans are based. A 'footprint' is the geographical area in which people and organisations are working together to develop plans to transform and sustain the delivery of health care services. Those footprints are not necessarily co-terminus with Local Authority or other partners' boundaries adding further complexity to engagement activity.

1.5.17 The scope of STPs is broad and covers three headline issues: improving quality and developing new models of care; improving health and wellbeing; and improving efficiency of services. Leaders in each footprint area were asked to identify the key priorities needed to meet the challenges and deliver financial balance for the NHS. The plans needed to cover all aspects of NHS spending, as well as focusing on better integration with social care and other local authority services.

1.5.18 NHS organisations are expected to collaborate rather than compete to respond to the challenges facing their local services: in order to develop integrated models of care to meet the changing needs of the population and the difficult financial context. This is, in

some ways, a change in emphasis from some of the direction of travel following the creation of a commissioning provider split and the establishment of Foundation Trusts.

- 1.5.19** A named individual is required to lead the development of each STP. Most STP leaders come from Clinical Commissioning Groups and NHS Trusts, but a small number come from local government.
- 1.5.20** Final plans were submitted to NHS England in October 2016. These plans are now going through a process of assessment, engagement and further development. Cabinet will have seen some of the national coverage.
- 1.5.21** From April 2017, STPs will become the single application and approval process for accessing NHS transformation funding.
- 1.5.22** There have been concerns voiced nationally about the process of determining the footprint areas and also developing the plans, in particular the 'top down' approach from NHS England and lack of involvement from stakeholders including patients and the public, local authorities, clinicians and front line staff. More locally local authority Chief Officers have raised concerns with NHS colleagues.
- 1.5.23** **Northumberland, Tyne and Wear and North Durham Sustainability and Transformation plan**
- 1.5.24** The Northumberland Tyne and Wear and North Durham STP footprint is largely coterminous with the North East Combined Authority (NECA) area however the footprint covers only part of Durham. There is a total population of 1.7 million residents across three Local Health Economies (LHEs):
- Newcastle and Gateshead
 - Northumberland and North Tyneside
 - South Tyneside, Sunderland and North Durham
- 1.5.25** The STP is led by the Chief Officer of Newcastle Gateshead CCG. Senior officers from 6 CCGs, 6 NHS trusts, 7 local authorities and NHS England across the footprint have been engaged in the development of the plan. The final plan was submitted to NHS England on 21st October 2016 and sets out strategic high level proposals following limited opportunity for engagement with wider stakeholders.
- 1.5.26** Within the NTWND STP the collective vision is stated:
- To build upon health and well being strategies in each of the local authority areas
 - To provide safe and sustainable health and care services that are joined up, closer to home and economically viable; and
 - To ensure people are empowered and supported and can play a role in improving their own health and well being.
- 1.5.27** The NTWND STP identifies a number of key transformational areas:
- **Improve health inequalities** by scaling up prevention, health and wellbeing to improve the overall health and wellbeing of our public and patients utilising an industrialised approach
 - **Improve the quality and experience of care:**
 - **Out of hospital collaboration** and the through development of new care models, integrating health and social care (Better Care Fund), implementation of the General Practice Five Year Forward View, development of evidence based pathways of care (NHS Right Care).

- **Optimal use of the acute sector** through the six Vanguard and pioneer programmes in the area, and ongoing acute sector changes for example the Accountable Care Organisation in Northumberland, the new hospital at Cramlington (NSECC) and South Tyneside and Sunderland Foundation Trust coming under a single management structure. Further specialty level reviews will take place to meet workforce challenges and deliver clinical standards within a 7 day service.
- **Transforming mental health** through the development of an integrated lifespan approach to the integrated support of mental health, physical health and social need enabling self- management, care and support systems within communities.
- **Close the financial gap** that could be as large as £641m by 2021 (£904m including social care).

1.5.28 The STP is built upon some work that has already begun across the area and it sets out proposals, which if taken forward and delivered effectively by 2021 are intended to

- Reduce the health inequalities in the area to be comparable to the rest of the country
- Create thriving out of hospital services that attract and retain the staff they need to best support patients
- Deliver high quality hospital and specialist care across the whole area, seven days per week.

1.5.29 The next steps and the development of more detailed plans that will deliver the STP ambitions are not yet clear.

1.5.30 What does the STP mean for North Tyneside?

1.5.31 NHS Planning Guidance 2016 requires CCGs to produce an Operational Plan 2016/17 - 2018/19 to cover the first two years implementation of the STP. The plan is required to cover:

- Delivery of NHS England's '9 Must Dos' (agree their STP, financial plan, support primary care, A&E and ambulance wait times, referral to treatment wait times, cancer standards, mental health standards, transform learning disability services, improve quality)
- Support delivery of the local STP
- Achieve financial balance
- Deliverable activity plans for the area which are directly derived from their STP
- How local independent sector capacity should be factored into plans
- Planned efficiency savings
- Identification and risk management
- New care models

1.5.32 North Tyneside CCG operational plan key priorities were shared with North Tyneside Health and Wellbeing Board in a presentation at its meeting on 14th February 2017 and are outlined below:

Organisational forms

- Learn from the development of the Northumberland Accountable Care Organisation (ACO) as proof of concept of the Primary and Acute Care Services (PACS) model.
- Supporting joint management arrangements between Newcastle Gateshead CCG and North Tyneside CCG

Urgent Care

- Procurement of single point of access urgent care centre in North Tyneside, opening October 2017
- Improve A&E and urgent care pathways at NSECH to manage growing demand and improve ambulance handover delays
- Get the most from NE urgent care network 'vanguard' innovations

Promote Self Management

- Shared decision-making and create self-management tools for patients
- Structured diabetes education for newly diagnosed diabetics and ongoing

Care of the Elderly

- Manage Continuing Healthcare effectively and improve end of life care
- Improve early diagnosis of dementia rates and dementia support
- Continue to improve efficiency and care options for intermediate care
- Explore frailty care models and reduce harm from falls

Primary Care Strategy

- Improve access to GP services 8am-8pm, 7 days per week
- Develop the Extended Primary Care Team
- More integrated specialist support to move services from hospital to the community

NHS Right Care

- Utilise this national programme that supports NHS organisations to improve the quality of care they deliver while making efficiency savings that can be reinvested in the service and deliver year-on-year quality improvements
- Work collaboratively to find ways of improving the cost or outcomes of care for patients where it is worse than places with similar populations
- Initial focus of e.g. cancer, musculoskeletal, gastrointestinal, respiratory and circulatory diseases

Mental Health

- Improve community mental health pathways, especially crisis response
- Improve eating disorders, ADHD/autism and psychological therapy service provision for children and adolescents
- Implement the 'Mental Health 5 Year Forward View'
- Review liaison psychiatry for people in A&E with mental health needs

Community Services

- Roll out the 'Care Plus Service' (New Models of Care) across North Tyneside
- Consider future of community services to improve integration with primary care, social care and new models of care
- Continue focus of support for people in nursing homes

1.5.33 The Health and Wellbeing Board welcomed the further detail of the priorities for North Tyneside. However members expressed concern that the issue of prevention and tackling inequalities did not feature despite being a critical part of the North Tyneside Health and Wellbeing Strategy and one of the central aspects of the STP.

1.5.34 Implications and concerns about the changes in NHS Services and the STP for North Tyneside Council and local residents

1.5.35 Concern has been expressed about the extent to which the local authority has been a true partner in the development of the STP. The Chief Executive of the Authority wrote to NHS England in October last year on behalf of the chief executives of all NECA local authorities about the process of developing the STP. In particular, the concern centred around the lack of engagement with local authorities and understanding the financial implications of the plans upon the ability of local authorities to deliver services to residents, such as, adult social care, children's services and public health. Whilst NHS England acknowledged the concerns with regards to the engagement process, there still remains significant concern about the financial implications and impact of the STP for local authorities. This concern between officials has been replicated in public debate. Cabinet will be aware that the local engagement event on the STP in Whitley Bay was very well attended with residents being vocal in their concerns about the plans and processes.

1.5.36 There is a lack of detail about development of specific plans in each area and how initiatives will be funded. In particular the efforts and up scaling of prevention and the implications for diminishing local authority public health budgets and also for the capacity and future funding of adult social care. There is no assurance at this point in time that the plan will deliver the stated ambitions. The detailed CCG operational plan has not yet been shared with the Health and Wellbeing Board.

1.5.37 The future engagement process, governance arrangements and development of detailed plans for implementation of the STP are not clear and further information is required to understand next steps in the process of delivering the NTWND STP.

1.5.38 While the NTWND STP does not make reference to reduction in NHS services in North Tyneside this review has identified examples of where funding has been withdrawn by the CCG and where services are being reduced.

1.6 Decision options:

The following decision options are available for consideration by Council:

Option 1

Council notes the content of the report and the decision taken by Cabinet on 13th March 2017 to authorise the Head of Health Education Care and Safeguarding and the Chair of the Health and Wellbeing Board to seek more detail on the plans for the NHS and monitor the progress of the STP in North Tyneside on behalf of Cabinet in accordance with the recommendations in paragraph 1.2.

Option 2

Council chooses not to note the content of the report and the decision taken by Cabinet on 13th March 2017, and requests Cabinet to undertake some other form of action.

Option 1 is the recommended option.

1.7 Reasons for recommended option:

Option 1 is recommended so that a mechanism can be established to monitor the progress of plans for the NHS in North Tyneside in the future.

1.8 Appendices:

None.

1.9 Contact officers:

Jacqui Old, Head of Health, Education, Care and Safeguarding 0191 643 7371

Wendy Burke, Director of Public Health 0191 643 2104

Hayley Hudson, Senior Manager Wellbeing, Governance & Transformation 0191 643 7008

Kevin Allan, Programme Manager for Integration 0191 643 6078

Eleanor Binks, Senior Manager Integrated Services 0191 643 7076

Alison Campbell, Senior Business Partner, Finance 0191 643 7038

John Wickes Interim Chief Operating Officer North Tyneside CCG 0191 2931140

1.10 Background information:

The following background papers/information have been used in the compilation of this report and are available from Wendy Burke:

- (1) Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan - Summary Plan 21st October 2016
<http://www.northtynesideccg.nhs.uk/wp-content/uploads/2016/11/NTWNDXSTPXfinalXsubmissionX-Xcombined.pdf>
- (2) Sustainability and Transformation Plan for Northumberland, Tyne & Wear and North Durham- Implications for North Tyneside presentation to North Tyneside Health and Wellbeing Board 14th February 2017
www.northtyneside.gov.uk/pls/portal/NTC_PSCM.PSCM_Web.download?p_ID=568109
- (3) NHS Operational Planning and Contracting Guidance 2017-2019, NHS England and NHS Improvement 2016 <https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf>

PART 2 – COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

2.1 Finance and other resources

There is no assurance that the Sustainability and Transformation Plan in its current form will address the funding gap in the NHS across Northumberland Tyne and Wear and North Durham estimated to be £641m. The funding gap is estimated to be as large as £904m if social care were also to be considered however there has been little attention given on how best to address this much larger gap. STPs are intended to be the vehicles by which local areas will access NHS funding for transformation from March 2017. In 2016/17, the transformation fund is £2.3 billion, rising to £3.4 billion by 2021.

The combined demographic demand led pressures in both the health and social care economy that impact this Authority are currently reflected in the Authority's financial position as reported separately to Cabinet. The Authority continues to work with the CCG in implementing its financial recovery plan, whilst limiting the impacts on this Authority's financial position. As referenced earlier in this report the perceived lack of engagement and transparency in developing the STP increases the risk to the wider health and social care economy and the unquantified impact of this remains a key financial risk for this Authority.

2.2 Legal

STP leads and the partnerships working on the plans have no statutory basis and are not legal entities, they derive their authority to act from the consent and participation of their participant organisations, namely CCGs, providers of NHS services and local authorities. Partner organisations have not been asked formally 'sign off' the draft plan because there is no requirement to do so. Statutory organisations such as CCGs NHS trusts and local authorities all have separate, but similar, legal duties to consult or otherwise involve the public.

The Council Meeting are receiving this report in response to the motion presented to Council on 19 January 2017.

The Authority's Cabinet are responsible, in accordance with the Local Government Act 2000 and the Regulations made under that Act for determining any action to be taken by the Authority on this matter.

2.3 Consultation/community engagement

Following submission of the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan in October 2016 the plan was published on North Tyneside CCG's website. A period of engagement led by CCGs across the footprint commenced on 23rd November through to Friday 20th January 2017 and views were sought via an on-line questionnaire on CCG websites and from a range of partnerships including the Health and Wellbeing Boards. North Tyneside CCG also held an event on Monday 16th January 2017 in North Tyneside at Whitley Bay Customer First Centre for members of the public to hear about the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan and also to feedback their views.

North Tyneside CCG has undertaken consultation exercises with members of the public on service changes listed within this report.

2.4 Human rights

There are no known human rights implications directly arising from this report.

2.5 Equalities and diversity

The NHS Constitution establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. NHS providers are required to provide comprehensive services, available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. North Tyneside CCG undertakes equality impact assessments in respect of all service changes.

2.6 Risk management

There are no risk management implications directly arising from this report.

2.7 Crime and disorder

There are no crime and disorder implications directly arising from this report.

2.8 Environment and sustainability

There are no environment and sustainability implications directly arising from this report.

PART 3 - SIGN OFF

- Deputy Chief Executive X
- Head(s) of Service X
- Mayor/Cabinet Member(s) X
- Chief Finance Officer X
- Monitoring Officer X
- Head of Corporate Strategy X