

## **DURHAM COUNTY COUNCIL**

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Monday 14 November 2016 at 9.30 am**

### **Present:**

**Councillor J Robinson (Chairman)**

### **Members of the Committee:**

Councillors J Armstrong, R Bell, J Blakey, P Brookes, S Forster, K Hopper, E Huntington, J Lindsay, M Nicholls, A Savory, P Stradling and O Temple

### **Co-opted Members:**

Mrs R Hassoon

### **Also Present:**

Councillor J Shuttleworth

## **1 Apologies**

Apologies for absence were received from Councillors J Chaplow, P Crathorne, P Lawton, H Little, O Milburn, L Pounder, W Stelling and Mrs B Carr

## **2 Substitute Members**

There were no substitute Members present.

## **3 Minutes**

The Minutes of the meeting held on 3 October 2016 were agreed and signed by the Chairman as a correct record.

## **4 Declarations of Interest**

There were no declarations of interest.

## **5 Media Issues**

The Principal Overview and Scrutiny Officer provided the Committee with a presentation of the following press articles which related to the remit of the Adults, Wellbeing and Health Overview and Scrutiny Committee;

- North East Ambulance Service rated 'Good' by the CQC but told to improve some response times – Evening Chronicle 1/11/16  
The North East's ambulance service has been rated as 'good' by a health watchdog - but told to improve its response times to immediately life-threatening incidents.

A team of inspectors from the Care Quality Commission (CQC) found that the North East Ambulance Service NHS Foundation Trust (NEAS) provided services which were safe, effective, caring, responsive and well led.

A CQC report rated the service as "good" overall, and praised the trust for its "general culture of passion and enthusiasm".

But NEAS was also told to make improvements in some areas, after data showed it was the joint worst performing ambulance service in the NHS for responses to "Red 1" - immediately life-threatening - calls

- Poor A&E performance has 'become the norm' for NHS trusts – MPs – Northern Echo 1/11/16

A new report from the Commons Health Committee warns the NHS could face a "substantially more difficult" winter this year than last, with increasing demand for services, trusts suffering due to too-few staff and a widespread inability to move out patients who are medically fit to be discharged.

Evidence submitted to the MPs' inquiry showed that A&E departments are now routinely missing the national target to deal with 95% of patients within four hours.

Major type 1 A&E departments - those that are located in hospitals - perform the worst, with only 87.9% of patients admitted, discharged or transferred within that timeframe in 2015/16.

- Health chiefs rule out Consett hospital sale – Northern Echo 31/10/16

Health chiefs have appeared to move to quash fears a community hospital will be sold to make way for more housing.

People who use Shotley Bridge Hospital, near Consett, voiced concern after the closure of the 16-bed inpatient ward at the hospital.

NHS bosses were accused of 'hospital closure by stealth' by North-West Durham MP Pat Glass, concerns echoed by councillors and campaigners.

More than 4,000 have signed an online petition to save the services.

A joint statement issued by NHS Property Services, NHS North Durham CCG and County Durham and Darlington NHS Foundation Trust said: "In response to queries about the potential disposal of the site for housing development, NHS Property Services Ltd can confirm that the site is not for sale.

- Report shows services need improvement – Northern Echo – 28/10/16

An NHS body has been rated one among the worst in the country for maternity and mental health services, latest statistics have shown.

NHS England has examined and graded the country's 209 Clinical Commissioning Groups (CCGs) for the first time.

Its findings showed more than half of mental health services and almost three-quarters of maternity care services at local NHS groups needed improvement.

However, the Durham Dales, Easington and Sedgefield Clinical Commissioning Group fell into the Greatest Need for Improvement category for both services.

The figures showed that while it was rated similar to others in the neonatal mortality and stillbirths and women's experience of maternity services category, it was among the lowest scoring for choices.

And in mental health provision, only 45.5 per cent of people who finished treatment were moving to recovery.

- Anger over GPs having to ask permission to refer patients to hospital – Evening Chronicle 20/10/16

Doctors have hit out at plans for a private company to review GPs referrals, raising concerns it will put patient safety at risk.

North Durham CCG has entered a new contract with private healthcare company About Healthcare which will charge £10 per letter to review GP's referrals before they are passed on to hospitals.

It is hoped that this will stop unnecessary appointments and save the NHS cash however the BMA has questioned the safety of decisions been taken by staff who haven't met the patient.

Patients with cardiology, gynaecology, dermatology and gastroenterology issues will be referred using the system but urgent cases and suspected cancer cases will not be subject to this additional layer of referral.

Councillor Forster asked if these proposals would be rolled out at every surgery as she was aware that this happens at her own. The Principal Overview and Scrutiny Officer explained that this had specifically been put in place by North Durham CCG and would cover all of the GP's in that area.

The Director of Primary Care, Partnerships and Engagement, DDES & North Durham CCGs, advised that this was not in operation in DDES however talks had been taking place with the clinicians in North Durham to advise how North Durham had approach it.

The Chairman suggested that a briefing be sent to Members once further information was known.

## **6 Any Items from Co-opted Members or Interested Parties**

There were no items from Co-opted Members or interested Parties.

## **7 Durham Dales, Easington and Sedgfield CCG Accident and Emergency Ambulance Service Review - Post Implementation update**

The Committee considered a Report of Director of the Transformation and Partnerships and presentation by representatives of DDES CCG and North East Ambulance Service that gave a post implementation update for the Durham Dales, Easington and Sedgfield CCG Accident and Emergency Ambulance Service Review (for copy see file of Minutes).

The Assistant Director of Communications and Engagement, NEAS gave a detailed presentation that included:-

- Our service in numbers – figures from April 2015 to March 2016
- A new journey operating environment – adapting to changing needs – a new Chief Executive and Board were in place
- Our Strategy 2015-20 – driving our purpose and direction
- Care Quality Commission – rated GOOD
- CQC inspection rating
- Chief Inspector of Hospitals Quote - "The North East Ambulance Service has a lot of to be proud of. We found a general culture of passion and enthusiasm at the trust and it was clear that everyone's first priority was the patient."
- Performance

- Incident and Call Volume
  - Top Conditions
  - Red Incident Volume – steady increase in the number of red calls.
  - Impact of Increased Red Volume – deterioration in performance standards.
  - Age Profile of A&E Attendances via ambulance – NEAS conveys more patients to A&E to the NHS than the England average.
  - Hear & Treat, See & Treat, See & Convey Rates – number of calls increased. Investment made to control rooms and more clinicians available to assess. 280 staff had been trained.
  - Arrivals and Handover Time
  - Time lost to Handovers
  - Workforce – currently recruiting and the vacancy gap was closing. Paramedics had 140 vacancies last year compared to 70 this year. It was hoped to achieve a full establishment by 2017. Most effective way was to grow our own and NEAS were working closely with the Universities of Sunderland and Teesside.
  - Clinical Quality Indicators
- Durham Dales and Easington progress update
    - Staffing levels in Weardale and Teesdale – an increase in staffing levels in the Weardale and Teesdale areas with less overtime claimed.
    - Response times in Durham Dales – showed response times by minute from March 2015 to March 2016.
    - Service Improvements – invested heavily. Challenges included funding for 1st responders. First responders had been recruited. Worked with Durham Police and Durham and Darlington Fire & rescue. 2 advanced practitioners attend lower community calls in the Dales.

The Chairman invited representatives from the Rural Ambulance Monitoring Group to comment on the report. He referred to the information circulated to members from the group for information (for copy see file of Minutes).

Mrs Joy Urwin, Rural Ambulance Monitoring Group referred to the Independent Clinical Senate Review and said that the group felt no wiser from anything that had been said today. The group supported the work carried out by the paramedics and had respect for them. She said that it was accepted that NEAS were not supported by the NHS foundation trust. The group were no clearer in the data regarding response times and felt that Bishop Auckland was an urban area, not rural, and that Crook was a long way to parts of the Dales. The group felt strongly that it was recognised that defibrillators were put in place and funded by community fund raising and not NEAS, that they were not maintained by NEAS and that training had not been arranged by NEAS. The first responders were very welcomed but gave a false sense of security as did not work in all situations and emergencies. Rural in the title of the report did not reflect that it was about rural areas.

Mrs Urwin said that some issues within the report were worthy of merit but felt that some of the points did not address the core problems. The group felt that the performance remained poor. With regards to staff shortages it had been recognised that trainees were being utilised. On occasions two vehicles were being brought into the Dales to deal with cardiac patients. This was a drain on resources. The projected number of paramedics

from the Dales had been unrealistic and the group felt that the rural areas were receiving a downgraded service. People were waiting for ambulances longer than ever and the groups believed that the CCG were not holding NEAS to account for failing to deliver the provision. She asked how a 48% response time across the patch could be justified.

The Chairman said that discussions had taken place about rurality for the whole of Durham at the Joint Health Committee, including the percentage of fair access, the drop in response times and staffing. He confirmed that these issues had been taken up with NEAS.

Councillor Savory said that we all had a duty of care to residents in County Durham and the wait for an ambulance in Weardale was always a topic of conversation. She referred to a recent incident whereby an elderly gentleman had to wait over one and a half hours for an ambulance. She found this totally unacceptable and asked where the ambulances were located at that time.

Councillor Bell echoed those comments and said that he too had heard many stories about response times being poor. He referred to the additional resources DDES put into NEAS and asked if detailed data could be provided for each area to show service delivery. He emphasised that the Committee needed sight of local data so that points could be addressed. The Chairman that this should be looked at for the whole County.

The Assistant Director of Communications and Engagement made an apology about the ambulance incident and would provide a response once investigated. He said that this was not the type of service NEAS wanted to provide. He advised that locality data was published on their website each month and would circulate a weblink on performance data.

Councillor Bell said that this information should be included in the report and asked that NEAS come back to a future meeting with that locality data.

Referring to paragraph 4 of the NEAS report 'The need to manage resources across wider areas has been impacted on by the increased pressure on services, resulting in a higher number of periods of clinical escalation where otherwise ring-fenced resources are allowed to be used across a wider geography to meet the needs of those most acutely unwell', Councillor Temple asked if this meant that ambulances were pulled out of the Dales to treat emergencies at other parts of the County. He said that performance for the whole of DDES was poor and asked what would be done to improve the figures. He was concerned that the statistics that used to be available were no longer and therefore comparisons were not possible. He also raised concerns about the statement under system pressures within the report 'This has greater significance for the DDES area due to the lack of acute hospital provision within the locality'. The threat to Darlington Memorial Hospital through the STP was very important to the residents of the Dales and the whole of DDES. He was concerned that if that capacity was removed then we would end up with more overcrowding at other hospitals.

Councillor Brookes agreed that the Committee needed more bespoke information and commented that the figures for August and September were unacceptable in terms of performance.

Councillor Shuttleworth felt that the bottom line was that the ambulance was hardly ever present in the Dales as would be somewhere else in the County on a call out.

The Chairman concluded that uniformity was required and would request that both the CCGs and the acute trust would be asked for their views and comment on the information shared by NEAS and the inspection report.

**Resolved:**

- (i) That the comments made by the Committee were noted.
- (ii) That NEAS be requested to come back to a future meeting of the Committee with a further report showing locality data.
- (iii) That County Durham and Darlington NHS FT and the Durham CCGs be asked to comment on what they were doing to ensure that A& E Ambulance response times for R1 and 2 calls improved across County Durham, especially what steps are being implemented to reduce the unacceptable delays in patient handover from NEAS to CDD NHS FT at hospital A&E departments.

## **8 Proposals for Renal Services at University Hospital North Durham**

The Committee received a presentation of the Director of Corporate Affairs, City Hospitals Sunderland NHS Foundation Trust about the proposals for Renal Services at University Hospital North Durham (for copy see file of Minutes).

The presentation highlighted:-

- An overview
- Background
- Challenges
- Durham Dialysis Unit
- Opportunities
- Solution
- Durham Treatment Centre
- Where – Belmont
- What would be included
- Washington Dialysis Centre
- What services
- Other features
- Transport
  - Dialysis
  - Urology Ops
- Transport
- Public Transport
- Timetable
- Benefits
- Next Steps

Councillor Forster was advised that most of the medical staff would not be based in Durham, and would travel to and from Sunderland. Permanent admin and clerical staff would be based at Durham. She was concerned that the new centre should have a

sufficient workforce and was informed that the same consultants and nursing staff would work from both centres and already had the expertise to run an efficient service.

Councillor Armstrong said that this was an exciting project and suggested that with regards to transport, Simon Day, Public Transport Network Manager was the best person to look into the queries about bus services and routes to the centre.

Councillor Blakey suggested that the Park and Ride Service may be able to be utilised.

Councillor Brookes welcomed the development and asked if patients in the East of the County could still use Sunderland. He was informed that yes there would still be patient choice available.

The Chairman congratulated City Hospitals Sunderland and wished them well with the developments. He advised that enquiries would be made with the Public Transport Network Manager together with Councillor Hovvels and Councillor Foster as Cabinet portfolio holders in relation to support with transport links.

The Chairman thanked the officers for their presentation.

**Resolved:**

That the presentation be noted.

## **9 Urgent and Emergency Care Network**

The Committee considered a report of the Director of Transformation and Partnerships and presentation by the Urgent and Emergency Care Network Director and Transformation Lead, North East Commissioning Support regarding the Urgent and Emergency Care Network (for copy see file of Minutes).

The UEC Network Director gave a detailed presentation that highlighted the following:-

- The UEC Network & Our Approach
- Network Mandated Interventions
- Local A&E Delivery Board
- Model of Care
- Specific Projects
  - Integrated Urgent Care – Clinical Hub
  - Pilot 2016/17
  - Expected Outcomes
  - Digital Care
  - Directory of Services
  - Mobile Directory of Services
  - Delayed Transfer of Care
- Applying Best Practice
- Regional Approach
- Deliverables
- Additional Network Achievements and Plans
- Evaluation

Mrs Hassoon referred to the slide on 'deliverables' and asked if there was an assessor to do the work. She was advised that the Network did have assessors and that work needed to be streamlined to provide one service.

Councillor Forster commented that people were trained to go to A&E and she was concerned that the current 111 service did not work. She suggested that everyone in the service were re-trained and urged people to use the term assessment instead of triage.

Councillor Bell said that good work was being described but asked how this would fit at a regional level. He referred to rumours through the STP that Darlington hospital would close and asked how this would fit with that agenda. He was informed that changes were being made at an operational level and that work was ongoing with the STP. The Director of Primary Care, Partnerships and Engagement, DDES CCG explained that the Local Delivery Boards would look at regional systems and that the STP were looking at the future and anticipating the current demands. He advised that the current local delivery boards would align and feed into the STP.

Referring to digital care, Councillor Brookes asked how this would fit in with data protection and asked if there was a patient agreement for data sharing, and if the system was deliverable. The Director of Primary Care, Partnerships and Engagement explained that this process starts at the GP practice where patients would be able to opt in or out and if consent was given wherever the patient turned up in the system all information would be available. Bridging software would be used to combine and migrate the systems. Each practice had dealt with the issue differently but all practices were being asked to write to those patients who had opted out previously to explain the benefits of opting in.

The Chairman thanked the officers for their presentation.

**Resolved:**

That the report be received and that the comments of the Committee be noted.

## **10 Preventative Mental Health Review and Recommissioning**

The Committee considered a report of the Strategic Commissioning Manager, Adults and Health Services that provided an overview of work ongoing and proposed recommendations on the future of community preventative mental health services, following a strategic review undertaken by Durham County Council (DCC) Children and Adult Services Commissioning and Public Health (for copy see file of Minutes).

The Strategic Commissioning Manager and Commissioning, Policy and Planning Officer gave a report that highlighted:-

- Background to the review
- Proposed future model – key elements
- Core aspects of what services were trying to do
- 5 key themes – need to be measurable
- Key outcomes – short & medium term
- Pathways – by range of providers & clear about where they join up



- Network – all services being asked to sign up to become part of the network

The Strategic Commissioning Manager highlighted the next steps of the review:-

- Engagement with key stakeholders (August–October 2016)
- Mapping current service provision and identifying areas for development (October–November 2016)
- Further work on outcomes and pathways required from the new service model including those identified in the Crisis Care Concordat work (November 2016)
- Commissioning decisions and service specification development (December 2016)
- Redesign and re-procurement (December 2016 onwards)
- New model to commence from April 2017(phased approach)

Councillor Forster referred to the length of time it takes to get appointments with therapists and counsellors and was advised that work was ongoing with the CCG as they commission this service. The Mental Health Partnership Board were aware of the time taken to receive therapy and had fed back to the CCGs that the response time and delays were significant and that people were left feeling more anxious and disappointed. The Strategic Commissioning Manager responded to Councillor Forster's comment that the system was not fair as he agreed that in some areas people had choice and in some areas people had none. With this new model people should be able to access the right help at the right time.

Councillor Brookes asked if this review was linked to the County Council's Transformational programme. The Strategic Commissioning Manager explained that it was as mental health was everybody's business and it was a collective responsibility. It was also linked to the transformation of the STP and close discussions with the CCG about where mental health sits were part of the development process.

The Director of Primary Care, Partnerships and Engagement, DDES CCG referred to counselling and agreed that there were improvements to be made. However, he stated that the counselling service in the Easington area was good as GP practices worked with TEWV.

The Strategic Commissioning Manager further explained that the TEWV arrangements were not in place for North Durham and a lot of feedback from GPs said that they needed access to be able to refer patients for help and support with mental health needs. He informed the Committee that the One Point Service offered support to children and families but not all schools had bought into the service.

Councillor Huntington referred to the counselling service and pointed out that in order to become qualified hours of voluntary work were required. This was a problem as people could not access the hours required and the service were losing potential employees. The Strategic Commissioning Manager said that there would be opportunities to discuss this moving forward. The Commissioning, Policy and Planning Officer further advised that this was linked to other health programmes ongoing. Community Parenting had commissioned a bereavement service for children and young people from funding from CAMHS and Parenting Support. This service would be available for a year with the option to extend.

The Chairman thanked the officers for their presentation.

**Resolved:**

- (i) That the contents of the report and the proposed service model be noted.
- (ii) That the further work required to inform future commissioning decisions and develop the model into detailed specifications for service redesign and/or procurement from December 2016 be noted.
- (iii) That a further report during 2017 outlining progress and key implementation stages be received.

**11 Any Other Business**

The Principal Overview and Scrutiny Officer reminded members that the next meeting of the Suicide Prevention Working Group would take place on Monday 21 November 2016 at 10 a.m.

Councillor Bell asked for information about the dentistry services at Richardson Hospital. The Principal Overview and Scrutiny Officer said that he would circulate a briefing note that had been received from NHS England. Councillor Armstrong reminded members that Sue Jacques had been asked to provide a report at a future meeting.

Councillor Temple raised concerns that TEWV were not fulfilling what they said they would in terms of transport arrangements for the reconfigure of Organic Inpatient (Dementia) wards serving County Durham and Darlington. The Principal Overview and Scrutiny Officer reminded members that assurances had been given around the transport issues and had been advised that a mitigation plan would be in place to support patients and their families with transport needs. A letter would be sent to TEWV on behalf of the Chairman seeking post implementation feedback including the number of people who had been approached in terms of mitigation travel and accessing services at Auckland Park.