Adults, Wellbeing and Health Overview and Scrutiny Committee

Date	**Monday 14 November 2016**
Time	**9.30 am**
Venue	**Committee Room 2, County Hall, Durham**

Business

Part A

Items during which the Press and Public are welcome to attend. Members of the Public can ask questions with the Chairman's agreement.

1. Apologies
2. Substitute Members
3. Minutes of the meeting held on 3 October 2016 (Pages 1 - 10)
4. Declarations of Interest, if any
5. Media Issues
6. Any Items from Co-opted Members or Interested Parties
7. Durham Dales, Easington and Sedgefield CCG Accident and Emergency Ambulance Service Review - Post Implementation update. - Report of Lorraine O'Donnell, Director of Transformation and Partnerships and presentation by representatives of DDES CCG and North East Ambulance Service (Pages 11 - 18)
8. Proposals for Renal Services at University Hospital North Durham - Verbal report of Carol Harries, Director of Corporate Affairs, City Hospitals Sunderland NHS Foundation Trust
9. Urgent and Emergency Care Network - Report of Lorraine O'Donnell, Director of Transformation and Partnerships and presentation by Joanne Dobson, Urgent and Emergency Care Network Director and Transformation Lead, North East Commissioning Support (Pages 19 - 22)
10. Preventative Mental Health Review and Recommissioning - Report of David Shipman, Strategic Commissioning Manager, Adults and Health Services (Pages 23 - 30)

11. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

Colette Longbottom
Head of Legal and Democratic Services

County Hall
Durham
4 November 2016

To: **The Members of the Adults, Wellbeing and Health Overview and Scrutiny Committee:**

Councillor J Robinson (Chairman)
Councillor J Blakey (Vice-Chairman)

Councillors J Armstrong, R Bell, P Brookes, J Chaplow, P Crathorne, S Forster, K Hopper, E Huntington, P Lawton, H Liddle, J Lindsay, O Milburn, M Nicholls, L Pounder, A Savory, W Stelling, P Stradling and O Temple

Co-opted Members:

Mrs B Carr and Mrs R Hassoon

Co-opted Employees/Officers:

Dr L Murthy, Healthwatch

Contact: Jackie Graham **Tel: 03000 269704**

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 3 October 2016 at 9.30 am**

Present:

Councillor J Robinson (Chairman)

Members of the Committee:
Councillors J Armstrong, J Blakey, P Brookes, P Crathorne, S Forster, E Huntington, L Pounder, P Stradling and O Temple

1 Apologies

Apologies for absence were received from Councillors R Bell, J Chaplow, K Hopper, P Lawton, H Liddle, J Lindsay, O Milburn, M Nicholls, A Savory, W Stelling and Mrs B Carr, Mrs R Hassoon and Dr L Murthy

2 Substitute Members

There were no substitute Members in attendance.

3 Minutes

The minutes of the meeting held on 4 July 2016 and of the special meeting held on 1 September 2016 were agreed as a correct record and signed by the Chairman.

Matters arising:

In relation to the minutes of 4 July 2016, the Principal Overview and Scrutiny Officer advised that a post implementation update report would come to committee on 14 November 2016 from DDES and NEAS regarding the DDES Accident and Emergency Ambulance Review.

Further to the meeting held on 1 September 2016 the Principal Overview and Scrutiny Officer advised the DDES Executive Board had approved and implemented option 3 of the Urgent Care proposals. The Chairman had written to DDES giving the Committees support for option 3 however had highlighted a number of concerns. Assurance had been sought that all GPs had signed up. Further reports would be brought to Committee and the progress would be monitored.

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;

- **GPs to offer more appointments as decision made to close urgent care centres during the day – Northern Echo 13/09/16**

GP opening hours would be extended and it would be easier to get same day appointments as part of a shake-up in how urgent care is provided across parts of County Durham. Urgent care centres, which are staffed by GPs, in Bishop Auckland and Peterlee will no longer provide services during the day but will still cover out-of-hours appointments, while nurse-led minor injury units will still open for 24 hours a day.

- **Four in 10 children not going to dentist, NHS figures show – BBC Website 23/09/16**

More than 40% of children in England did not see a dentist last year, NHS statistics show. The figure for the North East Region was not as bad as elsewhere in the Country.

- **Hospital ward closure over patient safety risk – Northern Echo 30/09/16**

An inpatient ward at Shotley Bridge Hospital was closed after health bosses revealed problems with the water supply were putting patients at risk.

- **Hunt for three million 'ghost' patients – BBC Website 27/09/16**

As of March 2016, there were just over 57 million patients on GPs' books however, official census data suggests the correct figure should be about 54 million. Some of the discrepancy is due to patients who have died or left the country have not been removed from GP lists. NHS England has already announced new rules to find and remove these "ghost" patients.

- **Hospital bosses address rumours of potential A&E closures in North Yorkshire and Darlington – Northern Echo 15/09/16**

Concerns were raised over the possible plans to close Northallerton's Friarage Hospital A&E department – but the health trust said the service was set to be changed in a pilot scheme bringing in GPs to give extra support. There were ongoing concerns in respect of the future of Darlington Memorial Hospital's A&E department that were being addressed through the Better Health Programme.

Councillor P Brookes expressed concern over a recent article in the Northern Echo about the cutting back of x-ray services at Sedgefield Community Hospital.

Councillor O Temple referred to the recent article about Shotley Bridge Hospital and said how important it was to receive these updates as soon as possible. The Chairman referred to similar problems at Trimdon but said that assurances had been given that the community hospital was not closing. He asked that the Chief Executive of County Durham and Darlington NHS Foundation Trust come back to Committee with an in-depth report.

The Chief Executive of County Durham and Darlington NHS Foundation Trust said that as the CCGs were reviewing all community services she felt that it would be appropriate to come back to a future meeting.

Councillor Brookes said that would be welcomed and sought clarity on whether there would be a combined CCG headquarters.

The Chief Executive said the hours of when the radiology department would be opened at Sedgefield had been modified. It would allow the hospital to deal with as many patients as possible with the slots and sessions available being filled. This way the hospital would make better use of this scarce resource.

With regards to Shotley Bridge, the Chief Executive advised that the risk to patients and staff was too great to keep it open following the water leak. To evacuate 1 person at night would take 8 minutes and there could be up to 16 patients on the ward. The Trust were working closely with NHS Property Services and discussions were ongoing.

Resolved:
That an update report regarding the future service provision across County Durham and Darlington NHS Foundation Trust's Community Hospital sites within the context of the ongoing review of Community services being undertaken jointly between CDD NHSFT and Clinical Commissioning Groups be brought to an early future meeting of the Committee.

6 Any Items from Co-opted Members or Interested Parties

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

7 System Resilience

The Committee considered a report of NHS North East Commissioning Support that gave an update on the transformation of System Resilience Groups (SRGs) to Local A&E Delivery Boards (for copy see file of Minutes).

The Chief Executive of County Durham and Darlington NHS Foundation Trust informed the Committee that performance across the NHS had not been great last year with the 95% performance target dropping to 85%. It had therefore been decided that the Systems Resilience Group (SRG) was to be replaced with a Local A&E Delivery Board (LADB) from the 1st September 2016. This requirement was nationally mandated and had a focus purely on Accident and Emergency and the four hour target. The Board would be chaired by Stewart Findlay, Chief Clinical Officer from DDES CCG and the Chief Executive was herself the vice chair. The board would be attended at an executive level. A geographical change had taken place with the membership and the smaller board would no longer have representatives from Sunderland or Tees and would be supported by National Reference Groups.

There were five mandated improvement initiatives of the A&E Plan that the LADB would coordinate and oversee:

- Streaming at the front door – to ambulatory and primary care

- NHS 111 – Increasing the number of calls transferred for clinical advice
- Ambulances – DoD and code review pilots; HEE increasing workforce
- Improved flow – 'must do's' that each Trust should implement to enhance patient flow
- Discharge – mandating 'Discharge to Assess' and 'trusted assessor' type models

The Committee were advised that the winter plans would be brought forward and any lessons learnt from previous years would be drawn upon.

The Chief Executive advised that performance had improved and had been above the 95% target from June to September. There was a lot of pressure being felt nationally and the Trust were currently sitting 10th out of 148 trusts in the country.

The Interim Corporate Director of Adult and Health Services said that there was a local authority seat on the board and she advised that the issue of the Winter Plan Submission did cover cross-cutting areas.

The Chairman referred to information received from NEAS stating that the delays to ambulance turnaround was due to 3 hospitals delaying the transfer of care. The Chief Executive of CDDFT advised that the Ambulance Services were given money to deploy in a way they see fit. There was an agreement across the North East that amongst the urgent and emergency care network there would not be diversions between hospitals and therefore this would eliminate the transfer of care. Recent data shared at the LADB had shown a significant reduction however due to delays in Sunderland overall performance for NEAS had not changed. Members were advised that a lot of work was being carried out to focus on the whole of the North East with partners to minimise the risk. She said that figures would be sent to Committee members.

The Assistant Director of Communications & Engagement, NEAS advised that there had been increased pressure in handover delays in Sunderland and Cramlington that had a ripple effect for the whole service.

Referring to paragraph 4.5 of the report, Councillor Temple was advised that funding was on the LADB agenda and a small pot of money had been reserved. The Director of Primary Care, Partnerships and Engagement, North Durham and DDES CCGs advised that this was due to an inadequate evaluation report being produced in respect of an element of the previous System resilience arrangements and this would be recalibrated into the new arrangements. Councillor Temple was re-assured that friction was not built into the new arrangements.

Resolved:

(i) That the report be accepted.
(ii) That the developments, achievements and targets set for new schemes be noted.

8 Primary Care Strategy Update

The Committee considered a report of the Director of Primary Care, Partnerships and Engagement, North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups that presented the Durham Dales, Easington and Sedgefield CCG Primary Care Strategy and the North Durham CCG Primary Care Strategy (for copy see file of Minutes).

The Committee were informed that DDES CCG had started developing their strategy last November and North Durham CCG were looking at what was required to incorporate into their strategy. There were workforce challenges and general practices had aspirational targets to provide more care.

The Director of Primary Care, Partnerships and Engagement advised that both CCGs were undertaking urgent care reviews and were recruiting and developing their workforce. There was also a new diabetes pathway for prevention.

Councillor S Forster asked how many GP surgeries had signed up to this and was advised that currently the process was going through the procurement stage. Discussions were taking place with providers about improvements and some pilot schemes had already taken place.

Councillor Brookes was concerned about access to hub models, especially from rural areas. He asked if transport to hubs had been considered for those most vulnerable such as the elderly, single parents and low income families. He hoped the arrangements would be robust. He further noted that the crisis for recruitment was a national problem and understood that attracting GPs would be required to make the strategies work.

The Director of Primary Care, Partnerships and Engagement said that there was a national recruitment drive to attract 500 GPs and the current workforce challenge was critical to provide long term care. The GP needs to be at the centre of the model of care that will rely on others professionals to contribute to the provision of care. The Committee were also advised that there would be a new role developed for receptionists as medical assistants.
With regards to hubs and transport issues the CCGs would support rurality and access to services and were purposefully looking at this. The hub model in Easington works well and it was hoped to replicate this in other areas with 3 hub centres in Sedgefield and the Dales.

Councillor J Blakey suggested that it might be useful to have partnership arrangements with local bus services as some villages would still be affected. The Director of Primary Care, Partnerships and Engagement said that he would take this message back but pointed out that it would be hard for the CCGs to influence bus routes. The Chairman commented that Durham University pay towards an express service to ensure that students are able to travel into the City and suggested that the CCGs could look at a similar arrangement.

The Head of Planning and Service Strategy informed the Committee that the Health and Wellbeing Board had recognised the difference between the two CCGS and would like to see more synergy. It was understood that it was a complex system and a simple

definition of what was on offer and a narrative of what runs through the primary care system was required. The Chairman agreed that the whole of the County should experience a good service so more synergy would be preferred.

The Director of Primary Care, Partnerships and Engagement said that it had been a culture change for both CCGs and had been really helpful to receive the comments from the Health and Wellbeing Board.

Resolved:
That the report be received and the comments of the Committee on the two CCG Primary Care Strategies be forwarded to the respective organisations.

9 Oral Health Strategy

The Committee considered a report of the Interim Director of Public Health County Durham, Children and Adults Services, Durham County Council that presented the draft Oral Health Strategy for County Durham for consultation (for copy see file of Minutes).

The Public Health Portfolio Lead informed Members that national guidance had made 21 recommendations to improve the oral health of our communities and had been mapped at a high level to see if they were being met. There was ongoing work around water fluoridation and feedback was awaited from Northumbrian Water around water quality zones. The consultation process would seek the views of the public and stakeholders across the County.

Councillor Blakey was advised that fluoride varnish was painted on teeth to protect them and was highly effective to help protect children's teeth.

Councillor Temple had thought that all areas had fluoride in their water and said that it was important to know where it was. The Chairman advised that it was currently in the Derwentside and Easington areas.

Councillor E Huntington asked if any investigations had taken place to show if it had been effective. Councillor J Armstrong said that it had been proved to be successful in the Derwentside area however it was recognised that there was still resistance in some areas.

Councillor Brookes referred to the costs a round oral health which was one of the factors that put people off seeking dental care. The Public Health Portfolio Lead said that studies in access to dental care had highlighted fear and transport costs. There was a link to deprivation and the diet in these areas saw a high sugar intake.

The Head of Planning and Service Strategy said that the Health and Wellbeing Board had pushed for this strategy and had expressed concern at the inequalities within the County. For example, 61% of children in Woodhouse Close had experienced decay compared to only 6% in Chester-le-Street. He felt that it was so important to have this strategy in place as further problems in oral health could affect a person's education, lifestyle and future prospects.

The Public Health Portfolio Lead advised that the Derwentside area had fluoridated water since the 1960s and the Hartlepool area had naturally fluoridated water. The rest of the

County had a very complex map of reservoirs and pumping stations and had many geographical challenges. Northumbrian Water had indicated that water fall was not static and depended upon seasons and water levels. He added that research into fluoridated water had shown that there was less resistance to decay. The Senior Public Health Specialist commented that there were 45% fewer admission of tooth decay in 1-4 years olds where fluoride was present in the water supply. He added that scientific evidence had shown that it was safe and cost effective.

Councillor Huntington was pleased to hear the facts and suggested that this information was publicised especially in areas where people had expressed concern. Councillor Forster added that she had assumed all children were taken to the dentist and asked that information was provided to all families to highlight the importance.

Councillor Armstrong said that it was important to embrace this in a very positive way including the benefits of fluoridation and welcomed the consultation.

The Chairman advised that a further report would be presented to the Health and Wellbeing Board on 17 November 2016 and asked that once the consultation had taken place an action plan be brought back to this committee to show the way forward.

Resolved:-
That the Committee welcomes the production of a Draft Oral Health Strategy for County Durham and those comments made by the Committee in respect of the Strategy be reported back to the Chair of the Health and Wellbeing Board.

10 CAS - Revenue and Capital Outturn 2015/16 and CAS Quarter 1 Forecast of Revenue and Capital Outturn 2016/17

The Committee considered a report of the Head of Finance (Financial Services), presented by the Finance Manager for Corporate Resources. The report provided details of the updated forecast outturn position for the Children and Adults Services (CAS) service grouping, covering both revenue and capital budgets and highlighting major variances in comparison with the budget, based on spending to the end of March 2016. The Finance Manager delivered a presentation on the Revenue and Capital Outturn Forecast for Quarter 1, 2015/16 (for copy of report and slides see file of Minutes).

Councillor Temple was conscious of the underspend position and if consistent asked how it was an ongoing underspend. The Interim Corporate Director of Adult and Health Services advised that new people were coming into the system and care packages were continuously being reviewed. The figures were not static in term of the piece of work and the demographics showed the savings were slowing down but assured the Committee that it was consistently looked at. The Chairman appreciated that there was a lot of work being carried out to maintain services, despite austerity. The Interim Corporate Director said that the Service were mindful that they had a statutory responsibility to fulfil.

Resolved:
That the revenue and capital outturn, summarised in the outturn report to Cabinet in July, be noted.

11 2016/17 Quarter 1 Performance Management Report

The Committee considered a report of the Director of Transformation and partnerships that presented progress against the councils corporate basket of performance indicators, Council Plan and service plan actions and other performance issues for the Altogether Healthier theme for the first quarter of 2016/17 financial year, covering the period April to June 2016 (for copy see file of minutes).

The Head of Planning & Service Strategy advised that key achievements in this quarter for smoking cessation, self-directed support and delayed transfers of care were working well which was a testament to colleagues working together. Specific improvement issues for healthchecks and smoking at the time of delivery were being looked into. An area that still was cause for concern was regarding the alcohol and drug data. There was an expectation of the current provider and the figures continued to be disappointing.

The Chairman commented that as we all get older and with the primary care strategies in place the cost to the County Council would rise. With regards to Lifeline he suggested that the service was called to answer to the problems faced. Councillor Armstrong indicated that the Safer and Stronger Communities OSC, chaired by Councillor Boyes was leading on the monitoring of the Lifeline Service and that members of the AWH OSC and CYP OSC had been invited to attend a monitoring meeting on 29 June 2016.

The Head of Planning and Service Strategy referred to the performance in respect of the number of people aged 65 and over admitted to residential or nursing care on a permanent basis. He said that as people get older and lifestyles change the demands on the system would increase. When people were admitted to residential or nursing care they were now staying for shorter periods of time and staying in their own homes. The figures have started to plateau out and would have an impact on the entire system.

Resolved:
That the report be received.

12 Proposed Review of Suicide Rates and Mental Health and Wellbeing in County Durham Scoping Report

The Committee considered a report of the Director of Transformation and Partnerships that provided Members with a scoping report in advance of a scrutiny review looking at suicide rates and Mental Health and Wellbeing in County Durham (for copy see file of minutes).

The Principal Overview and Scrutiny Officer advised that discussions had taken place with the committee and concerns had been raised about the high levels of suicide rates.

The objectives were highlighted and Members were informed that the sessions would include representations from a number of services and outside organisations as appropriate.

The Committee were advised that the membership would include the Chairman and Vice-Chairman of the Committee together with Councillors J Armstrong, P Stradling, J Chaplow, H Liddle and O Temple.

Councillor Brookes said that this was a relevant piece of work and asked if pockets of suicide in parts of the County could be looked into.

Councillor Blakey asked that all information was as up-to-date as possible as it was recognised that there was a data lag.

The Principal Overview and Scrutiny Officer agreed that concerns had been expressed about the time and data lag and advised that a lot of information would come from Public Health. A detailed analysis including gender, age and geography had been requested with the first session delving into statistical analysis.

Resolved:

(i) That the draft terms of reference for the review be agreed.
(ii) That requests to be included in the membership of the group be sent to the Overview and Scrutiny Officer.
(iii) That the project plan be agreed.
(iv) That the Committee receive periodic verbal updates as the review progresses, be agreed.

13 Better Health Programme Joint Health Scrutiny Committee Update

The Committee received a report of the Director of Transformation and Partnerships that gave further information regarding the Better Health Programme which included details of the Joint Health Scrutiny Committee's agreed terms of reference and the minutes of the Joint Committee's meetings held of 7th and 21st July 2016 (for copy see file of Minutes)

The Principal Overview and Scrutiny Officer advised that three meetings had been held of the Joint Health Scrutiny Committee and had representation from a number of Councils. The footprint for the Better Health programme had changed with North Durham now included in the Northern STP (Sustainability and Transformation Plans). The BHP Executive would need to do further work on options ready for the start of the public consultation. A further meeting of the Joint Committee would be held on 13 October and updates would be brought back to this Committee for information.

The Director of Primary Care, Partnerships and Engagement added that this would have implications for the whole of the Durham area as DDES would be at one end of the STP footprint and North Durham at the other end. It further meant that University Hospital North Durham would move into the Northern footprint.

Councillor Temple asked who had made this decision and was advised that it was the Regional Director of NHS England for the North East and Cumbria. The Principal Overview and Scrutiny Officer informed the Committee that the STP process had been submitted to NHS England at the end of June/ beginning of July and feedback was received acknowledging that a lot of the patient flow in North Durham CCG area migrate towards the Newcastle area. To reflect that patient flow a decision was taken to split County Durham into two STP areas.

The Chairman added that patient flow from the Peterlee and Seaham areas can go to Sunderland with patients from the Consett and North Durham areas travelling to Gateshead and Newcastle.

Members were advised that further details were expected at the Joint Committee and how it would impact County Durham as a whole. The Principal Overview and Scrutiny Officer commented that is was highly unlikely that the consultation would commence in November.

The Interim Corporate Director of Adult and Health Services said that clarity would be needed in terms of how this would affect County Durham as a whole including community services and mental health services. The Director of Primary Care, Partnerships and Engagement said that local authorities were involved in both DDES and North Durham CCGs and recognising the patient flows would be challenging going forward with the wider STP ramifications.

The Chairman thanked the Principal Overview and Scrutiny Officer on behalf of the Committee and the Council for the amount of work he had undertaken in respect of the Joint Committee, as Durham had taken the lead in the programme arrangements.

Resolved:
That the information detailed within the report in respect of the Better Health Programme Joint Health Overview and Scrutiny Committee be received and noted.

Adults Wellbeing and Health Overview & Scrutiny Committee

14 November 2016

Durham Dales, Easington and Sedgefield CCG Accident and Emergency Ambulance Service Review – Post Implementation update

Report of Lorraine O'Donnell, Director of Partnerships and Transformation

Purpose

1. To provide the Adults Wellbeing and Health Overview and Scrutiny Committee with an update in respect of the implementation of the revised Accident and Emergency Ambulance Service by Durham Dales, Easington and Sedgefield CCG which commenced on 1 April 2016.

Background

2. Members of the Adults Wellbeing and Health Overview and Scrutiny Committee have previously considered reports and presentations from the North East Ambulance Service NHS FT, NHS County Durham and Darlington (the former Primary Care Trust), Durham Dales Easington and Sedgefield Clinical Commissioning Group the North East Clinical Senate and representatives of the Durham Dales Ambulance Monitoring Group in respect of DDES CCG 's review of Accident and Emergency Ambulance services within the DDES CCG locality.

3. Following consideration of the independent clinical review report of the North East Clinical Senate at its meeting on 1 September 2015, the Adults Wellbeing and Health Overview and Scrutiny Committee:-

" Resolved that:

1. The Adults, Wellbeing and Health Overview and Scrutiny Committee reaffirms its previous agreement that the case for change has been demonstrated by the CCG, given that the North East Clinical Senate had concluded that:-
   a. There was no evidence of any difference in patient outcomes between an ambulance staffed by a paramedic and an Emergency Care Assistant and one staffed by two paramedics, and
   b. The Review team felt that personnel resources would likely be better utilised by moving to the mixed crew model.

2. The Adults, Wellbeing and Health Overview and Scrutiny Committee would request that post implementation monitoring of the proposals be undertaken and that an update report be provided to the Committee 6-

12 months after the proposed commencement of the new service model on 1 April 2016.

3. In view of the Clinical Senate's conclusion 5 within the Independent Review report, the Adults, Wellbeing and Health Overview and Scrutiny Committee would welcome the proposals detailed 'to develop a set of services and relationships that would improve the resilience of rural populations' and would again request that an update on these issues be brought back to this Committee in due course.

4. The Adults Wellbeing and Health welcomes the introduction of a further RRV ambulance into the DDES area following implementation of these proposals.

5. The Adults Wellbeing and Health Overview and Scrutiny Committee welcome the re-instatement of NEAS Ambulance Performance Information reports which set out performance across County Durham, including the Durham Dales, Easington and Sedgefield CCG area to the Committee and Rural Ambulance Monitoring Group, subject to compliance with Information and Data Governance legislation."

Latest Position

4. The revised Accident and Emergency Ambulance service model was implemented on 1 April 2016.

5. In accordance with the recommendations made by the Adults Wellbeing and Health OSC detailed above, representatives of Durham Dales, Easington and Sedgefield CCG and North East Ambulance Service NHS Foundation Trust will give a presentation to members detailing post implementation monitoring of the new services and also the progress made in "developing services and relationships that would improve the resilience of rural populations" called for within the Clinical Senate report.

6. A progress report by North East Ambulance Service is attached to this report at Appendix 2.

Recommendation

7. Members of the Adults Wellbeing and Health Overview and Scrutiny Committee are requested to receive this report and consider and comment on the presentation and the information contained therein.

Background Papers

Report and Minutes of the Adults Wellbeing and Health Overview and Scrutiny Committee on 1 September 2015

Contact and Author: Stephen Gwillym, Principal Overview and Scrutiny Officer Tel: 03000 268140

Appendix 1: Implications

Finance – None

Staffing - None

Risk - None

Equality and Diversity / Public Sector Equality Duty – None

Accommodation - None

Crime and Disorder – None

Human Rights - None

Consultation – None

Procurement - None

Disability Issues – None

Legal Implications – None

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North East Ambulance Service NHS
NHS Foundation Trust

Durham Dales, Easington & Sedgefield CCG Ambulance Update Report October 2016

1. Introduction

NEAS prides itself on delivering excellent patient care and experience and has worked as part of the whole health system to support the region. This is vital to ensure patient care is not compromised as demand and pressure continues to increase.

Demand and acuity has increased over the last eighteen months, however the service has looked to continuously improve operations, reducing the pressure of urgent and emergency service. In the last year, conveyance to Emergency Department has reduced slightly as a result of introducing new ways of working including:

- We have trained 286 paramedics in enhanced care courses which teaches improved clinical decision making skills, provides extra equipment to aid diagnosis and a small range of enhanced care drugs via Patient Group Directive.
- We have also invested in 15 Advanced Practitioners, both nurses and paramedics who have a wide range of clinical assessment skills and medicines who are targeted at those patients with acute exacerbations of long term conditions in order to see and treat or refer to appropriate services outside of Emergency Department (ED).
- We have also invested heavily in the Clinical Support Hub in the Emergency Operations Centre to further support call handlers getting the most appropriate dispositions for patient need and reducing the need for ambulance dispatch where possible.

Our future strategy and operational model will continue to reduce conveyance and use alternatives to ED.

Whilst continuing to maintain the quality of care provided, NEAS has had difficulty in meeting its national response targets. The drivers that influence the attainment or otherwise of these targets are complex and are impacted on by numerous factors across the North East footprint. 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. It is therefore important to consider NEAS' performance in the context of the whole region and not just as individual, geographic areas.

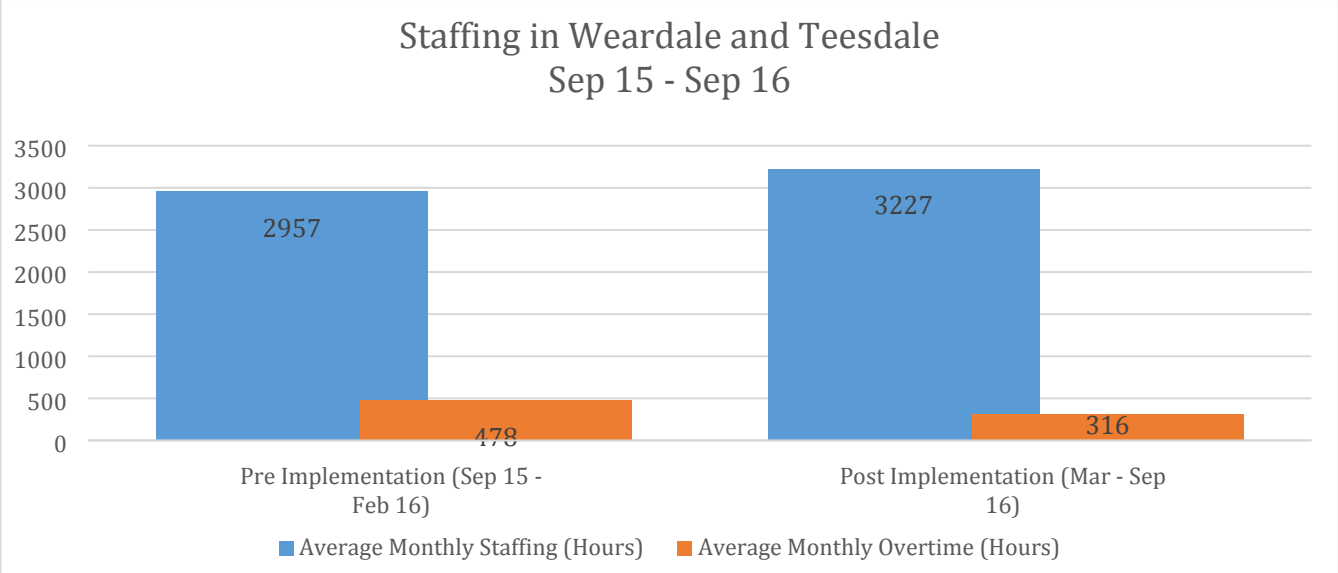
2. Enhanced Workforce

Paramedic recruitment has been a high priority for the Trust and over the last 2 years NEAS has successfully reduced paramedic vacancies from 140 to 70. These remaining vacancies will be filled by students currently in training and due to graduate by April 2017, bringing us to full establishment. For the Durham Dales area we have also recruited 11 Technicians, above our existing establishment, who will be based at Peterlee and Bishop Auckland, which will provide additional capacity for the locality.

Our badge stands for unmatched quality of care for every life we touch.

Adjustments were made to the Durham Dales workforce in March 16 which have resulted in an 8% increase in the staffing levels available between March and September 2016. This has also resulted in a reduction in the level of overtime worked for the same period.

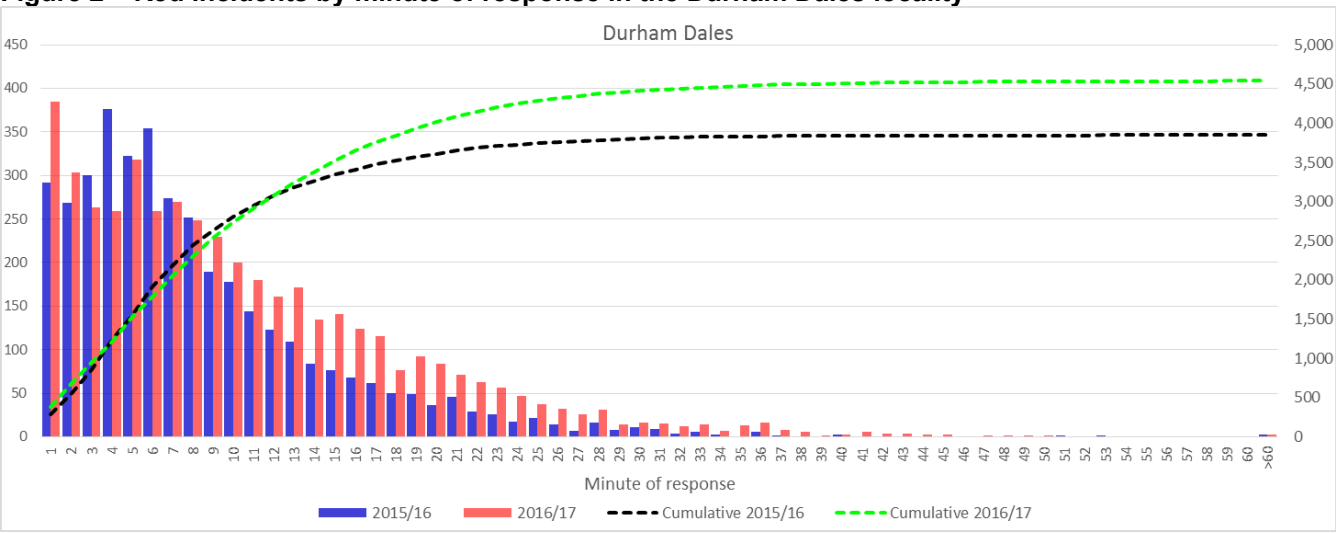
Figure 1 – Staffing levels in Weardale and Teesdale



3. Response Times

Whilst achievement of national response times remains a challenge for NEAS we are reaching more patients more quickly than in 2015/16. The graph in Figure 2 shows the number of patients who received an ambulance response by minute. The cumulative lines show that in 2016/17 (green line), NEAS responded to 9.5% more Red incidents within 3 minutes than in 2015/16. However the volume of responses in the longer categories are higher this year in comparison to 2015/16, which is indicative of the increased volume of red incidents.

Figure 2 – Red incidents by minute of response in the Durham Dales locality



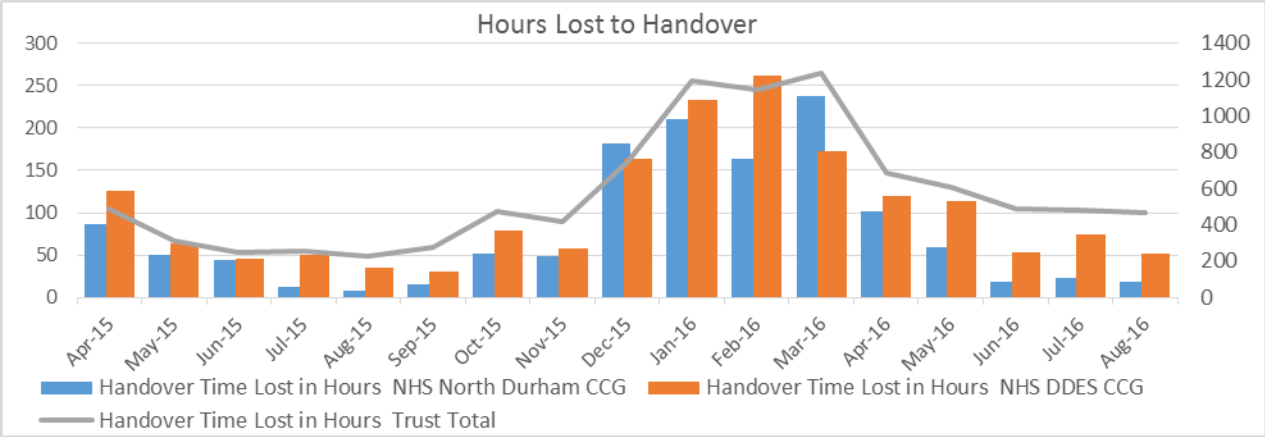
4. System Pressures

Whilst overall incident levels in the Durham Dales has remained relatively unchanged, the number of incidents which were prioritised as red has increased. During the first six months of 2016/17, NEAS has experienced Red incident demand levels significantly higher than the same period in 2015/16 - an increase of 17.8% compared with the same period the previous year. This places additional pressure on NEAS to meet the national standards, as the resources needed to respond to red incidents are greater and are more likely to require conveyance to hospital. This has greater significance for the DDES area due to the lack of acute hospital provision within the locality.

An additional pull on NEAS' resources is in the requirement to send multiple vehicles to incidents. This is a more regular occurrence where there is a patient with life threatening symptoms, which are likely to be reported as Red incidents. NEAS has seen an increase in incidents where more than one vehicle was required, in particular Red incidents. There has been a 27% increase in backup responses sent to incidents within the Durham Dales area, with 88% of these for incidents categorised as Red. The increase in Red incidents appears to have had a direct impact on the requirement for multiple resources to be sent to incidents, therefore stretching the capacity of the resources available.

The past 18 month period has seen NEAS experiencing increasing delays at hospitals across our region when handing over patients. Time spent at hospital reduces the frontline capacity to respond to incidents. There is an element of seasonality in hospital pressures; however, though there has been improvements seen since winter.

Figure 3 – Time spent at hospital for DDES CCG and North Durham CCG patients



5. Service Improvements

NEAS has implemented a number of initiatives which are helping to mitigate the impact of increasing demand and contributing to recovering response times. These include:

- Emergency Medical Response Programme – County Durham and Darlington Fire and Rescue Service have been part of the EMR trial since January 2016, which has now been extended and is currently funded until February 2017. Currently 3 stations are involved in the programme and respond to red incidents, and discussions about including 2 further stations (Barnard Castle and Middleton in Teasdale) are ongoing.
- Tri-responders programme - which began December 2015 continues to be delivered, which involves responders attending incidents on behalf of the three emergency

services. This provides additional resource that can be called on if required in the locality.

- NEAS is exploring how we can expand the role of Community First Responders (CFR) and has increased the number of community defibrillators that are available in rural communities. An operations manager has been tasked with leading a 12 month project to develop the Trust's CFR programme.

6. Ambulance Response Categories

Current priority	Definition	Target
Red 1* and 2 ***(Collectively known as Red 8)***	Potentially life-threatening conditions (including cardiac or respiratory arrest) *Red 1 incidents require a dual response	Eight minute response or faster, 75% of the time (this is the National Standard)
Red 19	Category R patients (R1 and R2) where a fully equipped ambulance vehicle able to transport the patient in a clinically safe manner must arrive on scene within 19 minutes. The standard must be met for incidents where we have initially dispatched a community first responder to a Red call.	Nineteen minute response time or faster, 95% of the time (this is the National Standard)
Green 2	Serious but not life-threatening condition	We attempt to respond in 30 minutes to these calls (no national standard set)
Green 3	Neither serious nor life-threatening	We attempt to respond in 60 minutes to these calls (no national standard set)

Adults Wellbeing and Health Overview & Scrutiny Committee

14 November 2016

Urgent and Emergency Care Network

Report of Lorraine O'Donnell, Director of Partnerships and Transformation

Purpose

1. To provide the Adults Wellbeing and Health Overview and Scrutiny Committee with background information in advance of a presentation by Joanne Dobson, Transformation Lead, North East Commissioning Support Unit regarding the Urgent and Emergency Care Network.

Background

2. In July 2015 NHS England announced 8 new vanguards to launch the transformation of urgent and emergency care for more than 9 million people. The 8 urgent and emergency care vanguards (UECs) aim to improve the coordination of urgent and emergency care services and reduce pressure on A&E departments.

3. The vanguards follow on from the success of the development of Regional Major Trauma Networks which, after being set up three years ago have seen a 50% increase in the odds of survival for trauma patients revealed in an independent audit by the Trauma Audit Research Network (TARN).

4. Building on the recent success of the Regional Trauma Networks, the urgent and emergency care vanguards have been tasked with changing the way in which all organisations work together to provide care in a more joined up way for patients.

Latest Position

5. The Urgent Care Network (UCN) includes areas around Northumberland, Tyne and Wear, County Durham, Darlington and Teesside – a region with a population of around 2.7 million.

6. The UCN aims to transform the UEC system and its services to further improve consistency and clinical standards, reduce fragmentation and deliver high quality and responsive health and social care to patients.

7. Joanne Dobson, Urgent and Emergency Care Network Director and Transformation Lead, North East Commissioning Support, will provide members with a presentation updating members of the progress made to date by the UCN.

Recommendation

8. Members of the Adults Wellbeing and Health Overview and Scrutiny Committee are requested to receive this report and consider and comment on the presentation and the information contained therein.

Background Papers

Press Release – NHS England on Urgent and Emergency Care Vanguards – July 2015

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Appendix 1: Implications

Finance – None

Staffing - None

Risk - None

Equality and Diversity / Public Sector Equality Duty – None

Accommodation - None

Crime and Disorder – None

Human Rights - None

Consultation – None

Procurement - None

Disability Issues – None

Legal Implications – None

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Adults and Health
Overview and Scrutiny Committee

14 November 2016

Preventative Mental Health Review and Recommissioning Report

Report of David Shipman, Strategic Commissioning Manager

Purpose of the Report

1. This report provides 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.

Background

2. Extensive joint project and review work is underway by CAS Commissioning and Public Health. Appendix 1 summarises the key implications of the project.

3. The purpose of the review was to develop options for future delivery of preventative mental health services as a number of existing contracts commissioned through Public Health and Adult Services approached their expiry date.

4. Based on the detailed findings from the review, including stakeholder feedback, the Mental Health Project board concluded that the future service model should include the following key principles:

    - Services built around the needs of individuals and families and delivered in communities.
    - Developing the voluntary and community sector to create people, places and pathways of support alongside public sector services.
    - A menu of evidence based services available in places close to home and utilising mainstream facilities, which promote independence and choice.
    - Services delivering a life course approach through promotion, prevention, early intervention and recovery.
    - Workforce development to ensure high standards of quality, safety and outcomes.
    - Future commissioned services linking clearly with health services, wellbeing services and the wider mental health system.
    - Future service provision building on the good practice of partnership working, co-production, peer support, innovation and flexible services, which helps to reduce stigma and discrimination and aid recovery.
    - Improve movement along different pathways

5. Taking into account the links with wider programmes and mainstream services and activities, and the key objective of improving service delivery and outcomes while ensuring value for money, the project board has agreed a single overarching mental health preventative model.

Proposed service model

6. The proposed future model for mental health preventative services is presented as a diagram in Appendix 2. Key elements are:
   - A life course approach defined as 'Starting Well', 'Developing Well', 'Living Well', 'Working Well' and 'Ageing Well' (Joint Commissioning Panel for Mental Health, 2015)[1].
   - Outcomes related to promotion, prevention, early intervention and recovery, including the 'Five Ways to Wellbeing'.[2]
   - A countywide hub and outreach model to deliver equitable access through community buildings, complemented by signposting and navigation along pathways to other services.

7. The project board is undertaking significant work on the following workstreams to help decide commissioning intentions:
   - Mapping current service provision and identifying areas for development against the proposed model
   - Identification of outcomes required from the new service model
   - Exploring current and potential care and support pathways
   - Engagement with key stakeholders on the proposed model and priorities for the future
   - Development of service specifications
   - Commissioning and procurement options and agreed plan

Key Outcomes

8. The suggested high level outcomes that could apply across the life course are based on the Public Health, Adult Social Care and NHS Outcome Frameworks, 'No Health without Mental Health' objectives and the 'Five Year Forward View for Mental Health' recommendations. Key priorities in local strategies and plans have also been considered when identifying outcomes e.g. County Durham's Public Mental Health Strategy and Suicide Prevention Framework and the Children and Young People's Mental Health, Wellbeing and Resilience Transformation plan.

[1] JCPMH (2015) Guidance for Commissioning Public Mental Health Services
[2] Mind webpage on Five-ways-to-wellbeing

9. The key outcomes are:

    - More people will have good mental health
    - More people will develop awareness and skills in order to help themselves and others in coping and fostering positive mental health and wellbeing
    - The development of community/ family settings which foster mutual/peer support
    - More people with mental health problems will recover and have appropriate accommodation, good quality of life and meaningful activity
    - More people with mental health problems will have good physical health
    - More people will have a positive experience of care and support
    - Fewer people will suffer stigma and discrimination
    - Delaying and reducing the need for care and support
    - Increasing choice, control and co-production
    - Reducing inappropriate hospital admissions and improving hospital discharge outcomes/processes through improved care and support pathways
    - Increased skills and capacity in the workforce so that people are supported appropriately, whatever the setting
    - Safeguarding vulnerable people and protecting them from avoidable harm in a safe environment
    - Preventing people from dying prematurely
    - Improving the wider determinants of health, health improvement and protection

Current service provision

10. Work has been completed to map the different types of services currently available across each locality and within each area of the model, e.g. Promotion/prevention for Starting Well, Care and Recovery for Living Well. Some services are commissioned by Adults and Public Health, Children's services and by other departments or Clinical Commissioning Groups, as well as available elsewhere in the voluntary and community sector.

11. The mapping process will help to identify areas for potential further development in the new model, which may need to be prioritised as part of the new commission or developed in the future.

12. Analysis of current and potential pathways between services will also inform commissioning intentions and shape future service provision. An important consideration in this process will be the effective links with other preventative services in the context of the following workstreams:
    - Think Family
    - Early Help
    - Resilience
    - Dementia Strategy
    - Dual Needs Strategy
    - 0-19 service developed by Public Health in conjunction with Education

13. The Wellbeing for Life service commissioned by DCC Public Health has a key role within the mental health model. The Wellbeing approach aims to take a whole-person and community approach to improving health, including mental health. A close working link has been established with the ongoing Mental Health Crisis Care Concordat activity.

14. The development of new pathways and ways of working will involve a cultural shift across all sectors – the mental health system as well as wider community provision – to ensure that the principles of prevention, early intervention and recovery remain at the heart of services for people affected by mental health as well as addressing other issues such as social isolation, unemployment, finance and housing. Signposting and navigation will be crucial to preventing children, young people and families from entering the mental health system unnecessarily and utilising other support and resources to build resilience, social networks and coping strategies.

Next Steps

15. Following approval at various senior management teams, the proposed mental health prevention model has been discussed with stakeholders through the Mental Health Partnership Board as well as provider, stakeholder and service user forums/networks throughout July and August 2016.

16. Following the service mapping and gap analysis, the Mental Health Project Board will undertake a commissioning options appraisal by December 2016. This will take into account financial pressures, i.e. the Medium Term Financial Planning (MTFP) process, which requires a further £1.5k savings from non-assessed services in Adult Care/Commissioning in 2017/18 and future saving targets across Children and Adults Services of c. £9.37m in 2018/19.

17. Stakeholder engagement and findings from the review are helping to inform the process of deciding which services will be recommissioned, redesigned or decommissioned to help achieve the necessary savings. Prioritisation will be undertaken in collaboration with the project group for non-assessed services, Clinical Commissioning Group representatives and other key stakeholders.

18. Specifications for the new service will be developed by Adults and Public Health by December 2016, with a view to commencing a redesign/procurement process during 2017. Implementation of the mental health prevention model will commence from 1 April 2017.

Recommendations

AHOSC is requested to:

- Note the contents of the report and the proposed service model.
- Note the further work required to inform future commissioning decisions and develop the model into detailed specifications for service redesign and/or reprocurement from December 2016.
- Receive a further report during 2017 outlining progress and key implementation stages.

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Tricia Reed Email: tricia.reed@durham.gov.uk Tel: 03000 269095

Appendix 1: Implications

Finance: Public Mental Health baseline budget remains unchanged; savings to be identified for Adults Preventative services. Current total annual budget is £8,211,765.

Staffing: No implications identified at this stage. Providers will be kept informed and given sufficient notice of contract extensions and future decommissions

Equality and Diversity / Public Sector Equality Duty
An Equality Impact Assessment initial screening has been completed for this review and will be updated of there are significant changes.

Accommodation
No impact

Crime and Disorder
No impact

Human Rights
No impact

Consultation
Consultation process followed with providers, elected members and other stakeholders; a communication and consultation plan has been developed.

Procurement
Procurement exercise will follow agreement of model and commissioning options.

Disability Issues
Included in Equality Impact Assessment – no impact

Legal Implications
No impact

Appendix 2

Mental Health Prevention Model

PEOPLE Life Course	Starting Well	Developing Well	Living well	Working Well	Ageing Well
Care and Recovery Reduce complications of mental health problems, support recovery and prevent/reduce risk of recurrence	Care and recovery from maternal mental illness, including specialist/ community services, early discharge planning, crisis support, carer support, self-help and peer support.	Care, recovery and social inclusion for children and young people with mental health problems including specialist/ community services, early discharge planning, crisis support , parent/carer support, self-help and peer support.	Care, recovery and social inclusion for people with mental health problems including specialist/ community services early discharge planning, crisis support, carer support, self-help and peer support; help to be independent and have a good quality of life until the end of life.	Recovery and support for people with mental health problems to find and retain suitable employment and to maintain positive mental health at work – support at work alongside specialist/community services.	Care, recovery and social inclusion for older people with mental health problems/ dementia including specialist/ community services, early discharge planning, crisis support, carer support; self-help and peer support; help to be independent as possible and have a good quality of life until the end of life.
Early Intervention Detect signs of mental health problems early and seek timely help, intervention and treatment, involving targeted approaches to groups at higher risk of poor mental health and wellbeing	Early detection/ intervention for maternal mental illness, parental mental health problems and for children with emerging mental health problems; plus early help to cope with relationship problems, financial worries and difficult life events e.g. bereavement, loss, separation, abuse and trauma- accessed through primary care/family services	Early detection /interventions for children and young people with emerging mental health problems; including early help to cope with relationship/, financial worries, bereavement, loss, separation, bullying, abuse and trauma- accessed through schools, primary care and other community services	Early detection/ interventions for people with emerging mental health problems and their carers; plus early help to cope with relationship/ financial worries and difficult life events e.g. bereavement, loss, separation, abuse and trauma- accessed through primary care and other community services	Early detection/ interventions for people with emerging mental health problems; plus early help to cope with difficult life events such as relationship/financial worries, bereavement , loss and redundancy; support at work and access to primary care and other community services	Early detection/ interventions for older people with the onset of dementia or emerging mental health problems and their carers; plus early help for relationship/ financial worries, bereavement, loss, isolation, abuse and trauma -accessed through primary care and other community services
Promotion/ Prevention Prevent mental health problems happening in the first place by addressing the wider determinants and promoting health and wellbeing at an individual, community or structural level	Mental health promotion/ preventative interventions within families and communities that aim to give new-born and young children a good start in life including support to parents before, during and after birth and interventions aimed at the child; to help develop resilience, mutual support, good mental and physical wellbeing, prevent mental disorder and reduce stigma/discrimination.	Mental health promotion and preventative interventions/ activities in families, schools and communities to help children and young people develop resilience, mutual support, good mental and physical wellbeing and prevent mental disorder, e.g. whole school and targeted approaches as well as awareness and reducing stigma/ discrimination.	Mental health promotion and preventative interventions/activities within homes, communities and care settings to help people of all ages develop resilience, mutual support, good mental and physical wellbeing; prevent mental disorder and reduce stigma/discrimination. .	Mental health promotion and preventative interventions/activities within the workplace to help develop resilience, mutual support, good mental and physical wellbeing; prevent mental disorder and reduce stigma/ discrimination. .	Mental health promotion and preventative interventions/activities within homes, communities and care settings to help older people and their carers develop resilience, mutual support, good mental and physical wellbeing, quality of life; prevent mental disorder and reduce stigma/ discrimination.

PLACES

Access and delivery points, including signposting and navigation to other preventative, early intervention or specialist services (PATHWAYS)

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