DURHAM COUNTY COUNCIL

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Friday 6 January 2017 at 9.30 am**

Present:

Councillor J Robinson (Chairman)

Members of the Committee:
Councillors J Armstrong, R Bell, J Blakey, P Crathorne, K Hopper, E Huntington, J Lindsay, M Nicholls, L Pounder, P Stradling and O Temple

Co-opted Members:
Mrs B Carr and Mrs R Hassoon

Also Present:
Councillor L Hovvels

1 Apologies

Apologies for absence were received from Councillors P Brookes, J Chaplow, S Forster, P Lawton, H Liddle, O Milburn, A Savory and W Stelling

2 Substitute Members

There were no substitute Members present.

3 Declarations of Interest

There were no declarations of interest.

4 Any Items from Co-opted Members or Interested Parties

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

5 Community Hospitals and Community Health provision

The Committee received a presentation from the Chief Executive of County Durham and Darlington NHS Foundation Trust (CDDFT) and the Chief Clinical Officer of Durham, Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG) about an Integrated Community Hub Model (for copy see file of Minutes).

The Chief Executive of CDDFT advised that by introducing an integrated community hub model it would keep people well and that they would benefit from being at home. The model would be introduced in the next financial year and work was ongoing with GPs,

trusts and local authorities to ensure that wrap around services were available. She offered to provide Members with a list of services from each Community Hospital facility and who provided them. She went on to highlight the context within the presentation.

The Chief Clinical Officer, DDES CCG highlighted the following:-

- Integrated hub model – including wrap around services and single points of access

Councillor Temple was advised that SPA refers to Single Point of Access for GPs to access community nurses.

Councillor Huntington said that someone needs to have overall control and asked how this was decided and who it would be. The Chief Clinical Officer explained that it would depend upon the hub. The person in control could be a social worker, lead community nurse, practice nurse or a GP. The service wrapped around the patient and was very patient focused.

Referring to the SPA abbreviation, Councillor Nicholls said that this type of wording was confusing for people. The Chief Clinical Officer agreed that they could do better and confirmed that the main contact for a patient was with their GP. The Director of Integration, CDDFT advised Members that nothing was yet written in stone. The aim was to have a slicker and smoother system.

Mrs Hassoon asked if this would fit in with Specialist Community Providers and if one point of contact who would carry out a care plan and where would this work be picked up. The Director of Integration said that it would be the most appropriate professional. The Chief Clinical Officer advised that this would depend on the needs of the patient. There was a need to get teams working locally. He confirmed that there would be one assessment but that it would need to be more involved.

With reference to hubs, Councillor Bell asked where they would be and if transport and other issues had been addressed. The Chief Clinical Officer confirmed that this would include Barnard Castle as community nurses already work directly with GPs now.

The Chief Clinical Officer continued with the presentation, highlighting the following:-

- Community hub vision
- Out of Hospital Strategy
- Why we need to do it
- What will be different for our populations?
- What will be different for our workforce?

The Chief Executive, CDDFT concluded the presentation by explaining:-

- Community Hospitals
- Where are we now?

The Chairman thanked the officers for their presentation.

Councillor Crathorne agreed that it was better to get people home more quickly, especially older people and those with disabilities. She asked if the Trust were working with independent providers to ensure that appropriate care would be given at home. The Chief Executive, CDDFT advised that they do this and said that work was underway to look at what the community hospital could provide in terms of a care package, especially as the private sector was under stress. The Trust had also considered looking at providing geriatricians working within primary care. The Director of Integration added that they already had an Intermediate Care Service and that the CDDFT were working within an intermediate care capacity. She informed the Committee that by investing in enhanced intermediate care could prevent people needing longer term care. She also referred to the reablement service that could prevent re-admission into care.

Councillor Huntington agreed that the Community Hospital could provide crucial care however was concerned that there was never enough car parking provision. She also expressed concern about social workers and asked if we had enough staff, as she was also aware that there were not enough GPs. She further asked if people would receive the correct training as an important part of the success of the hub. She felt that reception staff needed further training around confidentiality. The Chief Clinical Officer said that the shortage of GPs was being addressed and the CCG were looking at how to make the offer more attractive. The hubs would ensure that appropriately trained staff were in post allowing the GPs to concentrate on the job they were best at.

The Chief Executive added that places in medical schools had increased however it would be 6-10 years before any professionals emerge from that arena. She said that they were trying to ensure that this was the place were people wanting to come and work and that they would be given an opportunity to carry out a portfolio of work, perhaps working in the community.

Councillor Huntington re-iterated her point about the lack of confidentiality in reception areas and that some staff require proper training. The Chief Clinical Officer advised that they did try to drive up the quality offered and asked Members to report any specific problems. With regards to the point about social workers the Chief Executive explained that social worker roles would be well defined and would be kept under review. As the early stages progressed this would be monitored and there may be a need to re-invest in community provision. The Director of Integration advised that there had been no indication to suggest that there was insufficient provision in this area. Social workers would work across more than one hub and would be based much closer to localities. She also touched on the voluntary sector, adding that social workers back in the community would align with the voluntary sector through the hubs.

With regards to parking, the Chief Executive explained that this would be looked into.

The Head of Planning and Performance Strategy said that we were all good at making things complicated and suggested that we should be simplifying systems. He believed that by doing this it would free up a lot of capacity and that by simplifying things it would alleviate a lot of stress, worry and waste currently in the system. He hoped that we did not lose the fact that the user/patient was at the centre.

Councillor Nicholls appreciated that this was a difficult task and said that the changes needed to be worthwhile. He added that it was important for the community to become involved.

Councillor Bell expressed concerns at the under-utilisation of community hospitals. He stressed that multiple NHS providers had pulled out and that there were empty wards at the Richardson hospital. He also commented that there were a number of care homes in the Barnard Castle area. The Chief Executive advised that the demand for services at the Richardson hospital reduced as Darlington CCG had commissioned care in the town. She added that it was important to offer an enhanced level of care and get the patient reabled and back into the community. The facility at Darlington only takes patients for a 2 week period and therefore Richardson hospital still receive patients from that facility. With regards to the care homes the Chief Clinical Officer advised that where they could not be sufficiently staffed then there would be an opportunity for people to attend the community hospitals that could offer some services. The Director of Integration added that there was a project plan and engagement plan in place that links with the leads in the CCGs and Patient Reference Groups. The Chief Clinical Officer added that this was also part of the engagement strategy for the STP.

Following a question from Councillor Temple regarding the closure of the inpatient ward at Shotley Bridge Hospital, the Chief Executive, CDD FT confirmed that it was anticipated that the necessary remedial works would be completed at the end of January 2017 and the inpatient ward would be expected to re-open in February 2017. Staff and patients had been temporarily moved whilst works were underway.

Mrs Hassoon asked how the multi-specialist assessments would be paid for if there was a funding shortage. The Chief Executive advised that there would be a more efficient way of doing things and a natural direction of travel. The Chief Clinical Officer said that 90% of healthcare was delivered in a community setting with only 10% of the funding. He said that there needed to be a shift in funding as changes took place.

Resolved:

(i) That the presentation be noted.

(ii) That information about the services provided at each Community hospital be circulated.

6 County Durham and Darlington NHS Foundation Trust - CQC Inspection Improvement Action Plan update

The Committee considered a Report of Director of the Transformation and Partnerships and presentation from the Chief Executive of County Durham and Darlington NHS Foundation Trust an update in respect of the Care Quality Commission (CQC) inspection improvement Action Plan of County Durham and Darlington NHS Foundation Trust (for copy see file of Minutes).

The Chief Executive gave a detailed presentation that highlighted:-

- CQC Assessment for Darlington, Durham and Community Hospitals
- Context of the findings – e.g. 80% of indicators were good
- Ratings Distribution

- The Services that required improvement/ Trust-wide areas
- A&E Urgent Care – key actions completed prior to receipt of report and subsequently
- End of Life – key actions completed prior to receipt of report and subsequently
- Medicine & NIV & Critical Care – key actions completed prior to receipt of report and subsequently
- The Acute Intervention Team
- The developed solution
- Training & integration
- What they will do?
- Record Keeping, Care Planning & Ward Management – key actions completed prior to receipt of report and subsequently
- Governance & Strategy
- Where we are now
- Remaining Actions
- Monitoring & Assurance Processes
- Quality Matters/ Care Quality Improvement Framework

The Chief Executive concluded that all actions identified were complete or near-complete and that the ambition remains to move from good to outstanding.

The Chairman thanked the Chief Executive for her presentation.

Councillor Armstrong asked when the CQC would be returning to carry out a further inspection and further asked if the Trust were confident that actions had been put into place. The Chief Executive advised that the Trust had asked the CQC to return but as they must give 100 days' notice of a visit it would not be early this year. The Trust were keen to go through the process again and believed that the CQC must be comfortable with that they were putting the actions into place. The Trust had carried out their own internal inspection and had arranged for an external partner to carry out an inspection.

The Chairman said that it was frustrating as the public should be able to have sight of a follow up report that gave the assurances that things had been put right. It would also give staff a pat on the back. He added that good news did not seem to be reported but that any problems within the system are slated by the media and no follow up reports are ever carried out to see what improvements had been made.

Councillor Nicholls congratulated the Chief Executive for an excellent presentation and said that the information should be sent to the media.

The Chief Executive said that she would circulate their Board report to Members so that they could see the good news stories.

Councillor Bell felt that the 2 year cycle of inspections was unsatisfactory as the positives should be reassuring the public. He said that he would continue to hold the Trust to account but fully supported the report.

The Chairman suggested that the Committee send a letter to the Trust to commend the progress made and to congratulate them on the direction of travel. The Committee fully endorsed the actions taken by the Trust.

Resolved:

(i) That the contents of the report and presentation be noted.

(ii) That the Committee commend and fully endorse the actions taken by the Trust to improve the quality and performance.

7 Dentistry Services at the Richardson Hospital, Barnard Castle

The Committee received a report from the Primary Care Commissioning Manager, NHS England – North, Cumbria and the North East that gave an update in respect of dentistry services at Richardson Hospital, Barnard Castle (for copy see file of Minutes).

The Principal Overview and Scrutiny Officer informed Members that representatives from NHS England had advised that they were unable to attend the meeting. He reminded Members that the issue around dentistry was highlighted at the meeting on 14 November 2016. The organisation had been asked to provide an explanation for the removal of the service, including information on the number of affected patients, their location and the available alternative provision in the locality. The report highlighted the number of affected patients from the Bishop Auckland and Middleton in Teesdale areas when the mobile service ceased and they were transferred to Richardson Hospital. Numbers accessing dental services at the Richardson Hospital had declined over the last few years. Special needs patients were also seen at the Richardson Hospital and this service would not be affected.

Members were asked to refer to the map attached to the report that showed the level of take up, red indicating low take up and dark green indicating high take up. Take up in the Teesdale areas was very good in comparison to other areas within the North East.

The Principal Overview and Scrutiny Officer reported that the Castle Dene surgery in Barnard Castle had been actively recruiting new patients. Ongoing discussions were taking place and the move would be from the Richardson Hospital to seeking alternative provision. Members were asked to note the situation of the removal of the service.

Councillor Bell was seriously unhappy that there was an ongoing need for the service but that people had already been advised that the service would cease and that they would have to find alternative provision. He felt that no assurances had been given by NHS England. He referred to the background information within the report that showed that 200 patients in Teesdale and 80 people in Middleton in Teesdale had used the mobile service. Alternative provision had been put in place at the Richardson hospital. Most of the patients accessing the service came from Barnard Castle West. He attributed the falling numbers to the fact that people had already been told that the service would cease and therefore that had already found alternative provision. He went on to ask if there was enough capacity at other practices for all patients and stated that Crook and Shildon were not local areas, especially of people had to travel on public transport. Those people that were not mobile or that were elderly would suffer as a result. He said that his questions had not been answered, that the organisation had already stated its intention to withdraw the service and no assurance had been given that people would find alternative local

provision. He also found it unreasonable that no-one had attended the meeting today from NHS England.

Councillor Hopper said it would interesting to know about general access to general practices.

Councillor Huntington commented that an overarching manager should have been in control and advised people where to find alternative provision. She questioned why the organisation had been allowed to withdraw from the contract.

The Chairman suggested that a letter was sent to NHS England stating what the statutory overview and scrutiny process was and to explain that this Committee had discovered this piece of news from a local newspaper, via Councillor Bell. It had been a poor piece of work and they would be asked to attend a future meeting.

Councillor Bell expressed concern about transport links and felt that he had asked perfectly reasonable questions.

Councillor Temple said that it was not obvious from the report how many general patients had reduced. It was noted that the specialist service would remain but that these patients were included with the overall number of patients. He would like to know how many sessions had been cancelled not just the number of patients.

The Principal Overview and Scrutiny Officer referred to information in the report that stated 2 sessions per week had reduced to 2 sessions per fortnight. He suggested that as the Committee had a further meeting on 20 January 2017 he would make enquiries and ask for representation at that session.

Resolved:
That representatives from NHS England be invited to attend the meeting on 20 January 2017.