

## **DURHAM COUNTY COUNCIL**

### **ADULTS, WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Monday 4 July 2016 at 9.30 am**

#### **Present:**

**Councillor J Robinson (Chairman)**

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

Councillors J Armstrong, R Bell, J Blakey, J Chaplow, S Forster, K Hopper, E Huntington, H Liddle, J Lindsay, M Nicholls, L Pounder, P Stradling and O Temple

#### **Also Present:**

Councillor L Hovvells (Cabinet Portfolio Holder for Adult and Health Services)

#### **1 Apologies**

Apologies for absence were received from Councillor P Brookes and Mrs R Hassoon.

#### **2 Substitute Members**

There were no substitute Members in attendance.

#### **3 Minutes**

The minutes of the meeting held on 8 April 2016 and of the special meetings held on 27 April, 9 May and 24 May 2016 were agreed as a correct record and signed by the Chairman.

#### **Matters arising:**

Councillor R Bell referred to the minutes from 8 April 2016, and it was confirmed by the Principal Overview and Scrutiny Officer that an email had been sent on the same date to NEAS highlighting concerns regarding the issues raised at the meeting in respect of the availability of NEAS performance data. A response had been received by the Assistant Director of Communications and Engagement which contained an apology that the report had not been made available to the Rural Ambulance Monitoring Group and provided links to the NEAS website where all data, including the performance report was located.

Councillor R Bell reiterated his concerns regarding the performance of NEAS in Durham Dales, Easington and Sedgfield areas and the Chairman added that there were still outstanding concerns regarding North Durham. The Chairman suggested that NEAS performance monitoring be considered at the Special meeting on 1 September 2016 and any concerns could be directed to the Assistant Director of Communications and Engagement.

#### **4 Declarations of Interest, if any**

There were no declarations of interest.

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

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

The Chairman welcomed Councillor Blakey as the new Vice-Chairman of the Committee and thanked Councillor Forster for her work as the former Vice-Chairman.

#### **6 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;

- **Twins will not be born at Darlington Hospital as interim measure following maternity services review – Northern Echo 14 June 2016**

Expectant Mothers of twins would not be able to give birth at Darlington Memorial Hospital as an interim measure following a review of maternity services. An external review was commissioned following concerns and a series of serious incidents. This was the second review of maternity services at County Durham and Darlington Foundation Trust (CDDFT) since 2009, and explored the culture and provision of services in units at Darlington Memorial Hospital (DMH) and the University Hospital of North Durham (UHND).

- **What does the Better Health Programme mean for the region? Lead clinicians explain their approach to health service changes – Northern Echo 15 May 2016**

Media reports had suggested that meetings had taken place between senior NHS officials to discuss the transfer of vital services from smaller hospitals to larger centres. The NHS in Darlington, Durham and the Tees Valley was in the process of holding public meetings about the Better Health Programme, which would shape how services were delivered across the North-East and Teesside.

- **True extent of the North East's diabetes epidemic is revealed – Evening Chronicle 13 June 2016**

Figures had confirmed that thousands of people had been diagnosed with diabetes in the North East since 2013. Statistics showed that an extra 5,378 people in the region suffered from the condition. Newcastle University experts had revealed following research that people who reversed their diabetes, then keep their weight down, could stay clear of the condition. In addition, the team found that even patients who suffered from Type 2 diabetes for up to 10 years could reverse their diagnoses.

- **North-East 'fattest in the country', statistics reveal – Northern Echo 28 April 2016**

There was a higher rate of hospital admissions in the North East, due to primary diagnosis of obesity than any other part of the country. Figures released by the Health and Social Care Information Centre (HSCIC) showed that in 2014/15 there were 1,829 admissions in total which equated to 70 admissions per 100,000 of population. Across England there were 17 admissions per 100,000 of population, 9,130 in total.

The Chairman welcomed to the meeting, Paul Frank, Associate Director of Operations (Family Health) and Joanna Crawford, Head of Midwifery and Gynaecology, and invited them to address the review of maternity Services within County Durham and Darlington NHS Foundation Trust (CDDFT).

The Associate Director of Operations (Family Health) confirmed that following the Morecambe Bay report of 2015, CDDFT had commissioned and published a report in March 2016 regarding twin pregnancy pre and post birth care. As a result of the findings, the CDDFT had temporarily ceased this service at Darlington Memorial Hospital.

There was approximately 25 twin births per year at Darlington and there were ten women affected by the decision.. Nine had agreed to have their babies at South Tees Hospital (STH) and one at University Hospital North Durham. The arrangement was expected to be for a maximum of three months, however would be reviewed weekly.

Councillor Armstrong referred to the temporary closure of Bishop Auckland General Hospital Midwife-led Maternity Unit, which had been closed for two years, although at the time it was advised would be temporary. He queried whether the temporary arrangement would affect any other pregnancies and was advised by the Head of Midwifery and Gynaecology that with regards to multiple births, 60% delivered before 37 weeks which was considered a full term pregnancy. Anybody who went into labour before 37 weeks would be expected to be transferred to STH following delivery as there was an Intensive Care Baby Unit on site. All women affected had been contacted direct and were satisfied with the pathway changes.

Councillor R Bell referred to the Northern Echo article which claimed that as a result of the Better Health Programme, Accident and Emergency Care was being reorganised and would result in the closure of one unit across Durham and Teesside. He confirmed that many rural areas in County Durham could be affected, depending on which unit closed. The Chairman advised that the Better Health Service proposed changes to all services, not just casualty, and confirmed that a consultation was taking place prior to proposals regarding our future Health Service. Councillor Nicholls referred to a recent public consultation meeting which had been held, however none of the local residents were aware that it was taking place and therefore had a low turnout.

The Chairman advised that there was a series of events being held at the end of July and formal consultation was due to begin in November, details of which had been circulated to all Members by Councillor L Hovvels, who confirmed that the email would be resent to all Members.

The Principal Overview and Scrutiny Officer confirmed that Better Health Programme would undergo a number of phases before they would formulate options to consider during the formal consultation. There would be a number of pre-consultation engagement meetings before any key decisions would be made on how to provide future services. The formal consultation period would begin at the end of November, however consideration would be given by Adults, Wellbeing and Health Overview and Scrutiny Committee, Health and Wellbeing Board, Local Members, NHS providers, Communities, Physicians and in addition, the Regional Joint Health Scrutiny Committee, which was meeting on 7 July 2016.

**Resolved:**

That the content of the presentation be noted.

**7 Care Quality Commission "Shaping the Future - CQC's strategy for 2016-2021"**

Consideration was given to the report of Assistant Chief Executive, which provided Members with background information on the Care Quality Commission's (CQC) five year strategy (for copy see file of minutes).

A Stanford, Head of Inspection – North East and Cumbria, CQC, gave a presentation with an overview of the CQC's strategy for 2016-2021 (for copy see file of minutes).

The purpose of CQC was to monitor, inspect and regulate health and social care services to ensure they met fundamental standards of quality, ensuring people were provided with high-quality, safe, effective and compassionate care.

The NE and Cumbria CQC consisted of 7 Inspection Managers and 35 Inspectors. By 2021 the overall budget would reduce by £32m therefore to ensure the service remained sustainable, there had to be fewer resources going forward. Most services had undergone a full comprehensive assessment, therefore the focus would be on those with poor ratings that were not making the necessary improvements.

There were six themes which would develop the new model of regulation;

- Improving the use of data and information – inspections were time consuming due to the amount of data which had to be scrutinised, therefore existing data would be streamlined
- Implementing a single shared view of quality – patient experience was important for analysis therefore the Intelligence Team were working on a portal for patients to record their feedback
- Targeting and tailoring inspection activity
- Developing a more flexible approach to registration
- Assessing how well hospitals used resources
- Developing methods to assess quality for populations and across local areas

In response to a query from Councillor Forster, the Head of Inspection confirmed that anybody could contact the CQC via a contact centre. Listening events had been held prior to inspections, but they were more successful if there was an overall issue, for

example, there was a good turnout when Hartlepool was inspected, but that was due to the potential closure of A&E. One listening event in the deaf community had raised the issue of calling out names for appointments, with no alternative means for addressing deaf patients. There had been an event in the Jewish Community in Gateshead.

It tended to be older people that provided feedback to the CQC and there was a lot of feedback from relatives of patients with dementia or learning disabilities, however not all feedback was negative. Engagement with patients during an inspection was crucial and in-patients were interviewed when possible, however it was sometimes difficult due to their treatment plan.

Ms Stanford stressed that where issues of concern were detected during inspections, CQC reps met with NHS Trust Executive teams to discuss what action plans were proposed to address such issues.

### **Resolved:**

That the report be noted.

## **8 Director of Public Health Annual Report 2015/16**

Consideration was given to the report of the Director of Public Health (for copy see file of minutes).

The Chairman announced that Anna Lynch, Director of Public Health would be retiring and therefore he wished to formally acknowledge her work on behalf of the Committee and wish her luck for her future.

The Consultant in Public Health referred to the news headline that the North East was the fattest region in Great Britain and noted that it equated to  $\frac{3}{4}$  of the County as overweight or obese. As well as the effect it was having on adults, it was also having on younger people, Type 2 Diabetes was being diagnosed in children. The solution was to eat less and exercise more although it was difficult when food was so readily available and cheap. He referred to the stop smoking campaign which had only seen success since the ban on advertising had been imposed and suggested a change in the way food was promoted may lead to a reduction in the figures.

Councillor H Liddle referred to the inconsistency in the Councils approach, here was the Committee considering how to reduce obesity, yet regulatory Committees such as planning and licensing were asked to approve permission for fast food takeaways, without consideration of the impact on health. She confirmed that there were nine takeaways in her village which only had a population of 5000. Councillor Huntington added that planning Committees could only consider legislation. The Consultant in Public Health agreed that like smoking, things might only improve if policies were reformed or primary legislation passed by Government as had been the case with the smoking ban. He referred to a recent headline with reference to a planning application for a fast food premises in Newcastle which had been refused due to it being near a school. A subsequent appeal was withdrawn by the applicant due which confirmed that it was possible to fend off organisations if they could be of detriment to children's health.

Councillor Temple confirmed that planning and licensing Committees were only able to judge an application with regards to the legislation that accompanied it. He referred to section 106 agreements can included the provision for outdoor playing space, however it did not specify that space had to be sufficient for activities such as cycling or walking. He referred the appendix included on all Committee reports which gave consideration to a number of implications including, equality and diversity, human rights, and disability, and suggested that the Committee could make a recommendation that health implications could be included on every report.

Councillor Forster referred to the contribution of sugar to diabetes and confirmed that food which was high in sugar was not identifiable for people who did not examine the food labelling. The Consultant in Public Health confirmed that a traffic light system had been developed by the Food Standards Agency, to identify the content of fat, saturated fats, sugar, and salt in foods, however some people may not interpret it the way it was intended.

Councillor Stradling added that an increase in sugar and a reduction in exercise had both contributed to the increase in obesity.

**Resolved that:**

- (1) The Annual Report of the Director of Public Health be received and the recommendations therein noted;
- (2) The Committee recommend to the Council's Monitoring Officer that the corporate reporting template include a section on Health Implications within Appendix 1.

**9 2015/16 Quarter 4 Performance Management Report**

Consideration was given to the report of the Assistant Chief Executive which 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 2015/16 financial year (for copy see file of minutes).

The Head of Planning & Service Strategy presented the report and referred to the previous meeting where disappointment had been expressed regarding the number of health checks being below the national and regional performance. He confirmed that information regarding the role of GP's would be delivered at the meeting in October, in order for Members to consider. The Chairman confirmed that Members were still concerned considering successful drug and alcohol treatment had deteriorated further. The Head of Planning & Service Strategy confirmed that assurances had been sought by the current provider and they had been notified of Members concerns. They were being closely monitored and were aware that they would be considered as part of the Councils contract reviews.

**Resolved:**

That the report be received.

The Committee considered a report of the Assistant Chief Executive which invited Members to consider and agree an updated Work Programme for the Adults Wellbeing and Health Overview and Scrutiny Committee for 2016-17 (for copy see file of minutes). In considering topics for a piece of Review work, members agreed to include a Review of Suicide Rates and Mental Health and Wellbeing in County Durham.

**Resolved:**

That the proposed work programme for 2016-17 for the Adults Wellbeing and Health OSC be agreed and a Review into Suicide Rates and Mental Health and Wellbeing be included therein.