

## **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 10<sup>th</sup> 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 Sedgfield Clinical Commissioning Groups that presented the Durham Dales, Easington and Sedgfield 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 Sedgfield 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 Little 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 it 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.