

DURHAM COUNTY COUNCIL

At a Meeting of the Adults, Well Being and Health Overview and Scrutiny Committee held at the County Hall, Durham on **Wednesday 24 June at 10.00 a.m.**

COUNCILLOR R BURNIP in the Chair.

Members of the Committee

Councillors J Armstrong, J Bailey, D Burn, A Cox, R Crute, S Iveson, A Laing, A Savory, A Shield, P Stradling, T Taylor, O Temple and A Wright.

Co-opted Members

Councillor D Bates, Mr D Haw and Mr C McCaughey

Other Members

Councillors M Simmons, J Blakey and R Todd

Apologies for absence were received from Councillors R Bell J Chaplow, M Potts and W Stelling.

A1 Welcome from the Chairman

The Chairman welcomed everyone to the meeting of the Adults, Well Being and Health Committee.

A2 Terms of Reference of the Committee

Jeremy Brock, Health Scrutiny Liaison Manager referred to the Terms of Reference which were considered at the meeting held on 4 June 2009 and explained that the purpose of today's meeting is to consider health care issues which will form part of a 'long list' of priority issues to inform the development of the Committees work programme.

A3 Minutes

The Minutes of the meeting held on 4 June 2009 were agreed as a correct record and signed by the Chairman.

Jeremy Brock advised the Committee that the Light Touch Review of Mental Health Day Services is to commence on Friday 26th June and will be followed by meetings on 3rd and 17th July.

A4 Declarations of Interest

There were no declarations of interest.

A5 Development of the Work Programme – Strategic Context and NHS Priorities

The Committee received a presentation from David Gallagher, Director of Partnerships and Services, NHS County Durham and Anna Lynch, Chair of the Health and Well Being Partnership (and Locality Director of Public Health) (for copy of slides see file).

David Gallagher explained that the five following pledges arose from the Lord Darzi report 'Leading Local Change, NHS Next Stage Review':

- Change will always be to the benefit of patients.
- Change will be clinically driven.
- All change will be locally led.
- You will be involved.
- You will see the difference first.

The Department of Health guidance document 'Real Involvement: working with people to improve services' provides statutory guidance for NHS organisations on involvement and provides advice about the new duty of reporting on consultation and best practice and on embedding involvement. Following consultation on 'Seizing the Future', David said that he would be working with the Committee to finalise a consultation process for future service reconfigurations.

It was explained that what NHS County Durham does links in with its strategic aims as a commissioning organisation which are improving health, reducing health inequalities and providing patient centred safe services. In addition NHS County Durham spends over £1bn in County Durham and Darlington and needs to ensure that there is value for money.

As part of all of this there a number ways that NHS County Durham is monitored and regulated. This includes:

- World Class Commissioning which is a framework for commissioning and includes involving local people and obtaining value for money.
- Comprehensive Area Assessment - the assessment of NHS County Durham will feed into the Comprehensive Area Assessment.
- Care Quality Commission regulates both health care and social care.
- 'Vital Signs' is an approach to planning and managing priorities and how to develop local operational plans to deliver against national and local priorities.
- Local Area Agreement is linked to issues such as improving health and tackling health inequalities.

Reference was made to the 'credit crunch' and it was explained that the message coming from the Department of Health is that the NHS will need to be careful to ensure that they obtain value for money and further service efficiencies. This may enable further innovation in delivering care closer to home.

One of the key challenges facing NHS County Durham is pandemic flu and it is expected to get worse in the autumn and winter. This could have two effects on the National Health Service in that there will be more patients to treat as well as organisations having members of staff sick. This may have an impact on NHS bodies' ability to meet other health needs.

In respect of other issues it was explained that there is a programme to develop community hospitals together with a number of new primary care centres. The primary care centre in Stanley is almost complete and the centre at St Johns Square, Seaham is at an early planning stage. This is linked to the document 'Transforming Community Services' which will see the restructuring of primary and community services.

It was explained that Primary Care Trusts such as NHS County Durham can no longer be commissioners and providers of services and there will be further separation of these functions where this has not yet happened: public health and community services.

It was pointed out that rural ambulance services, rural health, urgent care services, a single point of contact and the Foundation Trust application process are all areas which the Committee may wish to examine.

There are a number of priorities for NHS County Durham to work together with partners on:

- Transport
- Local Involvement Network
- Wider determinants of health - the need to work with partners
- Area Action Partnerships - how can they be used to get key messages to local people and to get feed back from people on local services.

Anna Lynch, Locality Director of Public Health and Chair of the Health and Well Being Partnership identified issues from a public health perspective which the Committee may wish to consider as part of its work programme.

Our ten priorities linked in to the LAA are as follows:

- Decreasing health inequalities
- Increasing life expectancy
- Reducing cardiovascular disease (including stroke) mortality
- Reducing cancer mortality
- Increasing smoking quitters
- Decreasing hospital admissions relating to alcohol
- Increasing breastfeeding
- Decreasing the under 18 conception rate
- Decreasing suicide and undetermined injuries
- Improving the patient experience of end of life care

Anna explained that there is large public health directorate within NHS County Durham of around 300 staff of which the majority are working in communities and with partners delivering services. As a result of policy changes in the NHS, the PCT have to separate the delivery element from the commissioning

element. From October the majority of staff will move into a provider organisation and work on this is ongoing at the moment.

Commissioning will be informed by the Joint Strategic Needs Assessment (JSNA) which will be updated this year. Commissioning will be based on the evidence, information and knowledge that NHS County Durham has on the state of the health of the population in County Durham. NHS County Durham will be looking at various health needs assessments to inform what services are commissioned which could be for specific diseases or illnesses. NHS County Durham will also be undertaking health equity audits which are specific and will look at whether the services are provided equitably.

The priorities from a health improvement and a public health perspective are based on reducing health inequalities and reducing the gap in life expectancy.

NHS County Durham will have to commission population based services as well as targeted services for vulnerable groups where there are known specific problems and issues and this will be informed by the JSNA.

Health improvement services will be provided by a public health delivery unit from October which will be delivering the following services:

- Smoking cessation/tobacco control
- Physical activity programmes
- Food and health
- Healthworks/Cancer Information Centre
- NHS health check - cardio vascular risk programme new service
- Alcohol
- Children and young people
- Health Trainers
- Workplace health
- Obesity and weight management service

Anna emphasised that a partnership approach was important in tackling the wider determinants of health which include poor housing, poor education deprivation etc as the local authority has responsibility for many of these areas. These issues are included in the Local Area Agreement.

Other areas of partnership work which may be of interest for the Committee to include in its work programme were highlighted:

Children's Trust
Joint Director of Public Health role
Comprehensive Area Assessment
Health and Wellbeing Partnership
Area Action Partnership

At the conclusion of the presentation, the Committee divided into five groups for discussion. The following 'long list' of issues were identified by discussion groups

- **Public Health**
 - Commissioning/provider role/split
 - NHS Health check service
 - LAA targets and the role of LAA partners
 - Teenage health programme with reference to substance/alcohol misuse
 - Services for older people
 - Immunisation programmes both for children and older people
 - Welfare rights and the availability of such advice and how it could help impact on public health issues particularly long term conditions

- **Ambulance Services**
 - Single point of access/contact for urgent care
 - Rural ambulance service
 - Response to Foundation Trust application
 - Integrated transport

- **Community Provision**
 - Transforming community services – the commissioner/provider split including:
 - Ensuring that standards are maintained or enhanced, delivered efficiently and fit for purpose
 - Scrutiny role of monitoring, liaison and communication with all health and social care partners
 - NHS Darlington Foundation Trust application
 - Transport

- **Hospitals**
 - Winter planning/winter capacity i.e. pandemic flu
 - Health care acquired infection i.e. MRSA/C.Diff
 - Understanding the NHS family

- **Mental Health Issues**
 - Community based mental health service provision - i.e. care closer to home
 - Integrated Business Plan - comment on service changes and developments within the Integrated Business Plan and its update
 - Integrated Business Plan - bed use at Lanchester Road Hospital
 - Involvement of users and carers
 - Transport
 - Access to mental health services

Feisal Jassat informed Members that a special Adults, Well Being and Health Committee meeting will be held on 23 July 2009 which will short list the priorities for the work programme.

He also explained that the Overview and Scrutiny Management Board meets on 1st July and this long list of suggested priorities will be incorporated into an overall list of all Overview and Scrutiny Committee proposals. Further discussion will take place between July and August with the work programme being implemented in September.

Resolved:

That the presentation be noted and that the priorities identified during the working groups be considered for inclusion in the work programme.