

DURHAM COUNTY COUNCIL

Minutes of the Meeting of the Adults, Wellbeing and Health Overview and Scrutiny Committee held at County Hall, Durham on **Wednesday 23 June 2010** at **10.00am**

Councillor R Todd in the Chair

Members of the Committee

Councillors J Armstrong, A Barker, R Bell, B Brunskill, D Burn, J Chaplow, A Cox, K Davidson, A Shield, P Stradling, T Taylor and O Temple.

Co-opted Members

Mr V Crosby, Mrs K J M Currie, Mrs H Gibbon, Mrs R Hassoon and Mr D Haw

Other Members

Councillors M Nicholls and L O'Donnell

Also Present

M Bewley – Head of Communications and Public Relations, NHS County Durham and Darlington

B Clark – Assistant Director of Planning, NHS County Durham and Darlington

Apologies for absence were received from Councillors J Bailey, R Crute, M Potts, A Wright and D J Taylor Gooby

A1 MINUTES

The Minutes of the meeting held on 26 April 2010 were agreed as a correct record and signed by the Chair.

Matters Arising

Minute A1 – Mental Health Services in North Easington

The Committee were advised that NHS County Durham and Darlington were not in a position to report on the outcome from the extended consultation in relation to Mental Health Services in North Easington, and the proposed future provision of services. A letter from the Chair of this Committee had been sent seeking clarification and asking for information regarding any changes in the interim.

Minute A6 - Progress by In-House Provider of Day Services (Mental Health) – County Durham Care and Support

The Committee were advised that County Durham and Darlington Mental Health Forum had advised that they intended to consult widely on this matter. The tight timeframe had not therefore allowed sufficient time to report back to this meeting as had previously been agreed. A further report updating Members would be submitted to the Meeting on 9 September 2010.

Minute A10 – Visit to North East Ambulance Centre Pathways Control Room – 8 June 2010

The Committee were advised that J Brock, Health Scrutiny Liaison Manager, the Chair and Vice Chair of this Committee and Councillor B Brunskill had visited the North East Ambulance Service in Newcastle on 8 June 2010 and found it very useful and informative.

Minute A11 – Momentum: Pathways to Health Care Programme

The Committee were advised that the announcement related to the proposed hospital development site at Wynyard Park was disappointing. As the facts were currently unclear it was not possible to fully report on the matter at this time.

A2 DECLARATIONS OF INTEREST

There were no declarations of interest.

A3 ITEMS FROM CO-OPTED MEMBERS OR INTERESTED PARTIES

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

A4 PRESENTATION ON THE NEW 111 SERVICE IN COUNTY DURHAM AND DARLINGTON

The Committee received a presentation from M Bewley, Head of Communications and Public Relations on the 111 Programme (for copy see file of Minutes).

Members were advised that the 111 Programme was a joint Department of Health and NHS initiative designed to make it easier to access urgent and non-emergency healthcare and drive improvements in the way the NHS delivered that care. The 111 Programme provided an easy to remember, free to call, number to improve people's access to urgent healthcare services. The number would provide a consistent clinical assessment at the first point of contact and would direct people to the right NHS service, first time. The Programme was a driver for developing NHS non-emergency and emergency care services.

It was explained that research consistently showed that the public had limited awareness of the different healthcare services that were available. Research carried out in November 2009 found:

- 38% agreed they were not sure of care options available for less serious conditions outside of normal GP hours,
- 50% agreed they were more likely to use A&E on an evening/weekend as the only way to access NHS help at this time.

Expected benefits for the public included;-

- Improving public access to non-emergency healthcare services by providing a simple, easy to remember number that was free to call and available 24 hours a day, 365 days a year.
- Increased public satisfaction and confidence in the NHS by; improving access to urgent healthcare services; providing an entry point to the NHS that was focused on peoples' needs; enabling people to access the right service, first time and increasing efficiency of the NHS by directing people to the service that was best able to meet their needs.

Expected benefits for the NHS included;-

- Increasing efficiency of the NHS by; providing consistent clinical assessment that ensured people accessed the right service, first time and directed them to the service best able to meet their needs, taking into account their location, the time of day of their call and the capacity of local services.
- Enabling the commissioning of more effective and productive healthcare services by; identifying the services which were currently over or under used; providing information on people's needs and increasing understanding of the shape of demand for services.
- Increasing the efficiency of the 999 emergency ambulance service by reducing the number of non-emergency calls received.

Demonstrating 111 would allow NHS County Durham and Darlington to test different ways of delivering the service. The service would be assessed to see how well it managed the level of calls received, as well as ensure that the service delivered the expected benefits to the public and the NHS. It was explained that East of England, East Midlands and the North East had been selected as pathfinder areas. A full assessment of the service in these areas would inform plans for further national implementation.

It was explained that progress had been made and the central programme team were working within the Department of Health. Demonstrator programme teams were up and running and the programme board and stakeholder groups were meeting regularly. Service specifications had been agreed and work was underway to develop the branding and marketing for the service.

Whilst there could be confusion in relation to the difference between the emergency and non emergency numbers, the solution was to make the system as straightforward as possible.

Work was underway in the pathfinder areas to 'soft-launch' the service in July 2010. By September a Government campaign would be launched and it was expected that by then any initial problems would have been ironed out.

V Crosby stated that the 111 Programme was an excellent idea but the key to its success was communication as there appeared to be confusion across the

various services. An assurance was given that there would be adequate publicity in the media and briefing material would also be available.

R Hassoon asked if patients who rang GP surgeries out of hours would be advised to ring the 111 number. The Head of Communications and Public Relations confirmed they would.

R Hassoon asked whether it would be possible for those with mental health problems or learning disabilities to be provided with a small card which would explain the number they had to ring in an emergency. The Head of Communications and Public Relations agreed to take this on board.

K Currie asked how the 111 number would affect the NHS Direct health service advice number. The Head of Communications and Public Relations explained that it was unclear but it was likely the two numbers would sit side by side as both products were different. The 111 number would enable someone to get directly into the NHS system whereas NHS Direct could be used for advice. Clarity was needed on the difference between the two numbers and how they were to be used.

D Haw pointed out that when patients rang 999 they were triaged there and then and queried if this would continue. The Head of Communications and Public Relations advised that callers would continue to be triaged when they dialled 999 and pointed out that call handlers would be fully trained. The 999 number allowed callers to access many different services not just urgent care.

RESOLVED that the information given, be noted.

A5 PRESENTATION ON NHS COUNTY DURHAM ANNUAL OPERATING PLAN 2010/2011

The Committee received a presentation from B Clark, Assistant Director of Planning which gave details of the NHS County Durham and Darlington Annual Operating Plan 2010/2011 (for copy see file of Minutes).

Members were advised that the economic downturn would have a significant impact on NHS resources and a review of the 2009/10 Annual Operating Plan would ensure that budgets were spent wisely. A refresh of the PCT 5 Year Strategic Plan had been undertaken and the Operating Framework for the NHS in England 2010/11 was published in December 2009. A post election revision of the Operating Framework would be published in June 2010.

The four key areas for delivery outlined in the 2010/11 Annual Operational Plan were;

- 5 Year Strategic Plan in 2010/11
- QIPP Programme in 2010/11
- Vital Signs and performance targets – outlined in the Operating Framework
- National priorities identified in the Operating Framework

Members were provided details of the staged approach to investment outlined in the Operating Plan. Stage 1 investment of £78.9M included contractual commitments, some of which the NHS had no control over. Stage 2 investment of £3.5M would be released in October when national and regional priorities were clearer. This included regional commitments and Vital Signs/Operating Framework priorities. Stage 3 investment of £14.4M would not be committed unless QIPP efficiencies were released.

Revisions highlighted in the Operating Framework included:-

- Military veterans – improving support and ensuring a smooth transition through the service,
- Transforming community services – a change to the management arrangements to be completed by 31 March 2011,
- Management cost efficiencies – targets had been set for 2010/11 and 2011/12 and savings would have to be made,
- Future direction – in the interim period structures would be looked at to ensure the right care was provided at the right time in the right place.

Details of the programme delivery including the delivery groups and clinical project group were outlined to Members.

RESOLVED that the information given, be noted.

A6 PRESENTATION ON LIFE OPPORTUNITIES PROGRAMME

The Committee received a presentation from D Shipman, Strategic Commissioning Manager and V Best, Commissioning Policy and Planning Officer on the Life Opportunities Development Programme (for copy see file of Minutes).

The Strategic Commissioning Manager advised that the Programme formally began on 1 July 2009. It was a 5 year Programme which would be reviewed after 3 years. The aim of the Programme was to maximise community involvement for individuals and increase access to a wider range of creative opportunities.

Members were advised that the Opportunities Programme followed the Day Services Improvements Programme for Derwentside. The Programme included the following five main Day Centres, and their satellite units:-

- Shinwell Centre, Easington
- Oaks Centre, Sedgfield
- Durham Centre, Durham
- Empower 2, Chester-le-Street
- Aucklandgate Centre, Dales

It was explained that the Programme had been reviewed in the light of the current financial climate and the overall approach remodelled. It was likely

that the budget would be reduced for 2010/11 and fewer staff appointments were anticipated. There were reduced expectations and all future reshaping would be within existing budgets.

The Commissioning Policy and Planning Officer provided a number of examples of where progress had been made which included; briefing/consultation sessions, cross-council working, the "Changing Places in County Durham" campaign, community mapping, community engagement training and seminars for service users.

Details were also provided of the progress made in relation to Person Centred Planning.

- All service users who met the required criteria had been offered a Person Centred Plan,
- 142 of the 514 service users who attended day services in the localities had a Person Centred Plan,
- "Exit Surveys" suggested that in relation to the Person Centred Planning process the individual experience of service users/carers and staff was a positive one.

A number of events had also been held in partnership with Age Concern for older service users (Easington), a consultation event with Adult Placement Service, The Learning Disability Parliament, Housing Options, Employment and the Voluntary Sector.

Staff from County Durham Care & Support had been working to offer more flexible services and a wider range of options, including the development of a number of community based projects for service user involvement, details of which were outlined.

The Strategic Commissioning Manager advised that in future limited resources would be used wisely through;-

- planning future services and working across Departments in the Council,
- encouraging the use of pilot schemes to determine which services should be expanded,
- being aware of the capability of alternative service providers to develop future specific services,
- the creative use of any opportunities afforded through Personalisation and Individual Budgets.

R Hassoon referred to the Person Centred Plans and asked if service users received a copy of their own plan and how often were they evaluated and reviewed. In addition she queried if there were carers care plans.

The Commissioning Policy and Planning Officer advised that care co-ordinators evaluated the Person Centred Plans throughout the life of the

programme. Approximately 10% of Personal Care Plans were re-visited to evaluate what actions had been carried out. A copy of the individual plan went to the carer, the service user and anyone else involved in the care of the person. The care co-ordinators evaluated the Plans every 6 months, which was a statutory requirement. R Hassoon queried if this was enough. The Commissioning Policy and Planning Officer advised that if there was a need for more frequent reviews they would be undertaken more often.

R Bell asked if in the current economic climate it would be possible for the health service to contribute towards the cost of services. The Strategic Commissioning Manager advised that a number of service users already accessed joint funded services and they were looking to work more closely with the PCT's. Joint strategies would be looked at where there were opportunities for joint funding.

P Stradling pointed out that partnership working was critical to accessing funding opportunities.

The Strategic Commissioning Manager acknowledged the financial climate and advised that all opportunities for additional funding were investigated. The Chair stressed that financial pressures on services should not lead to vulnerable service users suffering.

The Commissioning Policy and Planning Officer pointed out that as Derwentside had been the first area to be developed it was to be evaluated. Service users had been asked to complete a survey and Members would receive feedback on the results of the survey.

RESOLVED that the information given, be noted and the results of the evaluation at Derwentside be considered at a future meeting of the Adults, Wellbeing and Health Overview and Scrutiny Committee.

A7 PROPOSAL FOR A REVIEW INTO ACTION TO TACKLE HEALTH INEQUALITIES IN COUNTY DURHAM

Consideration was given to the report of the Assistant Chief Executive which sought approval to an approach to, and involvement in, a proposed review into action to tackle health inequalities in County Durham which would identify a focus and recommendations for action to address health inequalities by the Council, its partners and partnerships in the County (for copy see file of Minutes).

Members were advised that concerns regarding health inequalities led the Secretary of State for Health in November 2008 to ask Professor Sir Michael Marmot, Chair of the WHO Commission for Social Determinants, to lead a Post 2010 Strategic Review of Health Inequalities to advise on the future development of a health inequalities strategy for England. The Marmot Review report *Fair Society, Healthy Lives* was published in February 2010.

The full report and Executive Summary were posted on the Council's website and a copy had been placed in the Members Library.

It was explained that in County Durham the health of the population lagged significantly behind England as a whole and there were significant inequalities

between different parts of the County and sometimes between neighbouring wards. A summary of challenges, priorities and indicators in County Durham were outlined in Appendix 2 to the report.

Members of this Committee had indicated an interest in looking at action being taken in the County to reduce health inequalities when determining the Committee's Work Programme for 2009/2011. In taking forward a review it was suggested that this should be in the context of the findings and recommendations contained in the Marmot Review report – a summary of priority objectives and policy recommendations were attached at Appendix 3.

It was proposed to undertake a review to explore health inequalities issues in the County and identify priorities for action. The review would consider the strategy and action of the Council, its partners and partnerships in County Durham to address health inequalities in the context of those identified in the Marmot Review.

It was anticipated that outcomes from the review would inform the development of delivery plans for County Durham's Health and Wellbeing Partnership, and the proposed Council Health Inequalities Strategy, as well as other strategies and plans. In order to do so it was suggested that the review commenced in July and concluded in November 2010.

Details of the suggested scope of the review and its Terms of Reference were outlined in the report together with the review methodology.

A public health specialist from NHS County Durham and Darlington had been offered to help support the review. Stakeholder evidence to be presented to the review would need to be identified and details of suggested organisations were outlined in the report.

Members from this Committee were asked to form a Task and Finish Group to undertake the review and it was suggested that between six and ten Members would be required. The Chair advised that the Review Group should be chaired by a co-opted member. J Armstrong suggested that on the basis of his experience V Crosby be nominated to chair the Group.

RESOLVED that;-

- (i) the proposal for a review into health inequalities in County Durham, as outlined in the report, be approved,
- (ii) Members of the Adults, Wellbeing and Health Overview and Scrutiny Committee be invited to submit their names for inclusion on the Review Group,
- (iii) V Crosby be nominated to Chair the Review Group.

A8 COMMENTS ON NHS TRUST'S QUALITY ACCOUNTS

Consideration was given to the report of the Assistant Chief Executive which gave details of the responses made on behalf of this Committee to NHS

Trusts in relation to their Quality Accounts which would be published in June 2010 (for copy see file of Minutes).

Members were advised that from 30 June 2010 acute health service providers – NHS Trusts – were required to produce Quality Accounts and from 2011 this requirement also applied to primary and community healthcare services including GPs. Quality Accounts were an annual report to the public on the quality of the health services that were delivered by providers. They aimed to improve public accountability and ensure a focus on improving quality and included comments from Overview and Scrutiny Committees and Local Involvement Networks (LINKs).

NHS County Durham and Darlington hosted a Quality Accounts Briefing in May to which all Members of the Adults, Wellbeing and Health Overview and Scrutiny Committee were invited, as well as Darlington Borough Council's Health and Wellbeing Scrutiny Committee and both the LINKs in Durham and Darlington. The briefing provided an overview of the process and role of the commissioning PCT, and provided an opportunity for the two key acute NHS providers in County Durham - County Durham and Darlington Foundation Trust (CDDFT) and Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust – to explain their approach, and provide an opportunity for discussion.

Views expressed during the Quality Accounts Briefing, along with evidence gathered during reviews undertaken by this Committee, had informed the comments provided which were outlined in Appendix 2 and 3 of the report. The Chair had also approved the comments prior to submission.

Comments on the North East Ambulance Service Quality Accounts were provided separately at a Joint Tees Valley Health Scrutiny Committee meeting at which this Committee was represented by the Chair.

Members were advised that both NHS County Durham and Darlington and both Foundation Trusts had indicated they would be willing for further dialogue to improve the process and content of Quality Accounts. They had also committed to improve their focus on patient experience measures which Members had highlighted as being important to Overview and Scrutiny, as well as to the wider public.

K Currie made reference to patient experiences and stated that until you used a service you weren't aware of how well it operated. She gave an example of disabled parking at hospitals and felt that the number of spaces available was insufficient and needed to be increased.

A Barker asked if there was a model list of issues to be included in the Quality Accounts. The Health Scrutiny Liaison Manager advised that there was a prescriptive list regarding what had to be included in the Accounts. Both Trusts had indicated they were keen to include any information the Council felt was relevant.

RESOLVED that the information given, be noted and the comments made on behalf of the Adults, Wellbeing and Health Overview and Scrutiny Committee, be noted.

A9 REGIONAL JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Consideration was given to the report of the Assistant Chief Executive which advised of the development of Terms of Reference and Protocols for a new regional Joint Health Overview and Scrutiny Committee, and advised that this Committee's Chair had been nominated to sit on the Committee with approval by Full Council requested at its meeting on 30 June 2010 (for copy see file of Minutes).

Members were advised that the establishment of a regional Joint Committee would enable this Committee to engage in health scrutiny activity at a regional level where it was more appropriate and more effective to do so. A copy of the Committee's Terms of Reference and Protocols was attached at Appendix 2 to the report.

Members and officers from across the region had been working through the Health Scrutiny Member Network to develop the Terms of Reference and Protocols for a new regional Joint Health Overview and Scrutiny Committee since late last year with support from the Centre for Public Scrutiny. Formal nomination of Members to sit on this Committee would be followed by the Committee's formal establishment later in the year.

Once formally established the regional Joint Committee would assume responsibility for work that was currently progressing on a regional review of the health needs of ex-servicemen and their families. An Overview Day which would launch the review and evidence gathering part of the project would commence on 28 June with an event hosted in Durham.

RESOLVED that the information given, be noted and the Terms of Reference and Protocols for a new regional Joint Health Overview and Scrutiny Committee be adopted.

A10 QUARTER 4 PERFORMANCE MANAGEMENT REPORT 2009/2010

Consideration was given to the report of the Assistant Chief Executive which gave details of overall progress against key performance indicators and explored areas of underperformance in respect of the Altogether Healthier priority theme (for copy see file of Minutes).

R Bell asked if data could be reported by AAP areas. The data provided within the report was informative but did not highlight specific problem areas in Members wards.

The Principal Overview and Scrutiny Officer advised that this was an issue that had previously been raised. A report was to be considered by Cabinet on the County Durham Sustainable Communities Strategy and Council Plan Performance Management Framework. This report proposed a refresh of the Sustainable Communities Strategy and Council Plan Performance Indicators including the potential for dis-aggregation to Sub-County geographies to help narrow the inequalities gap that occurred in some areas across County Durham.

A Barker queried the 60 out of 100 primary schools that were eligible to participate in the Family Initiative Supporting Children's Health. K Forster, Strategic Manager – Performance and Systems agreed to speak to A Barker following the meeting to discuss this matter further.

R Hassoon asked if the situation related to occupational therapy would continue to be monitored. The Strategic Manager confirmed it would be regularly monitored.

RESOLVED that the performance and remedial actions for key performance indicators, outlined in the report, be noted.