

DURHAM COUNTY COUNCIL

At a Meeting of the **Health Scrutiny Sub-Committee** held at the County Hall, Durham on **Monday 2 April 2007** at **10.00 a.m.**

COUNCILLOR J PRIESTLEY in the Chair.

Durham County Council

Councillors Bell, R Carr, Carroll, Porter, Simmons, Stradling, Wade

Chester le Street District Council

Councillor Armstrong

Easington District Council

Councillors Campbell and Maitland

Sedgefield Borough Council

Councillors Crosby and Gray

Other Members

Councillors Bowman, Douthwaite, Gray and Shuttleworth

Apologies for absence were received from Councillors Agnew, Chaplow, Hunter, Iveson, Mason and Smith

A1 Minutes

The Minutes of the meetings held on 8 January and 5 February 2007 were agreed as a correct record and signed by the Chairman.

With reference to Minute No A5 Transport for Health Partnerships and the Integrated Transport Unit, it was explained that transport was to be considered for inclusion in the work programme for the coming year.

With reference to minute No A6 Update on the Development Local Involvement Networks it was explained that a workshop had been held exploring the development of LINKs. Legislation is still going through Parliament although it is expected that LINKs will be operational by 1 April 2008.

A2 Declarations of Interest

There were no declarations of interest.

A3 North Tees and Hartlepool NHS Trust - Consultation on NHS Foundation Trust Status

The Sub Committee received a presentation from Professor Aidan Mullan of North Tees and Hartlepool NHS Trust about their application to become a NHS Foundation Trust.

The Trust provide hospital based services for 400,000 people in Easington, Stockton, Hartlepool and Sedgefield and the surrounding area and have a budget of around £188m. The Trust employs 4,300 staff including 350 doctors, 2,100 nurses and 400 health professionals.

In 2006 across both Trust hospitals there were 100,000 attendances in accident and emergency, 3,500 babies born, 46,770 emergency admissions, 212,850 outpatient attendances and carried out 31,140 planned operations.

NHS Foundation Trusts are a new type of NHS organisation designed to move decision making to local organisations, communities and patients and will make it easier to serve the needs of local people. The Foundation Trust will be more accountable to patients, carers and staff who can apply to become Members and Governors.

The North Tees and Hartlepool NHS Trust believe they will have more freedom to build our own future and will have more opportunity for financial success, so that they can invest in more services. In addition local people will be able to influence the direction the Trust is going in so their services continue to meet the needs of local people.

The Trusts vision for the future is as follows:

High quality care - to make sure our patients always get high quality care. To do this, we will:

- consider advances in medicine when we develop and change our services, so we can provide the best care possible.
- . work to join up community and hospital services more closely.
- work with patients, carers and the public more in planning what we do.
- continue to keep the level of hospital infections very low by keeping our hospitals clean.
- continue to be university hospitals.
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Easy to use services - as an NHS Foundation Trust, we will continue to reduce waiting times. Patients tell us this is important to them. They want to be the hospital of choice by making sure that they provide services people want to use. They will:

- work with NHS community services to provide care closer to local people's homes.
- make sure every patient can choose the date and time of their health treatment;
- cut waiting times. By the end of 2008, patients will receive hospital treatment within 18 weeks of referral by their GP;
- continue our excellent record of quickly treating emergency patients. We also want patients to see the right health professional for their injury.

Encouraging good health - We will help local people to make informed choices to improve their own health. To do this they will:

- give advice to patients on improving health as part of the information about their treatments.

- work with the local Primary Care Trusts to develop public health services.
- help people with long-term conditions, such as diabetes or asthma.
- prevent people having to be admitted to hospital by providing advice, guidance and other care and treatment (pathways);
- work with specialist centres to make sure patients move smoothly between hospitals when their treatment is in more than one place.

Making the most of people and resources - To make the most of their staff's abilities and the money they have.

- balance finances and make a small planned surplus each year and will invest surpluses in improved patient care.
- train and reward staff, and give them the best possible working conditions to help them improve services for patients.
- use information technology (IT) to find better ways of working, and to make sure that patients' records are correct, safe and easy to obtain.

The governance arrangements will include members from the public and the staff. They will elect the Governors and can stand for election themselves. The Trust are seeking more members of the public who are interested in becoming Members and Governors. The Members will elect a Council of Governors, who will in turn appoint the Chair, appoint the non-executive Directors, approve the Chief Executives appointment and be involved in the key decisions in future plans. The Board of Directors will run the Trust and is made of Chairman, Chief Executive, Executive Directors and some None executive directors. The make up of the Council of Governors is set out in statute. The Trust will ensure that they regularly communicate with Members and they will be invited to the Annual General Meeting.

The consultation process ends on 16 April and the formal application will be submitted to the Secretary of State by 27 April. If it is supported by the Secretary of State, the Trust will be appraised by the Monitor between July and September and it is expected that Trust will be authorised to become a Foundation Trust between October and December.

Concern was expressed about the transfer of patients and their records between the Trusts Hospitals as part of their treatment. In addition there was concern about the provision of transport for patients and carers. Professor Mullan explained the Reconfiguration Panel's decision to overturn some of Professor Darzi's recommendations and this issue would not be overcome until authority is given to provide a new hospital. The issues in relation to transport are recognised and the former Easington PCT had undertaken work on transport provision. The Trust is looking to work with voluntary organisations to provide transport needs.

Resolved:

That the recommendations detailed in the report be approved.

A4 Improving Health and Tackling Health Inequalities in County Durham

The Sub Committee received a presentation from Dr Tricia Cresswell, Executive Director of Public health on improving health and tackling health inequalities.

The health problems of County Durham are different from other areas of the country. The County has a post urban landscape within a rural setting. The birth rate in the County is stable and does not have some of the problems in other parts of the country as a result of inward migration.

The single most important issue is the high level of deprivation particularly in some parts of County. As a result of relatively low levels of income and low levels of educational attainment there are high levels of need amongst children. Life expectancy is below the national average, death rates from coronary heart disease and cancer are above the national average and there high levels of smoking. Smoking is the cause of some of the poor health and the cause of some of the inequalities in health. There are higher levels of smoking in the less affluent areas which links in with the higher levels of heart disease, cancer and premature death.

Binge drinking and alcohol abuse is a major issue in County Durham and is reflected throughout the CDRP's. The teenage pregnancy rate is higher though this is reducing. County Durham has fewer teenagers who achieve 5 or more good GCSE passes than the national average. It was explained education attainment is an accurate predictor of good health and those who achieve one or more GCSE will live on average ten years longer than those who don't achieve at 16 years old. There is wide difference between the least affluent and most affluent district within the County.

To achieve better health of the population will need partnership between all bodies. This includes tackling the determinants of health which include poverty, family education, employment, the environment. There is a need to offer support for healthier choices on eating, smoking, sexual activity, drugs and alcohol abuse and physical activity. It was pointed out those in affluent positions find it easier to make healthier choices than those in disadvantaged positions. This will be along term task. If people stop smoking there can be a quick improvement in health.

Good quality health services need to be delivered to those who are already ill. It was pointed out that if the prevention agenda is not tackled soon there may be insufficient resources to deal with all the ill health particularly with reference to the obesity epidemic and the consequent increase in type 2 diabetes and heart disease.

In terms of good news it was reported that large sums of money have been invested in smoking cessation prior to the commencement of the smoking ban. By investing in the areas where there is most need there has been an increase in access to stop smoking services as part of tackling health inequalities. Teenage pregnancy rates continue to being tackled and rates are falling though they are still above the England average. It was also reported that access to GUM services have considerably improved.

As part of the local delivery plan the CDPCT are investing over £4.6M in public health to tackle tobacco control and smoking cessation, obesity, improving access GUM service, alcohol services and hospital acquired infections.

A detailed strategy is being developed involving all local authorities to build on existing successes in tackling health inequalities.

In relation to the provision of GUM services in Easington it was explained that services are accessed in Gateshead, Sunderland and Durham. The PCT are to provide GUM services in a wider range of settings other than in hospital clinics.

In response to a question about life expectancy it was explained that there are still a number of older people suffering from the legacy of their former occupations and whilst life span has increased there is still a gap between the North East and the more affluent parts of the country as a result of long periods of unemployment and deprivation in the region.

In relation to investment in stroke services it was explained that whilst there is no obvious reference to investment in strokes within the LDP there is frequent mention and investment in the management of long term conditions including stroke.

With reference to health prevention it was explained further work needs to be done with all local authorities to promote physical activity as one of the best ways to improve health including encouragement to participate in exercise within schools.

The Sub Committee was informed that a workshop will be held during May to consider a work programme for the Sub Committee.

Resolved:

That the presentation be noted and that the information be used to inform a future work programme for the Health Scrutiny Sub Committee.

A5 Healthcare Commission Annual Health Check: 2006/07 Declaration

The Sub Committee considered a report of the Head of Overview and Scrutiny and received presentations from NHS Trust representatives on their 2006/07 Health Check submissions to the healthcare Commission (for copy see file of Minutes).

Michael Houghton explained that all NHS Trusts are required to comply with the annual health check declaration. The new system of performance assessment is based on a self assessment process against core and developmental standards. There are 24 core standards across seven domains which represent the full spectrum of care provided across the NHS. This year Trusts are also required to declare this year against a number of developmental standards.

County Durham PCT

The obvious challenge has been the reconfiguration of the PCT's. A rigorous self assessment process has been undertaken and the fitness for purpose assessment that all newly created PCT's have had to undertake has been a significant part of the process. The declaration will not include any standards

that have not been met but will be including the four standards where there is a gap in assurance. Three of these standards relate to predecessor organisations. In next years declaration they will be shown as fully met. The fourth standard relates to record management which needs to be examined and the Trust has embarked on an audit programme the result will be known later this year. In relation to the developmental standard the CDPCT will be declaring fair progress. In the following year they expect to declare good progress against the public health standard following this year's investment.

North East Ambulance Service NHS Trust

NEAS have declared that they are in full compliance with all the core standards. Any comments received from all overview and scrutiny Committees will be reported. The reconfiguration of services was highlighted as was the consultation exercise on the introduction of community paramedic services in rural areas. The Trust has also demonstrated a new patient assessment system

Tees Esk and Wear Valley NHS Trust

The Trust was formed last year following the merger of two Trusts. The Trust will be declaring full compliance against all core standards with the exception of an in year lapse in the use of ECT units in the Tees Valley area. The Trust will declare good progress against the relevant developmental standard.

County Durham and Darlington Acute NHS Trust

One of the key issues for the Trust in the last 12 months has been involving Governors since becoming a Foundation Trust. The Health Quality Service has carried out a health quality audit. This involved an examination of governance procedures and a visit to examine the wards and departments. Formal feedback is awaited from the audit. The Trust is declaring full compliance with the exception of the MRSA standard. It was explained that they have had 60 cases and should have had no more than 22 and this is an issue to be monitored closely.

Resolved:

1. That the Joint Health Overview and Scrutiny Committee note the presentation on the Annual Health Care Declaration for each NHS Trust operating in County Durham.
2. That members of the committee receive the Annual Health Care Declaration for each NHS Trust in our area, with a view to commenting, informed by information received over the past 12 months at Joint Health Overview and Scrutiny Committee meetings.
3. That in order to ensure members have ample opportunity to digest the information and form a view, that a further meeting of the committee be arranged on 27 April to feedback to the NHS Trusts the Joint Health Overview and Scrutiny Committee view on their respective Annual Health Declarations.

A6 Outcome of Consultation on Psychiatric Intensive Care Services for County Durham and Darlington

The Sub Committee considered a report of the Head of Overview and Scrutiny on the outcome of the consultation on psychiatric intensive care services for County Durham and Darlington (for copy see file of Minutes).

Resolved:

That the outcome of the consultation, namely that County Durham PCT have approved the permanent relocation of the Psychiatric Intensive Care Service beds to West Park Hospital be noted.

A7 North East Ambulance Service NHS Trust – Weardale and Teesdale Community Paramedic Progress Report

The Sub Committee considered a report of the Head of Overview and Scrutiny about the progress to modernise rural ambulance services and the Weardale and Teesdale community paramedic service (for copy see file of Minutes).

Nigel Mitchell and Ian Lovett, Team leaders from Teesdale and Weardale were in attendance at the meeting and gave feedback on the provision of the community paramedic service. This included carrying out home visits on behalf of GP's and ongoing training with GP practices to reduce hospital admissions. In Teesdale they are currently trying to get direct admission to the Richardson Hospital in out of hour's situations. Contact has also been made with the first responders and with the retained fire station in Stanhope to provide training.

The Chairman explained that there are still concerns about the changes and a letter has been received from the Durham Dales PPI. Councillor Bell submitted a list of questions which will be circulated to the Sub Committee. He sought clarification on the use of Middleton in Teesdale ambulance station since the change on 4 December 2006. It was explained that paramedics work at the locations where there is a need and have only been to the ambulance station on a small number of occasions. Councillor Shuttleworth alleged that a decision had already been made at a closed meeting to close and dispose of the ambulance stations. Simon Featherstone, Chief Executive, NEAS explained that at a recent Board seminar to which the staff side and the NEAS PPI Forum had been invited, a plan for the future use of estates and a financial strategy had been discussed. No decision had been taken to close either ambulance station at that meeting and an evaluation of the change was still on going.

An update was also provided on the ongoing dispute over meal breaks.

Resolved:

1. That the report and progress be noted.
2. That NEAS be invited to a future meeting to give a further update on progress.

A8 Report on Conference “Stroke is a Medical Emergency” from the County Durham and Darlington PPIF (CDD PPIF)

The Sub Committee considered a report of the Head of Overview and Scrutiny and received a presentation from David Gooby-Taylor on the outcome of the County Durham and Darlington Acute Hospitals PPI Forum conference “Stroke is a Medical Emergency” (for copy see file of Minutes).

At the conference it was explained that early intervention can prevent strokes, that there is a need to ensure top class provision and ensuring a good aftercare service when patients are discharged from hospital. The main issues which came out of the conference were that the stroke provision in County Durham is under resourced. Nationally there is a much higher priority for cancer and heart disease than there is for stroke with four times as much money being spent on cancer than on stroke and that there are twice as many stroke patients per consultant compared to cardiac patients.

The County Council were requested to write to the County Durham PCT to ask whether the programme implemented in Easington could be extended to the rest of the County and to seek additional resources nationally for stroke services.

Resolved:

That the key findings of the report be noted.

A9 Proposal to establish a Health Scrutiny Working Group Looking into the Future of Residential Care in County Durham

The Sub Committee considered a report of the Head of Overview and Scrutiny about proposals to establish Health Scrutiny Working Group to look into the future of residential care in County Durham (for copy see file of Minutes).

Resolved:

1. That nomination's be sought for one District Council representative serving on the Joint Health Overview and Scrutiny Committee to sit on the proposed OS working group looking into the future of residential care.
2. That an invitation to County Council members serving on the Joint Health Overview and Scrutiny Committee be issued, but excluding those members who have a residential home in their area. (These members will be invited to give evidence to the OS working group.)