Item No 1

DURHAM COUNTY COUNCIL

At a Meeting of the **Health Scrutiny Sub-Committee** held at the County Hall, Durham on **Monday 1 October 2007** at **10.00 a.m.**

COUNCILLOR N WADE in the Chair.

Durham County Council
Councillors J Armstrong, E Foster, Priestley, Simmons, Stelling, Stradling and Trippett

Chester le Street District Council
Councillor Harrison

Derwentside District Council
Councillors Lavin

Durham City Council
Councillor Smith

Sedgefield Borough Council
Councillors Crathorne and Gray

Teesdale District Council
Councillor Cooke

Other Members
Councillor C Carr, Gray, Mason, Meir, Pye, Williams

Apologies for absence were received from Councillors G Armstrong, Agnew, Campbell and Chaplow.

A1 Minutes

The Minutes of the meeting held on 2 July 2007 were agreed as a correct record and signed by the Chairman.

A2 Declarations of Interest

Councillor D Lavin declared an interest as a member of Derwentside District Council in relation to item number five, Shotley Bridge Community Hospital - Update.

A3 Your Health, Your Choice Our Commitment: Towards Health in 2012

The Sub Committee received a presentation from David Gallagher, Assistant Director, Strategic Planning and Health Improvement County Durham PCT about the PCT's strategy 'Your Health, Your Choice Our Commitment: Towards Health in 2012' which will articulate what health services will look like in 2012.

It was explained that the PCT exists to:

- Improve health
- Reduce health inequalities
- Ensure safe and sound services

The delivery framework try's to explain how the PCT will do this and how services will fit together to support clients and patients and improve healthcare across the County.

This is set within the strategic planning framework. The PCT is developing a vision and also preparing a five year strategic plan. Within that sits a 3 year local delivery plan which will link in with a series of annual delivery plans.

PCT needs to consider how it will take services from where they are now, to where they want them to be in 2012. This includes:

- Increased life expectancy and a reduction in the gap
- Reduced infant mortality
  - Reduced maternal obesity, smoking in pregnancy, teenage pregnancy rates
  - Better access to maternity services
- Reduced worklessness
- Improved health of those in the criminal justice system and especially those in prisons
- Reduced domestic abuse
- Equitable access to oral health services
- Lowest possible levels of MRSA / C Diff.
- Reduced levels of substance misuse
- Better sexual health
- Reduced levels of obesity and increased levels of physical activity
- Best practice in controlling TB
- Reduced inequalities
  - Circulatory disease
  - cancers

Care can be delivered through a variety of facilities including within the home, community facilities, GP Practices, Community Hospitals, Acute Hospitals or at specialist tertiary centres. The PCT is starting to look at where is the best place to provide care from and will not necessarily be focusing on buildings as a starting point. This will depend on the patient pathway and for example there may be patients who would benefit from care in a community hospital or at home. It will be important to be flexible in the approach to be taken.

The PCT is facing the following issues.

- It is likely that there will be less financial growth in the NHS in the next 3-5 years and they need to be ready to work with less funding.
- There needs to be a greater focus on prevention and the reduction of health inequalities.
- There needs to be a greater focus on health needs and services and not just the buildings that they are provided from.

- The PCT will need to ensure that they have the care in the right place and the right time so that patients go straight to level of care that they need.
- More services need to be provided closer to home i.e. within the community.
- Waiting times need to be reduced even further.
- Access to primary care needs to be improved.
- Needs to be increased efficiencies in hospital care.
- Where there is evidence that services are not right we will need to disinvest i.e. tonsillectomy so that resources can be used to meet the most pressing needs.

Reference was made to the network of care and the need to ensure that the provider's of health care are linked to each other to provide an integrated network that ensures that the patient is directed to the right facility.

To inform the decision process the PCT have been developing the 'Big Conversation'. The process is starting end September/October. Initially this is about talking to stakeholder groups to raise awareness of issues and for the PCT to receive feedback on what they are doing and to enable them to develop the detail of services. A series of locality based meetings around the County have been arranged to meet with local councillors and MP's. The PCT is also talking to stakeholder organisations such as providers of healthcare and local councils. The outcome of the discussions will be fed into the patient prospectus which is to be published by the end of 2007. This will feed into the strategic plan and the three year delivery plan and it should be in place by February 2008 after signing off by the Strategic Health Authority.

Councillor Trippett expressed concern that the focus on needs and services would be to the detriment to the provision of new health facilities. David Gallagher explained that the PCT were aware of the poor state of building stock and it was not intended to neglect local facilities. The PCT needs to understand the service needs before it can provide the facilities to deliver the needs. A new primary care facility is being provided in Stanley and there is also ongoing work in Seaham and Newton Aycliffe.

In relation to Community Hospitals, David Gallagher confirmed that the PCT will be examining the range of services which can be provided in Community Hospitals in order to provide a community focus. This will include access to social care and information.

Charles McCaughey raised a number of concerns about the process. In relation to mental health services, David Gallagher advised that the process will apply to all groups and services and will also involve non statutory agencies. In relation to concern that local implementation groups established by the previous PCT's were no longer meeting David Gallagher stated that a series of locality meetings will be held and the outcome of these will be used to build up the strategy. This will also involve the different disease groups.

It was pointed out that town and parish councils are closely involved with their local communities and need to be involved in the process

Gerald Tompkin, Head of Social Inclusion informed the Sub Committee that the County Council is developing the process for carer engagement in health and social care through the LiNk which will come into operation next spring.

Resolved:
That the presentation be noted and that the Health Scrutiny Sub Committee welcomes the opportunity to be involved in the 'Big Conversation'.

A4 Health Inequalities

The Sub Committee received a presentation from Dr Tricia Cresswell, Executive Director of Public Health on tackling health inequalities in County Durham.

The population of County Durham is nearly half a million. Life expectancy in County Durham is lower for men and women when compared to the average for England. Health inequalities exist in County Durham with the average life expectancy for men is 74.2 in Easington and 77.1 in Teesdale and for women it is 78.4 in Easington and 81.3 in Teesdale. Differences at District level mask a huge difference between the best and the worst wards. There is an 18 year life expectancy difference for women between the best and worst wards and a 13 year difference for men.

The underlying causes of this include coronary heart disease and cancer which are significantly worse in County Durham than in England overall.

Health in County Durham is poor as a result of a number of underlying factors including:

- School attainment at age 16 is lower than the England average.
- Higher teenage pregnancy rate.
- At year 6 20% of children are obese and 14% are overweight.
- national surveys indicate that binge drinking and tobacco consumption is much higher in County Durham

In County Durham there are inequalities in opportunity including poverty, family circumstances, education, employment and environmental issues. These are the wider determinants of health and the most important factors.

Life style choices are not made freely and are dependent on opportunities. Inequalities in life style choices lead to a big difference in tobacco consumption between the best and the worst wards in the County. It was pointed out that it is cheaper to eat badly than it is to eat healthily and that it is difficult to access healthy food in some parts of the County.

Alcohol misuse is a greater problem in County Durham than drug misuse. There two types of alcohol problem in County Durham. There are the persistent and pervasive alcohol problems linked to middle aged men and women leading to liver and heart disease. This links to the problem of domestic violence. There is also a problem in young people with binge drinking continuing into the late twenties. Deaths are now being reported in this age group as a result of alcohol misuse.

It was pointed out that because of adverse circumstances people adopt unhealthy life style choices and as a result develop illnesses. They often don't

have fair access to services. This is maybe as a result of transport problems, the ability to contact healthcare services, lack of awareness of their own health problems or cultural issues. As the most affluent sections of society pick up on the healthy lifestyle messages it widens the inequalities gap.

Overall the key messages are:

1. The overall health of the populations of County Durham and Darlington is poor compared with the national picture and inequalities in health remain persistent and pervasive.
2. The life expectancy gap between County Durham and England has decreased for males and increased for females over the period 1995-1997 to 2003-2005. The gap between Darlington and England over the same period has increased for both females and males.
3. Direct measurement of changes in the national infant mortality inequalities target in County Durham and Darlington is not possible as infant deaths are fortunately rare events. However changes in risk factors can and should be measured.
4. Worklessness is both a major contributor to the health inequalities in County Durham and Darlington and an adverse outcome of those inequalities.
5. Many of the most vulnerable people in our society will end up in prison. The health needs of prisoners are complex and there remain ongoing pressures on resources to manage the increasing numbers of prisoners with substance misuse problems, mental health problems, sexually transmitted infections and blood-borne viruses.
6. Domestic abuse is a serious crime and must not be tolerated or ignored. It can only be effectively tackled by multi agency working with the full involvement of all partners, including all sectors of the health service.
7. Health equity audit is a process for identifying gaps in the provision of health services relative to need and for taking action to change patterns of service provision to better reflect needs. The equity profile for coronary heart disease has identified equity gaps in the provision of treatment relative to need.
8. The PCTs have made a robust start in the local commissioning of dental services supported by detailed equity auditing of existing services. Monitoring of the access to dental services, especially amongst the most deprived communities, must be undertaken to ensure that vulnerable individuals continue to receive the necessary dental care.
9. Considerable progress has been made in relation to tackling smoking and access to genito-urinary medicine (GUM) and sexual health services. Although some progress has been made in relation to tackling obesity and alcohol misuse, the sheer magnitude of the task has become more apparent through the additional data available in the last year.
10. Effective health protection relies on good partnerships between the PCTs, HPT (Health ProtectionTeam), local authorities and others.
11. Infection Control is a growing agenda, which requires both strategic overview and support in operational delivery across County Durham and Darlington

If health inequalities are to be reduced we must reduce:

- Inequalities in opportunity
- Inequalities in lifestyle choices

- Inequalities in access to services for those who are already ill or have accrued risk factors for disease (health inequity).

As part of the work the PCT is working with the local authorities to produce joint strategic needs assessments for Darlington and for County Durham which will be used to highlight health inequalities. Work is also ongoing to produce an action plan to tackle inequalities in coronary heart disease.

It was pointed out that the County Council, through the scrutiny function have undertaken projects on worklessness, alcohol and drug misuse by young people, domestic violence and key stage 4.

In relation to a question about educating young people Dr Cresswell explained that a lot of work is going on in partnership with schools.

In response to the issue of age discrimination it was explained that as part of health equity age discrimination and all other forms of discrimination need to be tackled.

The PCT were asked whether they would invest in robust health promotion methods delivered in different settings across age groups and gender. Dr Cresswell advised that the PCT have invested £4.6M this year in tackling the health inequalities agenda and the impact of this is starting to be seen.

Councillor Lavin asked how the PCT would reach the parents of children. Dr Cresswell explained that this can be done through SureStart and Children's Centres. There are also links into school to try and engage with parents. It was pointed out that there were difficulties in attracting the people who should be using the Children's Centres. Dr Cresswell agreed and stated that some centres were offering classes, cookery lessons, counselling and debt counselling. Some pats of the country were offering cash inducements to attend centres.

The Head of Overview and Scrutiny informed the Sub Committee that the Chair of Health Scrutiny and himself had been invited by the Department of Health to participate in a national review (with a focus on County Durham)to be held on 22 October 2007.

Resolved:
That the presentation be noted.

A5 Durham County Council Strategy for Health Improvement

The Sub Committee received a presentation from Gerald Tompkins, Head of Social Inclusion, Adult and Community Services about the County Council's strategy for health improvement.

The County Council is in the process of developing a strategy for improving health and will draw upon the work already undertaken by the PCT. The County Council is undertaking this work because it has a duty to promote the well being of the community.

It was explained that the PCT was not able to influence many of the wider determinants mentioned in the previous presentation. These fell within the remit of the Authority and many of the issues are part of corporate priorities. Health improvement is already one of the County Councils corporate priorities. To enable this to happen, the County Council needs to develop a strategic approach. The development of a strategy will also assist overview and scrutiny to take this issue forward.

The purpose of the strategy will ensure that the Council's role in improving the health and wellbeing of the people is more fully recognised. The County Council is unable to do this work in isolation and working in partnership with the PCT, District Councils, the third sector and communities. The Council needs to ensure that its activities are directed towards a clear set of health improvement priorities and deal with the most pressing problems.

Many of the strongest influences on health and wellbeing lie outside of the health sector and the County Councils role is to support communities by creating opportunities for people to enable them to make more informed choices.

The Head of Overview and Scrutiny stated that Officer's advice is that the County Council needs to participate and influence outcomes. We must ensure that we challenge to enable the best outcomes for our communities and Members will also need to champion this agenda in their respective communities.

Members supported the proposal to champion this agenda. They also asked to be given early notice of any changes in policy or strategy.

Resolved:
That the presentation be noted.

A6 Shotley Bridge Community Hospital: Update

The Sub Committee received a presentation from David Gallagher, Assistant Director, Strategic Planning and Health Improvement, County Durham PCT providing an update on the present position at Shotley Bridge Community Hospital.

It was explained that stakeholders had agreed that the Foundation Trust should be given some flexibility to use resources efficiently. During the summer months the demand for in patient beds has reduced. The Foundation Trust decided that rather than provide two half full wards they would bring both wards into one. This in affect has mothballed one ward on a temporary basis. If demand increases it will be flexed back open. Edmund Lovell advised that this was also happening at other hospitals as more work is being carried out a primary care level

In relation to the strategic issues, David Gallagher reminded the Sub Committee that two reports were commissioned by Derwentside LSP in partnership with the County Council and the former Derwentside PCT which examined day surgery and the wider use of the hospital.

One of positive message messages arising from the report on the wider use of the hospital is that a wide range of services are being provided from Shotley Bridge Community Hospital. This includes out patients, minor injuries, diagnostic services, medical investigations and mental health services. The report on the wider use of Shotley Bridge Community Hospital can be used as a model across the County.

A stakeholder steering group or board is being established to take this work forward. This will open up the discussion to a wider range of people including carers and patients, the public, GP's and staff at the hospital. The PCT is to provide some dedicated project management and will also give high level support.

As the initial report was commissioned by the LSP it is proposed to take a report back to the LSP meeting in November which will outline the approach and timetable for the future of Shotley Bridge Community Hospital. In the Local Delivery Plan for this year there is an investment of £300,000 being put into services from Shotley Bridge Community Hospital which will enhance services and bring more services into the hospital.

Members of the Sub Committee explained that trust had been an issue and requested that further communication and information to the public and staff should be made a priority.

Resolved
That presentation be noted,

A7 Hygiene Code

The Sub Committee received an update from Edmund Lovell, Head of Corporate Affairs County Durham and Darlington NHS Foundation Trust and Dr Tricia Cresswell Executive Director of Public Health on the hygiene code.

The Sub Committee was reminded that the Trust had not been compliant in relation to MRSA when they had completed their core standards declaration. Each Hospital Trust has a target to reduce their cases of MRSA. Rates in County Durham and the North East are quite low when compared to hospitals nationally.

In 2006/07 the Trust had 64 cases against a target of 22 and this was reported to the Healthcare Commission. The Trust received a visit from the national MRSA team to give advice and to help develop an action plan which is now in place. The key elements are the leadership in the organisation and in ensuring hand hygiene. The Trust submitted a bid for some national money to tackle MRSA and received £400,000. This will be used for a range of activities to keep the pressure on MRSA. At the halfway point in the year the Trust has had 11 cases of MRSA compared to 29 last year. In relation to clostridium difficile, the Trust has a target of 37 cases per month and are mostly meeting that target.

Dr Cresswell reported that a series of regular meetings are being held between the PCT and the Trust. The infection control teams are meeting monthly and examine each case of MRSA and carry out a full review looking for avoidable factors. An analysis of the results is presented to the Trust Board. There has

been a significant improvement due to the systems and processes which have been put in place.

Rosemary Hassoon informed the Sub Committee that the PPIF has been undertaking visits to independent sector nursing homes and will be completing a report in the near future. It is felt that they do not meet healthcare standards for hygiene and that this is exacerbating problems when residents are admitted to hospital. Dr Cresswell explained that some extra infection control support has been given to independent residential care providers but would welcome support from scrutiny to take this issue forward.

The Head of Overview and Scrutiny advised that when the PPIF report is concluded it can be referred to the Sub Committee to determine the action necessary.

Resolved:
That the report be noted.

A8 Response to Tees, Esk and Wear Valleys NHS Trust Application for Foundation Trust Status

The Sub Committee considered a report of the Head of Overview and Scrutiny about the Tees, Esk and Wear Valleys NHS Trust's application to become an NHS Foundation Trust (for report see file of Minutes).

The Head of Overview and Scrutiny informed the Sub Committee that 'Voice for All Wear Valley' had raised some issues about the consultation and are seeking clarification on user and carer involvement in the Foundation Trust. Harry Cronin, Director of Nursing for the Trust explained that the consultation was very clear about the involvement of users and carers in the membership. Support will be provided for them to become governors of the Trust in the future. The Trust is consulting on a draft patient and public strategy for users and carers that will establish an internal sub-committee for the Trust. The Trust is also consulting on a draft policy on reward and recognition for those who work on behalf of the Trust. This will enable the payment of expenses for those attending meetings and sessional payments.

Resolved:
That the application for Foundation Trust Status be noted and that support be given to the Tees, Esk and Wear Valleys NHS Trust's application which is in line with government policy.

A9 Joint Appointment of a Health Scrutiny Liaison Post

The Sub Committee considered a report of the Head of Overview and Scrutiny advising of a joint appointment between Durham County Council and County Durham Primary Care Trust (for report see file of Minutes).

Resolved:
That the report be noted and that the joint appointment be welcomed.