

**DURHAM COUNTY COUNCIL**

**At a Meeting** of the **Health Scrutiny Sub-Committee** held at the County Hall, Durham on **Monday 7 April 2008** at **10.00 a.m.**

**COUNCILLOR N WADE** in the Chair.

**Durham County Council**

Councillors Bell, Chaplow, E Foster, Priestley, Stradling and Walker

**Chester le Street District Council**

Councillor Harrison

**Derwentside District Council**

Councillors Agnew and Lavin

**Durham City Council**

Councillor Smith

**Wear Valley District Council**

Councillors Lee and Todd

**Other Members**

Councillors Gray and Mason

Apologies for absence were received from Councillors G Armstrong, J Armstrong, Cooke and Davies.

**A1 Minutes**

The Minutes of the meetings held on 7 January and 11 March 2008 were agreed as a correct record and signed by the Chairman.

With reference to Minute A2, Rural Ambulance Services of the meeting held on 11 March 2008 David Gallagher County Durham Primary Care Trust informed the Sub Committee that discussions are taking place with North East Ambulance Service about this issue. This will be brought to the Trust Board in due course. Councillor Bell advised that the Teesdale ambulance was still undertaking routine visits to Darlington.

**A2 Declarations of Interest**

There were no declarations of interest.

**A3 County Durham Primary Care Trust Annual Operating Plan**

The Sub Committee received a presentation from Tony Byrne, Assistant Director of Planning and Involvement County Durham Primary Care Trust on the Trusts Annual Operational Plan 2008/09 (for copy see file).

The Operating Framework was published in November 2007 and this sets out the resources available to PCT's. County Durham PCT has been allocated £42.8M and Darlington PCT £8M. It is intended that the annual operational plan will be produced by February 2008 and the strategic plan will be produced by autumn 2008. There are five national priorities in the operating framework:

- Improving cleanliness and reducing HCAI
- Improving access through achieving 18 weeks and better access to GP and primary care services
- Keeping people well, improving overall health and reducing health inequalities
- Improving the patient experience, staff satisfaction and engagement
- Preparedness to respond to emergencies such as an out break of pandemic flu

The local priorities are:

- Local improvement plans for areas of concern identified through consultation with patients, public and staff, Joint Strategic Needs Assessment, and in agreement with partners
- Issues requiring local attention, particularly where recovery action is needed to enable future improvement – equality, mixed sex accommodation, learning disabilities, diabetic retinopathy, crisis resolution etc.

The Strategic Health Authority has been managing PCTS and they have made it clear that they wished to see PCTS produce ambitious operational plans. In particular the SHA have made it clear that they must be developed in partnership with a wide range of key local stakeholders including social care and with local patient, carer and public involvement linked to fully engaged practice based commissioning.

The PCT has worked with practice based commissioning to produce a commissioning matrix. In January the PCT shared its emerging key priorities with a wide range of organisations. The comments received supplemented the issues raised in the Big Conversation events.

The emerging priorities from practice based commissioning across all clusters included:

- Musculoskeletal
- Cardiology
- Mental health

Other high priorities included:

- Weight management
- Diabetes
- Health improvement
- Ill health prevention

It was stressed that improvement continues to be made in cleanliness and healthcare associated infections. This will include continuing to work with the

County Durham and Darlington Foundation Trust and the local health protection Unit to secure delivery of sustainable reductions in infections.

In terms of investment the PCT will continue to improve primary and secondary care access and will also need to respond to the Darzi review. This will see the provision of a health centre in Durham which will offer an extended range of services and access times. The PCT outlined the areas which they intended to invest in during 2008/09 including:

- Primary dental services
- Home oxygen services
- Pulmonary rehabilitation
- Learning disabilities
- Children's services
- Childhood obesity
- Coronary Heart Disease
- Reducing smoking prevalence
- Integrated sexual health pathway

The PCT is building confidence by continuing to work with local partners to achieve the sign off of the LAA and the publication of the draft Joint Strategic Needs Assessment. They will also be continuing to build on Big Conversation events. The PCT will be publishing a prospectus in the near future. This will enable a dialogue with the local population and will flag up the type of investment the PCT is making to 3<sup>rd</sup> party providers. The PCT is finalising its delivery plan for 2008/09.

Concern was expressed about the future of Bishop Auckland Hospital. The Sub Committee was informed that it is the intention of County Durham & Darlington Foundation Trust to make the best use of the facility. The Trust is facing a number of pressures that need to be addressed but it was stressed that Bishop Auckland Hospital has a positive future.

Information was sought on public and patient involvement. It was explained that the County is an early adopter of LINks and had recently appointed Pioneer Care Partnership as the host organisation for LINks in County Durham. There would also be opportunities for involvement and input through Big Conversation events as well as the opportunity for the public to become members of the Foundation Trusts.

In response to concerns about childhood obesity it was explained that it was important for health organisations to work with its partners and have a joint approach to ensure that effective action is taken to tackle this issue.

Concern was expressed about the standards of cleanliness in independent sector care homes. The PCT has recognised the risk in nursing and residential care homes and will be working with colleagues to tackle this issue. The Foundation Trust advised that every patient who comes into hospital from nursing or residential homes is now screened on admission. The Trust works closely with the Health Protection Agency and with the PCT and all cases of infection are monitored in an effort to reduce infections.

In relation to learning difficulties it was explained that it can be difficult to obtain advice from healthcare professionals and that access to services can prove

difficult for carers of people with learning difficulties. It was explained that the PCT are preparing a strategy around the provision of services for people with learning difficulties and it is hoped that the carer issues can be included in the way that services are provided.

**Resolved:**

That the presentation be noted.

**A4 Healthcare Commission Annual Health Check 2007/08**

The Sub Committee considered a report of the Head of Overview and Scrutiny on the performance of NHS Trusts as part of the Health Check process (for copy see file of Minutes). The Sub Committee also received presentations from each of the NHS Trusts on their individual performance.

The County Durham and Darlington Foundation Trust, the Tees Esk and Wear Valley NHS Trust and the North East Ambulance Service NHS Trust all advised that they were declaring compliance in all core areas. The County Durham and Primary Care Trust advised that they have not completed their internal validation of the core areas. The declaration of compliance will be reported to the Trust's Board meeting on 22 April 2008 and Overview and Scrutiny will be advised as soon as possible after the meeting.

**Resolved:**

1. That it be noted that the County Durham and Darlington Foundation Trust, the Tees Esk and Wear Valley NHS Trust and the North East Ambulance Service NHS Trust are declaring compliance in all core areas.
2. That the declaration of the County Durham and Primary Care Trust be received after 22 April 2008.

**A5 'Seizing the Future' – Update**

The Sub Committee received a presentation from Stephen Eames Chief Executive County Durham and Darlington Foundation Trust providing an update on 'Seizing the Future' the Trust's strategic review of its services for 2008 to 2013 (for copy see file).

Seizing the Future is a programme of change aimed at developing the Trust's strategic direction for the next five years. It will be supported by a major clinical service review which will include:

- An examination of current services
- An assessment of how these services adhere to best practice in clinical outcomes
- A review of achievement of national standards across all services
- The development of future service options

Seizing the Future is a joined up approach and is linked to the PCT 'Big Conversation' and the County Council's Health Improvement Strategy. In Phase 2 of the programme the Trust is developing its future service options. A major event will take place on 13 May involving all of Trust's key stakeholders

including staff which will look at the options in detail and how they will move to Phase 3 which will mainly about public consultation.

A whole range of activities in terms of communication and engagement involving staff is on going. Work is also progressing with the Trusts Governors and Members and this will be used as a way of engaging with communities and the public. Work is also underway with all of the Trusts external stakeholders.

The role of Governors is to represent the interests of the wider governing council, the membership and patients and public. This will help ensure that solutions are grounded in high quality patient experience. Governors will also be expected to champion the programme in the community.

It was explained that a fall in patient numbers and the Trust's income is expected in the next 5 years due to local and national policies with more patients being treated in the community.

There is a number of pressing clinical issues which need to be addressed. These include:

- Cover and pathways for emergency care
  - Emergency medicine on 3 sites
  - Emergency surgery on 2 sites
- Critical care support
- Children's services
- 24/7 diagnostic cover
- Clinical networks for tertiary care –ENT services
- European Working Time Directive
- Operational efficiency variability across sites
- Development of care outside hospitals
- Finance

A major event will take place on 15 May in addition to the clinical summit on 13 May. A joint meeting is also to take place with Darlington Overview and Scrutiny Committee. A series of local member workshops have been arranged during April and May.

In relation to the provision of services outside of hospital it was explained that a significant range of services provided in hospital will be provided in the community. Work is ongoing with the PCT to develop rapid response services in the community.

It was explained that the Trust will be expanding its ability to respond to strokes. The Trust is examining the option of offering the service from two locations but still needs to ensure that they will meet the national standards on the provision of stroke services. This will involve enhancing the skills of staff.

**Resolved:**

That the presentation be noted.