Item No 1

DURHAM COUNTY COUNCIL

At a Meeting of the **Health Scrutiny Sub-Committee** held at the County Hall, Durham on **Monday 14 July 2008** at **10.00 a.m.**

COUNCILLOR J CHAPLOW in the Chair.

Durham County Council
Councillors J Armstrong, R Bell, D Burn, R Burnip, K Davidson, S Iveson, J Lee and T Taylor

Chester le Street District Council
Councillors G Armstrong and R Harrison

Derwentside District Council
Councillor I Agnew

Durham City Council
Councillor M Smith

Sedgefield Borough Council
Councillors P Crathorne and A Gray

Teesdale District Council
Councillors A Cooke and M English

Co-opted Members
Councillor D Bates

Other Members
Councillor A Bell, L Hovvels, J Moran, J Shuttleworth, J Wilkinson, A Willis

Apologies for absence were received from Councillors A Anderson, D Lavin, M Potts, V Shuttleworth and W Stelling

A1 Welcome from the Chairman

The Chairman welcomed everyone to the first meeting of the Health Scrutiny Committee.

A2 Election of District Council Vice Chair

The Committee considered a report of the Head of Overview and Scrutiny about the election of a Vice Chairman to represent District Council interests (for copy see file).

Resolved:
That Councillor A Anderson of Wear Valley District Council be elected District Council Vice Chairman for 2008/09.

A3 Terms of Reference of the Committee, Membership and Dates

The Committee noted a report of the Head of Overview and Scrutiny regarding the Terms of Reference of the Committee, Membership for 2008/09, and the Dates of Meetings (for copy see file).

A4 Minutes

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

A5 Declarations of Interest

There were no declarations of interest.

A6 Development of the JHOSC work programme to include Member input into NHS Consultations

The Committee considered a report of the Head of Overview and Scrutiny explaining the process for developing a JHOSC work programme for the coming municipal year 2008/09 and to consider Overview and Scrutiny Member input into local, sub regional and regional NHS consultation exercises (for copy see file).

Resolved:

1. That in relation to "Seizing the Future" that the Chair and both Vice Chairs of the JHOSC represent Durham County Council on the Joint Health Scrutiny task and finish group.

2. That the Joint Health Scrutiny task and finish group, responding to "Seizing the Future", provide a response to the consultation on behalf of respective Health Overview and Scrutiny Committees in Durham and Darlington for their consideration and approval.

3. That the Chair and Vice Chair represent the Committee on the Joint Health Overview and Scrutiny Committee set up to respond to phase 1 of Momentum Pathways to Healthcare.

A7 County Durham Primary Care Trust - Draft 5 Year Plan and Annual Operating Plan

The Committee received a presentation from Amanda Hume and Anna Lynch of County Durham Primary Care Trust about their draft 5 year plan and the annual operating plan (for copy of slides see file).

It was explained that the PCT are developing a five year strategy for improving health and healthcare for the people of County Durham. The PCT's vision is to be the most forward thinking commissioning organisation in the NHS. The PCT used to provide and purchase services but with effect from 1 August the PCT

will only be responsible for commissioning services. It is hoped that this will give a greater sense of transparency and governance between the purchasing of services and the provision of services.

The PCT's mission is delivering excellence today for a healthier tomorrow. As the local leaders of the NHS their challenge is to:

- Improve health
- Reduce health inequalities
- Ensure services are
  - Fair
  - Personalised
  - Effective
  - Safe

The PCT will need to demonstrate that they are going to deliver world class commissioning and will be assessed later this year. Stakeholder's views will be sought during the assessment. It is intended that world class commissioning will result in:

Better health and well-being for all
- People live healthier and longer lives,
- Health inequalities are dramatically reduced.

Better care for all
- Services are evidence based, and of the best quality,
- People have choice and control over the services that they use, so they become more personalised.

Better value for all
- Investment decisions are made in an informed and considered way, ensuring that improvements are delivered within available resources,
- The PCT will work with others to optimise effective care.

The PCT will improve the health and contribute to the physical and mental wellbeing of County Durham residents and will work closely with partner organisations across the county to fulfil this ambition. This will achieve best value on all commissioned and jointly commissioned services. The PCT will ensure local patient, carer and public involvement is linked and fully engaged with practice based commissioning to develop services around local patient needs. This will provide a locally based flexible healthcare service, wherever this improves health outcomes and provides value for money. The PCT will be developing a choice of providers including NHS, independent sector and third sector providers through proactive commissioning and market management. The PCT expects to achieve and exceed national targets as milestones towards real service and health improvements.

Where change is introduced it will always be to the benefit of local people and will be clinically driven, evidence based and locally led. This will involve patients, carers, the public and key partners. Services will not be withdrawn until new and better services are available.

The Committee were informed that the PCT know that local people want greater access in evenings to a range of health care professionals and services and want to be signposted to existing services. There is a demand for consistent

services across the patch and more “one-stop-shops”. Services should be provided more locally where possible and the public want better transport

In County Durham life expectancy at birth is 75.6 years for men and 79.4 years for women, compared with England which is 76.9 and 81.1 respectively. For males, the difference in life expectancy between the best and worst wards is 12.2 years; for females, it is 16.7 years. The standardised mortality ratio from all causes of death is 114; for cancers 116; for circulatory diseases 117 (all significantly worse than England). County Durham has high levels of teenage pregnancy compared to the rest of England though this has improved. In 2007, 42.3% of pupils obtained five GCSE passes compared with the England rate of 46.8%. The obesity rate among year 6 children was 19.9%, compared with 17.5% across England. The Health Survey for England estimated that 30% of adults in County Durham smoke compared with 26% of adults in England.

Overall there are unacceptable gaps in life expectancy between England as a whole and within County Durham. Narrowing the gap requires a step change in the approach to tackling coronary heart disease and cancer. Local authorities have a crucial role in improving health and reducing health inequalities. Reducing smoking is the most important step in narrowing the gap in life expectancy within County Durham and with England as a whole.

In terms of key actions it was explained that the health improvement initiatives delivered by the seven districts and County Council must be continued during the transition to the new Unitary Authority and the new Authority should strengthen its role in improving health and reducing health inequalities. The smoking cessation service will be standardised and will continue to focus on supporting pregnant smokers and manual workers to stop smoking.

Action needs to be taken to prevent obesity and promote physical activity strategies for children and young people. Revised physical activity strategies for adults and increasing the capacity of community based and surgical interventions need to be implemented.

Universal and targeted approaches should be made to ensure individuals, communities and vulnerable groups are provided with accurate information on risk taking behaviours and given support both to improve their lifestyle choices and to gain access to services. Action to reduce levels of harmful drinking and to improve the capacity of alcohol treatment services is a key priority. Partners need to continue to work together to ensure that individuals and communities who are at particular risk are encouraged to access appropriate prevention advice, support and care.

Preventing Health Care Acquired Infections (HCAI’s) is important and cannot be left to clinical staff alone. Senior management commitment, local infrastructure and systems are also vital.

The Joint Strategic Needs Assessment will be published over the summer. The PCT will work with partners to produce health inequalities profiles and monitoring strategies for County Durham and will deliver on the planned investments in relation to tackling smoking, obesity and alcohol. The PCT will implement the three year plan for coronary heart disease risk assessment and

improve cancer screening uptake. It will continue to work with local authorities on the wider determinants of health and on promoting physical activity.

Better health and well being requires working in partnership to tackle the wider determinants of poor health, to help people make healthier lifestyle choices and to reduce premature deaths and disability in those who are already ill or who have already accrued risk factors and disease. Working together will make the best use of available resources and target them to where they can make the greatest impact. The PCT wants to "level up" services to reduce health inequalities and wants to ensure that services and information are equally available to everyone. It will be necessary for the PCT to make difficult decisions on priorities and service developments.

In terms of opportunities for change the PCT has mapped the long term conditions across the County and are beginning to understand where resources need to be invested. There is large reliance on hospitals and it is intended to provide more care either at home or nearer to home where it is safe to do so. The PCT wants to improve service outcomes and will do this through clinical involvement in the patient pathway from prevention to treatment. A number of priority areas have been identified including stroke services, urgent care and transport services.

The PCT's strategic themes includes shifting the balance from treatment to prevention by investing in well being, care closer to home and intends to achieve and exceed national targets as milestones towards real service and health improvements.

The PCT wants to achieve strong public engagement and get the public involved in its service reviews i.e. the 'Big Conversation'. The PCT wants to reach the silent majority of the population and will be developing its social marketing.

The PCT has set its priorities for improving health and reducing inequalities. These will be achieved by working with partners to tackle the wider determinants of poor health and to help people make healthier lifestyle choices. Care will be delivered from home and local public buildings, acute hospitals through to specialist centres such as James Cook Hospital.

Investment strategies will be informed by robust intelligence based on the health needs of the local population and this will be based on equitable delivery and health equity. It was pointed out that the PCT is responsible for commissioning £1bn of services every year and there is an opportunity to look at whole system of healthcare. The PCT is trying to increase resources in prevention and shift services closer to where people live.

Resolved:
That the presentation be noted.

A8 North East Ambulance Service

The Committee received a presentation from Colin Cessford, Director for Strategy and Clinical Standards and Paul Liversidge Director for Operations of

North East Ambulance Service about the NEAS five year strategy, their Foundation Trust application and an update on the rural ambulance service in the Durham Dales (for copy of slides see file).

It was explained that the NEAS strategy is influenced by national policy drivers and by local policy directions. There are three strands to their vision and strategy these are:

- Responsive single point of access to urgent care - hear and treat i.e. NHS Pathways clinical assessment
- Delivery of appropriate and effective care closer to home
- Scheduled and unscheduled journeys integral to patient care

The vision that NEAS are pursuing is to provide a single point of contact, appropriate and effective care and the modernisation of patient transport. It was explained that the type of workload undertaken by NEAS is now much more clinically complex and is closer to primary care type of work.

NEAS has identified the opportunities and risks to the service. In terms of civil contingencies the health service are now much more of the threats to the public and have worked to ensure that services are sufficiently robust to meet all risks. In relation to Sustaining Call Connect targets, it was pointed out that NEAS is one of the best performing ambulance services in the UK.

For 2008/09 NEAS priorities include a commitment to improving cleanliness and reducing HCAI's and improving the patient experience, staff satisfaction and public engagement.

The organisation objectives for 2008/09 include Clinical and Service Development particularly in relation to PPCI & Stroke Strategies, Infection Control, Contact Centre Growth, CMS, Customer Relationships and Market Intelligence & Research.

The Committee were informed that NEAS will be seeking Foundation Trust status. At present no ambulance service has Foundation Trust status and NEAS and the London Ambulance Service are to be pilots for Foundation Trusts. This will provide the service with greater freedom though they will be still subject to monitoring and inspection. It is expected that the application will be made next year.

In relation to the provision of rural ambulance services it was explained that performance in areas such as the Durham Dales is much poorer and they are key areas to improve performance. This is difficult to achieve because activity is widely dispersed across the Dales. NEAS is working with the PCT and community representatives and there have been two recent public meetings.

The service is examining a fully integrated community paramedic service model. The community paramedic role is much broader and will be working with other healthcare staff. All staff will be paramedics and their skills will be enhanced through both formal and informal training. The service needs to look to models which retain resources within the localities to maximise availability.

As a way of encouraging staff to apply for posts and being able to retain them is to start staff at hub stations and then travel out to other areas.

The benefit of this model is the full development of Community Paramedic Clinical Skills and improved service across areas. It will enhance urgent care in localities and minimise travel to receiving units further away with more patients cared for in the community. This integration can be developed in all four areas of the Dales with the rotation of staff within the Dales. It is expected that this will model will have minimum staff retention problems.

The provision of this model will require additional staff to meet the proposed changes. Arrangements are needed for out of hours working and the provision of a base. There will also be some disruption to planned work in the event of emergency call outs. Time is needed to train to Community Paramedic requirements and the lead time could be in excess of 24 months. This will require additional investment.

The Committee received an update from Margaret Dent and Jean Heatherington who are community representatives. They explained that since the JHOSC meeting on 11 March NEAS & PCT have since met with the public representatives on 4 occasions to work on proposals. They felt it is regrettable that all the stakeholders have never met together to openly discuss the various proposals. Had everyone been together around the same table it is felt we would not now be in a position where no one but the PCT and NEAS are happy with the preferred option. Neither GPs, paramedics in Teesdale, nor the public in both dales feel that this option is appropriate. They urged the PCT to facilitate open discussions. GPs and paramedics in Teesdale are meeting with the PCT on Thursday 17th July and public representatives on 21st July;

In addition Upper Teesdale residents are most concerned that they have had no interim safeguards put in place following the publication in February of the dramatic fall in Cat A performance from 40.9% to 5.7% following the closure of their ambulance station in Middleton in Teesdale.

The option put forward at the last public meeting in St John's Chapel is still for a single paramedic system, although one is to be based in St John's Chapel, but only for 12/7, and another in Stanhope 24/7. There is to be no retained A&E ambulance within the dale. The residents in upper Weardale will not accept a single paramedic system. They will accept, as a minimum service level, the ambulance retained within the dale, based in St John's Chapel 24/7, and guaranteed cover when the vehicle is out of area. Any additional vehicle and personnel, over and above this minimum level will provide an enhanced and acceptable service. During the monitoring period it was proved using NEAS's own data that when the ambulance was responding from Stanhope, 30% of its calls were to incidents out of the area. By retaining the ambulance at St John's Chapel this figure will be reduced to 11% 'out of area', thus benefiting the whole of Weardale.

The following concerns were again raised which have not as yet been addressed.

- acceptable travel time to hospital in an emergency, based on clinical need

- acceptable response times in an emergency, based on clinical need
- availability of appropriate transportation.
- availability of 24/7 cover by A& E crews including backup cover when local ambulance is out of area.
- 'Out of Hours' issues.
- local knowledge is paramount to an effective and efficient service.

They also expressed disappointment that the promise by NEAS to recruit locally has not yet been put in place. Had this been done, the paramedics would be coming on stream and travel issues arising from 'out of area' recruitment would not be a problem.

The local Members again raised their concerns about the lack of progress and the provision of performance information in relation to the single paramedic model. Members also asked that County, District and Parish Councils be notified of all public meetings.

The PCT and NEAS were asked to provide a progress report for the next meeting of the Committee on 29 September and need the PCT to resolve this issue as soon as it is able to.

Resolved:

1. That the presentation be noted.

2. That a progress report, with a view to reaching closure on the issue of rural ambulance services be submitted to the meeting on 29 September.

A9 County Durham and Darlington Foundation Trust

The Committee received a presentation from Edmund Lovell, Head of Corporate Affairs, County Durham and Darlington Foundation Trust about their strategic initiative 'Seizing the Future (for copy of slides see file).

The Trust is responsible for the three main hospitals at Darlington, Durham and Bishop Auckland. It is also responsible for community hospitals at Chester le Street and Shotley Bridge as well as community services and sub regional services. The Trust employs 4700 staff, has 1,000 beds and has turnover of £290M.

Seizing the Future is a clinical vision of services and is about planning the future for hospitals for the next 5 years. It is about making the best use of the hospitals which will involve looking at current services and seeing how they compare with national standards. It is also about looking at the options for the future.

The Trust is doing this because of rising standards and expectation which are related to increasing specialisation, new treatments and technology and shorter waits and hospital stays. There are also demographic changes to the population and changes in policy about care being provided closer to home and greater choice.

The Trust is trying to provide a joined up approach particularly in the context of the Darzi review, PCT commissioning plans and the Trust vision.

Seizing the Future will be clinically led by doctors, nurses and other clinical staff and will also involve Trust Governors and Members. The Trust has held 8 workshops for Trust Members. It is also talking to stakeholder organisations.

The scoping study was undertaken in January and the development of future service options took place between May and July. It is expected that the formal consultation will commence from October 2008. Seizing the Future will be looking at the four key areas:

- Medicine
- Surgery
- Woman and Children
- Diagnostics and clinical support

There will be four objectives against which the options will be assessed. These include the quality of patient experience, the quality of patient access, recruitment and retention and innovation.

The Trust is presently developing detailed proposals which will include analysing and modelling the proposals to examine the transport and access implications. Further discussions with GP's and social care and the ambulance service will also take place. An option appraisal process of agreeing the proposals with the PCT will take place in September before beginning the consultation process in October. A joint meeting with Durham and Darlington Overview and Scrutiny will take place towards the end of July.

Councillor Harrison asked whether the area was going to miss out on the provision of a polyclinic. It was explained that as part of the Darzi review all PCT's had to develop a GP led health centre facility. In London these are known as polyclinics but they are not called this in the rest of the country. The health centre for County Durham will be based in Easington to meet particular health needs.

Councillor Burn asked why patients from Bishop Auckland are being taken in an emergency to Darlington Memorial hospital rather than being treated at Bishop Auckland hospital. It was explained that last year the Foundation Trust had a programme of reducing bed numbers because it was over bedded. The reductions also took place at Darlington, Durham and Shotley Bridge hospitals. Seizing the Future is about maximising the use of the existing sites.

Resolved:
That the presentation be noted.

A10 Tees Esk and Wear Valleys NHS Trust

The Committee received a presentation from Les Morgan, Chief Operating Officer of the Tees Esk and Wear Valleys NHS Trust about their Integrated Business Plan (for copy of slides see file).

It was explained that the integrated business plan is about delivering a clinical strategy for the next 5 years and was developed by clinical staff and partners. The Trust does not serve all of County Durham but is responsible for spending £70m in the areas that it does serve. The Trust provides the following broad range of services:

- Learning Disability Services
- Forensic Learning Disability Services
- Forensic Mental Health Services
- Substance Misuse Services
- Older People's Mental Health Services
- Adult Mental Health Services
- Children and Young People's Services

The business plan is an evolving document that identifies the risks and opportunities from the changing external and internal environment and how the service will respond to these. In developing the plan the Trust took into account a number factors including demand for service, demographics, policy direction, commissioning intentions and the supply side. The Local Commissioning Framework was taken into consideration and it is intended to review the provision of services in the first two years of the plan.

In terms of the key themes for the service strategy the Trust is looking to provide specialist services and expertise with a continued emphasis on community based services where possible with less reliance on beds. This will need an appropriately skilled workforce and an appropriate estate. There will be an expansion of services in some areas such as eating disorders and a planned withdrawal from services such as continuing care and traditional day care.

In terms of Primary Care the Trust is not sure of the PCT's long term intentions on commissioning. The Trust states that it is a key player in the National Institute of Clinical Excellence (NICE) stepped care model. Service users will be supported to move up and down steps easily i.e. the one stop shop model and not be passed around. The areas of risk to the Trust are likely to be around the provision of specialist services by other organisations.

In relation to community services they will be delivering these in conjunction with GP practices and will be looking to strengthen integrated care model and the assessment and treatment skills in existing teams. New teams will also be developed to deal with prison services and specialist in reach teams to support the tenancy model for learning disabilities.

A move to intensive day services providing assessment and treatment will be an alternative to inpatient care and will be part of the community structure. A specialist in reach team will provide support to day services provided by other providers.

The County Hospital will close and be replaced by the Lanchester Road scheme. The focus will be to improve quality, length of stay occupancy levels and the therapeutic experience with a reduction in reliance on inpatient beds where possible.

The implications of the changes for County Durham residents are as follows:

- Improved quality/experience
- Improved environments e.g. Lanchester Road
- Reprovision of all learning disability (LD) campus beds
- Additional services e.g. Community LD teams, Child LD teams, Eating Disorders, Specialist Autistic Spectrum Disorder
- More local provision e.g. LD Forensic, Children's low secure
- Changing MHSOP more emphasis on community support and focused Specialist inpatients e.g. Challenging behaviours
- Potential new partnerships in delivering care e.g. continuing care for enduring mental health problems

Members of the Committee sought clarification on the reprovision of LD campus beds and progress with changes to mental health services for older people. It was explained that in relation to LD campus beds the Trust was moving towards the provision of less institutionalised care and that Durham was well ahead of other areas. In terms of progress with changes to mental health services for older people the consultation was well underway and the Trust would be meeting with an Overview and Scrutiny Joint Working Group to discuss the proposals on 29 July.

Resolved:
That the presentation be noted.

A11 Momentum: Pathways to Healthcare

The Committee received a presentation from Alex Zielinski, Programme Manager on Momentum: Pathways to Healthcare (for copy of slides see file).

Momentum: Pathways to Healthcare is a new healthcare system for Hartlepool, Stockton and parts of Easington and Sedgefield. This will involve providing as much care as possible closer to peoples homes and communities, developing new community facilities as a base for those services and the provision of a new hospital.

The healthcare system of the future should provide the highest possible quality of care that is safe and accessible to everyone and integrated with all care providers. It will also need to be responsive to people's needs and be informative and have clear communication. It will also have to provide value for money.

In summary the healthcare system of the future will provide the following:

- More minor treatments and outpatients based locally
- Comprehensive pre-assessment and care planning
- Appropriate follow up and after care
- Better and easier access to urgent care when it is needed
- More minor injuries and non serious conditions treated locally
- High quality maternity and paediatric care
- Continued access to a broad range of specialities/expertise

- Better integration, information and communication
- Effective and very quick diagnostic services

As part of the proposed changes Integrated Care Centres will be developed Hartlepool, Billingham, Stockton and Yarm. These will provide enhanced primary community services such as GP services, integrated adult and children's health and social care services, community health clinic services minor injury / urgent care diagnostic services etc.
Momentum also includes the provision of a new hospital which will allow the delivery of world class healthcare. At present two sites are under consideration at Wynyard and at Wolviston.

Both proposed sites have poor public transport services and it is recognised that transport will be a key issue. Good transport links are essential to make the hospital accessible to communities. Higher levels of care closer to home will reduce the number of journeys to hospital. To deal with the issue the Trust have employed a specialist transport consultant to develop a transport strategy.

Consultation will continue until the end of August and all views will be presented to the NHS Joint Committee in September. Work will continue to design the new community and hospital facilities and to develop the business case.

Resolved:
That the presentation be noted.