

DURHAM COUNTY COUNCIL

ADULTS, WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Council Chamber - County Hall, Durham on **Friday 18 January 2019 at 9.30 am**

Present:

Councillor J Robinson (Chairman)

Members of the Committee:

Councillors J Chaplow, R Bell, P Crathorne, R Crute, G Darkes, T Henderson, A Hopgood, E Huntington, C Kay, A Patterson, S Quinn, M Simmons and H Smith

Co-opted Members:

Mrs R Hassoon and Mr D J Taylor Gooby

Also Present:

Councillors J Allen, L Hovvels and S Zair

1 Apologies for absence

Apologies for absence were received from Councillors J Grant, A Savory, O Temple and C Wilson.

2 Substitute Members

There were no substitute members.

3 Declarations of Interest

There were no declarations of interest.

4 Media Issues

The Principal Overview and Scrutiny Officer provided the Committee with a presentation of the following press articles which related to the remit of the Adults, Wellbeing and Health Overview and Scrutiny Committee:

- **NHS bosses in England say a new 10-year plan could save up to 500,000 lives by focusing on prevention and early detection.** GPs, mental health and community care will get the biggest funding increases to shift the focus away from hospitals. Prime Minister Theresa May hailed the launch of the plan as a "truly historic moment". But unions are concerned that staffing shortages could undermine the ambitions - one in 11 posts are currently vacant.

- **HEALTH bosses have recommended a proposal to shut the doors of a rural County Durham GP practice is rejected - but have advised the approval to close another branch.** Relates to the Skerne Medical Group proposals but also reflects members concerns about the state of GP service provision across County Durham which has prompted the proposed Review at Item 11.
- **Two GP practices serving nearly 8,000 patients are set to merge** after plans were given the go ahead by health bosses. Earlier this year, an application was lodged to merge Shotton Medical Practice and Station Road Practice in Shotton Colliery. Due to one practice partner's plans to retire in 2019, a bid was launched to rebrand the two surgeries under the name Bevan Medical Group. In a business case, the practices said the merger would "better absorb sickness and absence" and potentially allow longer opening hours in future.
- **A GP practice is still in special measures after being rated as "inadequate" for the second time in a year.** Phoenix Medical Group, which has three surgeries in east Durham, was given the rating by the Care Quality Commission (CQC).

5. Any Items from Co-opted Members or Interested Parties

There were no items from co-opted members or interested parties provided prior to the meeting, however Mr Taylor Gooby raised the issue of Air Pollution. The Chairman of Overview and Scrutiny advised that Environment and Sustainable Communities Overview and Scrutiny were looking at the issue and asked Mr Taylor Gooby to forward his concerns to the Principal Overview and Scrutiny Officer.

6 New Seaham Medical Group

The Committee considered a report of the Director of Transformation and Partnerships that advised of patient and stakeholder engagement being undertaken by the New Seaham Medical Group regarding future service provision across the practice locality (for copy see file of minutes).

The Chairman introduced Mr Antony White, Business Manager and Dr Robin Armstrong from the new Seaham Medical Group and Blackhall and Peterlee Practice.

Mr White provided members with the rationale behind the proposed changes and initial feedback from the engagement activity. He advised that they were currently working on a plan with partners who were retiring to ensure the practice would be more sustainable for the future including looking at the ways the practice could be structured to ensure the practice was more attractive to recruit new GPs in the future.

Dr Armstrong added that the main focus was delivering efficient and effective patient care and explained the difficulties in splitting resources between two sites. It was noted that if the Eastlea site were to close, it would leave no service provision to the West of Seaham. He explained that the Seaham Primary Care site was underutilised and there was another large practice on the same site, with a further two practices close by. The importance to rationalise the practice was highlighted in order to provide the best service for patients and economic consideration would be part of the decision making process.

Mr White informed members of the positive feedback received so far, with main issues of concern around transport, car parking and if the building itself was suitable. He advised that the building had recently undergone improvements to the waiting room area and there was provision to expand and create another six consulting rooms. They were exploring options regarding car parking and were currently in discussions with the community centre regarding shared parking arrangements and also enquiring about leasing or purchasing land next door for additional parking.

Responding to queries from Councillor Crathorne regarding distances from other practice and the number of patients from the Seaham practice that would be affected, Dr Armstrong replied that the distance between both buildings was approximately 1.5 miles. A large practice shares the Seaham Primary Care site with over 10,000 patients and another two practices were within quarter of a mile. It was estimated that 2,500 patients use the Seaham Primary Care practice regularly.

Councillor H Smith questioned if patients choose not to move to the Eastlea site and register with other practices in the area, would other practices have capacity for an influx of new patients. Dr Armstrong responded that there were no closed lists in the area and capacity was dependent on number of patients that withdraw from the Seaham practice. He added that since the notification of proposals, the surgery had lost in the region of 40 patients. After speaking with other practices in the area, he advised that there would be no difficulties for patients registering elsewhere, however, was unsure of the number of patients that may wish to transfer in the future.

In response to a query from Councillor H Smith regarding public transport links between the two sites, Dr Armstrong advised that the topic was discussed at a recent meeting with members of the public and there would be no difficulty as public transport runs via a circular route.

Councillor Crathorne commented that the practice would be affected financially if a significant amount of patients were to register elsewhere. Dr Armstrong responded that they had already factored in a maximum 10% loss of the practice list, which would not be an issue for the financial viability of the practice. Mr White added that once the Eastlea site was fully operational, it was anticipated that a number of patients would return.

Resolved:

That the information presented and contained in the report be noted.

7 Future of Ward Six, Bishop Auckland Hospital

The Chairman welcomed Sue Jacques, Chief Executive, County Durham and Darlington NHS Foundation Trust (CDDFT), Lisa Cole, General Manager, Integrated Medical Specialties and Strategic Lead for Stroke, Gillian Curry, Head of Communications and Charity and explained the procedure to the members of the public that had indicated they wished to speak on the item.

The Committee received a report and presentation from the Chief Executive, County Durham and Darlington NHS Foundation Trust (CDDFT) that provided an update on the process undertaken to date, the proposed communications and engagement approach to support the development of options for a future model of care to be provided at Bishop Auckland Hospital (BAH) and the next steps in the process (for copy of report and slides, see file of minutes).

Mr Stenson questioned if the Trust would make any savings by closing ward six, as the patients no longer able to use the ward may still require care home provision. He asked what the cost implication were for the County Council to cover those costs. The Chief Executive CDDFT ensured that a full analysis including implications for organisations together with implications for the wider economy would be reported back to the Committee in April 2019.

Ms Hackworth-Young felt that the public should have been involved in the process sooner and requested a comprehensive consultation exercise take place for members of the public to be able to share their experiences. Referring to financial implication, Ms Hackworth-Young asked the Trust to indicate where the necessary savings would be made if the decision was taken to retain services at ward six. The Chief Executive CDDFT advised that through the engagement process they would work together to gain better optimal solutions while mindful of the demographic population and wider health system.

Councillor Patterson referred to the financial pressure on the Council and asked about proposals for engaging with wider partners. She felt more should be included in the questionnaire to better understand the rationale behind the responses.

Councillor R Bell stated that he would have preferred the Committee to have been engaged earlier in the process of reviewing future provision at ward six and suggested that the consultation process must be open and transparent. He raised concerns regarding community service support if the facility closed and felt that the cost implications were just transferring from the Health Service to the Council. He added that extra investment would be required for community services to be able to deliver the same standard of care.

Referring to the questionnaire, Councillor Kay was delighted with the positive responses regarding the care patients had received from ward six. He highlighted the extra burden that would be placed on the social care system and felt that the health service were abdication financial responsibility by placing that responsibility on the council tax payers in County Durham. He reiterated his previous comments that the matter would be referred to the Secretary of State should the final proposal be to close the ward.

The Chief Executive CDDFT clarified that a decision to close ward six had never been agreed at any point. It was agreed to work closely with Adults, Wellbeing and Health Overview and Scrutiny Committee and staff engagement. She ensured that recommendations and feedback would be shared with the Integration Board, chaired by the Corporate Director of Adult and Health Services and proposals would be reported to Adults, Wellbeing and Health Overview and Scrutiny Committee after April 2019. The Chief Executive CDDFT agreed the importance of understanding the negative responses and advised that the patient questionnaire and staff consultation feedback echoed the benefit of the work undertaken on ward six and staff ideas and proposals would be perused.

Councillor Patterson pointed out the reason ward six was called in to scrutiny was due to the planned closure. The Chairman added that he wrote a letter to the Trust as the Committee were informed that ward six would be closing on the 15 November 2018.

Councillor Chaplow referred to the questionnaire and commented on the length of time some patient have to wait for the ambulance service, which contributes to patient's negative experience when transferring.

David Taylor Gooby commented on public perception and financial pressures the NHS was under and highlighted the importance of partnership working to seek common solutions.

In response to the question from Councillor Patterson regarding engaging wider partners, the Chief Executive CDDFT advised that they have approached Health Watch to assist with the process as they have a great deal of expertise in this area and will then advise on interaction and engagement approach. She asked the Committee to note that they would be unable to carry out the necessary work before the April meeting, therefore the date would have to be amended.

The Chairman requested a copy of the recommendations from Healthwatch to reassure members of the engagement process and asked that a member of Healthwatch attend the April meeting to explain the approach.

Councillor Allen, Governor on the Trust noted that the Trust had acknowledged mistakes had been made during the initial consultation exercise and felt they had responded positively. The decision to involve Healthwatch and the next steps outlined in the report were welcomed. Referring to engagement timescales, Councillor Allen asked if the process had started yet and when engaging patients/public/carers, that families who could give valuable feedback for the way forward be included. She emphasised the importance of working together to provide the best outcome for patients and residents of County Durham.

Councillor Zair asked for figures for patients who had been discharged from ward six who were then re-admitted to hospital within 28 days of being discharged. He also queried the number of employees that had left ward six and sought alternative employment since the announcement was made to close the ward.

The Chief Executive CDDFT advised that she would provide the Principal Scrutiny Officer with both sets of figures to be forwarded to Councillor Zair. Regarding the engagement process, the Chief Executive CDDFT confirmed that engagement would include families and carers and responses would be built into the business case. The process would start as soon as the Health Watch Board approve the proposal, following that, work would begin on developing a business case.

If the response following the consultation process was for ward six to remain open, Councillor Zair asked if this was still an option for the Trust or would the Trust still close the Ward. The Chief Executive CDDFT confirmed that keeping the ward open was still an option. Proposals would be reported to this committee and members would have the opportunity to feed back at that stage. She ensured that a comprehensive engagement process would be carried out involving other bodies and the assessment detailing criteria and how the conclusion was drawn would be presented.

Resolved:

That the engagement approach outlined in report be noted and the business case be received at a future meeting.

8 Review of Stroke Rehabilitation Services in County Durham

The Chairman introduced Sarah Burns, Director of Commissioning, DDES CCG, Rachel Rooney, Commissioning and Development Manager, North Durham CCG and Gillian Curry, Head of Communications and Charity CDDFT.

The Commissioning and Development Manager outlined some of the key areas of feedback that was received as part of a targeted engagement exercise in relation to stroke rehabilitation services that was undertaken over an eight week period (for copy see file of minutes).

Gaps and key points were highlighted which would be addressed during the ongoing review in relation to:

- communication challenges;
- emotional wellbeing and support;
- inconsistency of community rehabilitation provision;
- people who appreciate a longer period of therapy once discharged from a hospital setting.

The Commissioning and Development Manager advised that the exercise would include representation from community and hospital based clinicians, primary care, regional clinical network and the Stroke Association. A business case would be developed and presented to Adults, Wellbeing and Health Overview and Scrutiny Committee in April 2019.

The Chairman referred to the County Durham and Darlington Stroke Rehab Improvement Group membership and asked if none health organisations were involved. He also questioned where the money was coming from to fund the community service and would it affect hospital beds in University Hospital North Durham, Bishop Auckland and Darlington. The Commissioning and Development Manager replied that the group had representations from the Stroke Associations, CCGs and the clinical network to focus on clinical best practice. She confirmed that there would be investment in community services as stroke rehabilitation was a priority and they were currently identifying which areas to target with further detail to be included in the business case. She added that the aim was not to reduce beds and they were focusing on the outcomes that could be improved.

Councillor R Bell suggested that there were parallels between the Stroke Rehabilitation service review and the ward six issue in terms of the reliance on community services to pick up on service demand under revised service models and the need for appropriate resource investment to enable that to happen. He also noted the positive experience of stroke rehabilitation services expressed by patients as part of the engagement process.

Councillor Darkes referred to improvement health outcomes for those that had suffered a stroke and asked if there would be engagement and integration with the ambulance service to respond within the magic hour. The Commissioning and Development Manager advised of work carried out to move to a single site model and information was available on improvements made regarding response times which would be shared with the Committee.

Mr Taylor Gooby referred to concerns regarding public health cuts and questioned if it was the NHS Trust, CCG or the Local Authority who was ultimately responsible for providing provision in the community. The Director of Commissioning advised that the CCG was responsible for ensuring appropriate resources to meet the needs of patients.

She explained they were engaging patients and carers to better understand the gaps and needs of the population and were working collectively with partners to address those issues. There was an obligation to the Adults, Wellbeing and Health Overview and Scrutiny Committee, County Durham and Darlington NHS FT's governing body and NHS England to ensure that any proposed changes to clinical pathways were based upon robust clinical evidence and subject to the statutory consultation and engagement processes.

The Chairman reiterated the Council's concerns regarding the threat of losing £19 million in Public Health Care Funding.

Councillor Hopgood commented on the importance of engaging families, as patient's responses can be very different from the families' perspective. The Commissioning and Development Manager agreed that family involvement was crucial and clarified that the term 'carer' also incorporates family engagement.

Councillor Patterson reiterated her concerns about the reliance of community based services and also the difficulties of accessing services in such a large geographical area as County Durham. It was important that community service provision and stroke rehabilitation services were delivered in a timely manner to assist in recovery.

The Principal Overview and Scrutiny Officer advised that members had previously raised issues around transportation and the involvement of NEAS. The NEAS representative was unable to attend the meeting, however advised that the review of stroke rehabilitation was in the early stages of development and that NEAS would be fully engaged in the review process through the Local Area Development Board.

Resolved:

That the key themes from feedback and the process for further development of the stroke rehabilitation services across County Durham and Darlington be noted.

Councillors J Robinson and J Chaplow left the meeting at 10.50am

Councillor R Crute in the Chair

9 Quarter 2 2018/19 Performance Management

The Committee considered a report of the Director of Transformation and Partnerships that presented progress against the Council's corporate performance framework for the Altogether Healthier priority theme for the second quarter of the 2018/19 financial year (for copy see file of minutes).

The Strategy Team Leader, Health and Adult Services reminded members that consultation to develop the new vision for County Durham would close at the end of the day. Feedback would be used to develop a draft Durham 2030 Vision which would be subject to a further consultation period.

Councillor Crute referred to page 177 of the report and queried if there was reason for concern in relation to the male and female life expectancy figures.

In response to a query from Mr Taylor Gooby regarding the risk for social care payments, the Corporate Director of Adult and Health Services explained that the risk relates to the new charging policy for deferred payments that had changed and was more about the monitoring and ensuring that policy was applied.

Councillor Hopgood referred to the take way food performance indicated and highlighted concerns with applicants opening and serving different food from what had been approved on the initial application and queried if any enforcement was in place.

The Principal Overview and Scrutiny Officer referred to the recent Overview and Scrutiny Visioning Workshop and advised that feedback from the workshop was currently being compiled and would be submitted as part of a formal scrutiny response and issues identified would be reported to COSMB.

Resolved:

That the information contained in the report be noted.

10 Budget Revenue and Capital Forecast Q2 2018/19

The Committee considered a report of the Corporate Director of Resources that provided details of the forecast outturn budget position for the Adult and Health Services (AHS) service grouping, highlighting major variances in comparison with the budget for the year, based on the position to the end of September 2018 as reported to Cabinet in November. A presentation was given by the Finance Manager, Adult and Health Services (for copy of report and slides, see file of minutes).

In response to a question from Councillor Patterson regarding the adult social care precept the Finance Manager, Adult and Health Services advised that an extra 2% social care precept was expected to be agreed at Council in February and they were waiting to find out the overall fair funding arrangements for the future. He added that they have taken a prudent view of what the position would be in the future as it was anticipated that more savings would have to be made.

Responding to a query from Councillor R Bell, the Corporate Director of Adult and Health Services was disappointed with the delayed publishing of the social care green paper which was now expected April 2019. With the publication of the NHS Plan, it was felt there had been missed opportunities not publishing the documents at the same time, given the close relationship between the NHS and social care.

Councillor Crute agreed that it was a missed opportunity with the launch of the NHS 10 year plan and felt that the NHS plan and the social care green paper should be considered collectively.

Councillor Hopgood asked for further detail regarding the £1.942 million saving for direct care related activity. The Corporate Director of Adult and Health Services explained that the approach was to improve people's independence ensuring that following a patients discharge from hospital, they are able to return to the level of independence they had previously. The benefit would be improvements to quality of life for the individual and to see reductions in ongoing care related costs in the longer term.

Resolved:

That the information contained in the report be noted.

11 Scrutiny Review of GP Service Provision Across County Durham - Proposed Scoping Document

The Committee considered a report of the Director of Transformation and Partnerships that provided details of the proposed scoping document in respect of the Scrutiny Review of GP Service provision across County Durham (for copy see file of minutes).

The Principal Overview and Scrutiny Officer advised that Adults Wellbeing and Health Overview and Scrutiny Committee had been involved in a number of consultations and engagement processes undertaken by GP practices that involved a range of issues including branch mergers, closures and service provisions across County Durham.

Members were advised of key objectives and were informed that sessions would include engagement with representations from NHS England, Clinical Commissioning Groups, GP practices and the Care Quality Commission to look at the inspection process. The Principal Overview and Scrutiny Officer highlighted the importance of looking at the inspection processes and work already undertaken by Clinical Commissioning Group colleagues to address key issues already identified.

The Committee were advised that the membership would include Councillors J Robinson (Chairman) and J Chaplow (Vice-Chairman) R Crute, A Patterson, H Smith, O Temple, P Jopling, P Crathorne and T Henderson; Mr David Taylor-Gooby, Non-voting Co-optee and Chris Cunningham-Shore from Healthwatch County Durham. The Principal Overview and Scrutiny Officer added that a couple of vacancies were still available if any other members of the committee wished to be involved.

The Principal Overview and Scrutiny Officer added that sessions would be taking place from January to May 2019 and findings and recommendations would be reported to the Adults Wellbeing and Health Overview and Scrutiny Committee, Cabinet and Health and Wellbeing Board thereafter.

Resolved:

That the terms of reference and project plan for the review be agreed.