

DURHAM COUNTY COUNCIL

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2 - County Hall, Durham on **Monday 1 April 2019 at 9.30 am**

Present

Councillor J Robinson (Chairman)

Members of the Committee

Councillors J Chaplow, R Bell, P Crathorne, J Grant, T Henderson, P Jopling, C Kay, A Patterson, M Simmons, H Smith, O Temple, B Coult and S Iveson

Co-opted Members

Mrs R Hassoon

1 Apologies

Apologies for absence were received from Councillors R Crute, E Huntington, K Liddell, A Savory, J Stephenson, C Wilson and Mr D J Taylor Gooby

2 Substitute Members

Councillor B Coult for A Hopgood and Councillor S Iveson for S Quinn

3 Minutes

The minutes of the meeting held on 7 March 2019 were confirmed and signed by the Chairman as a correct record.

As an update to a query from Councillor Temple regarding sexually transmitted diseases, he had been advised that 9% of returns from online testing showed positive results. Councillor Temple asked how the number of reactive positive tests returned from online STI Pack requests compared with the number of positive tests returned at the STI clinics that were held.

The Principal Overview and Scrutiny Officer advised that in relation to the availability of GP appointments at Fishburn practice, there had been correspondence with the Skerne Practice and a response from the Practice had been circulated to members of the Committee. Members remained concerned about this issue and asked that the CCG be advised of the Committee's concerns in this respect

4 Declarations of Interest

There were no declarations of interest.

5 Media Issues

The Principal Overview and Scrutiny Officer provided the Committee with a presentation of the following press articles relating to the remit of the Adults Wellbeing and Health Overview and Scrutiny Committee;

- Northern Echo 12 March 2019 – One size doesn't fit all': Call for sexual health service for 'older people'. Sexual health services should do more to focus on the needs of older people, council bosses have said. A report for members of Durham County Council detailed efforts to combat high rates of teenage pregnancy and sexually transmitted infections (STIs) among 15-to-24-year-olds. But at meeting last week, members of the Adults, Wellbeing and Health Overview and Scrutiny Committee demanded to know why no information had been provided on the sexual health of 'older people'.
- Northern Echo 16 March 2019 – Missed appointments at Weardale GP practice cost £45,000 in 2018. Missed appointments at one rural GP practice cost more than £45,000 last year, figures have shown. Recently released data from the Weardale Practice, showed there were 1,512 appointments missed, equalling 252 hours lost and costing £45,360, though this is down by half on two years ago.
- Northern Echo 13 March 2019 – Doctors refute claim they want to shut Fishburn surgery by stealth –Doctors have insisted a village surgery will remain open, despite suggestions they were seeking to shut it down 'by stealth'. Last year, Skerne Medical Group (SMG) won support to shut its Trimdon Village site but lost out on proposals to close its surgery in Fishburn. Reference was made to the letter circulated to the Committee earlier this week explaining the situation.
- Northern Echo 1 March 2019 – North East: Brexit could delay new ambulance delivery –Dozens of new ambulances heading to the North-East could get stuck in Europe in the event of a no-deal Brexit. The North East Ambulance Service (NEAS) is due to take delivery of a new set of vehicles this summer, but bosses have warned that the trade chaos that could result from the UK leaving the European Union without a withdrawal agreement could delay their arrival.

Councillor Grant said that the response given by Skerne Practice about the Fishburn crisis being over half term did not reflect what was actually happening. She was aware that Skerne Practice allocated 20 sessions, with 10 going to

Trimdon Colliery and 10 going to Sedgefield and any that weren't required would go to Fishburn.

Mrs Hassoon was also aware that there would only be appointments at Fishburn if there was spare capacity. She was concerned about arrangements for the elderly and anyone with chronic conditions that had to travel to either Trimdon Colliery or Sedgefield.

Councillor Grant informed the Committee that when she has mentioned vulnerable patients having to travel she was given the bus timetable. She felt that the practice were not being honest as they had been instructed by the CCG to keep Fishburn open and they had almost gone ahead and closed it anyway.

The Chairman asked the Director of Commissioning, DDES CCG to follow this up with the Primary Care Committee.

Commenting on the media article about the delay in delivery of ambulances, the Assistant Director of Communications and Engagement, NEAS said that they receive converted ambulances from Germany. He explained that 44 were on order for the coming year, 13 of which would be new vehicles and the remainder were dealt with under the usual vehicle replacement programme. He assured members that should Brexit delay the import of the vehicles the trust did have contingency plans in place whereby they would lease vehicles in the UK.

6 Any Items from Co-opted Members or Interested Parties

There were no items from Co-opted Members or Interested Parties.

7 North East Ambulance Service NHS Foundation Trust - Performance against ambulance response standards progress

The Committee received a presentation from the Assistant Director of Communications and Engagement North East Ambulance Service NHS Foundation Trust (NEAS) that provided information on performance against ambulance response standards progress together with data of CCG performance at a local level (for copies see file of Minutes).

The Chairman enquired as to how robust the figures were when covering sickness and training. He also asked how NEAS were going to recruit a further 90 paramedics when they had difficulties recruiting in the past and expressed his concerns that the extra two minute response time for category one would not be met.

The Chief Operating Officer, NEAS explained that abstraction levels were a 33% level in the workforce. The new standards built a relief workforce into the core workforce. He assured members that the assessment of the current abstraction

levels showed that a relief level was included. With regards to vacancies he agreed that two years ago there were 130 vacancies and it had been difficult to recruit and retain paramedics. However, there was now a healthy appetite through paramedic training at Teesside University and open learning at Cumbria University. In relation to performance standards he assured members that every ambulance service was going through a similar programme to achieve the right level of cover.

The Assistant Director added that around the clock varies with the category one standard of 30 seconds, and the clock began after four minutes for category two. He explained that the extra time helped the call handler.

Councillor Smith asked if the efficiency savings of £1.7m aimed for were achievable, as the handover arrangements were out of the control of NEAS. The Chief Operating Officer explained that year one of the two year savings plan were on target and he agreed that further work with the hospitals was required to improve the handover arrangements. He added that new resources and plans were in place to reduce the conveyance to hospital and improve the pathway for patients.

Referring to the switch from rapid response vehicles to double crew ambulances Councillor Bell asked if there were any clinical implications to this rather than just chasing targets. He also asked if data could be provided at a ward level as found the data at CCG level too broad. The Assistant Director advised that the replacement to a double crew ambulance was in place to meet the new standards. He assured members that there would still be rapid response vehicles albeit fewer of them, as they provided a very valuable service. He continued that the new standards were the biggest changes to the ambulance service and would take time to adjust. The plans had been outlined today but were still to be implemented. With regards to data he explained that this was around the service area at a CCG level and that data at a locality/ward level was not routinely looked at as they did not have the resources to do this.

Councillor Bell said that it would be helpful to know what the response rate was at a local level. The Chief Operating Officer explained that it would be very few numbers and there would be huge fluctuations when looked at below a CCG level. NEAS were commissioned at a trust level but did provide data at a CCG level. Anything smaller than that becomes more difficult due to the amount of incidences. The Chief Operating Officer added that new measures were in place to measure transportation and that a number of cases involved patients being treated in the ambulance rather than having to go on to hospital. He added that there were three paramedics in the Teesdale area and three in the Weardale area.

The Chairman appreciated that NEAS could not give smaller numbers at a local level but said that it would be helpful for the committee to have sight of some case studies and examples of what happens at a local level. Referring to the drop in figures during the night he asked if this would be when the rapid response vehicles

would not be needed. The Chief Operating Officer informed him that the graph was based on the current arrangements and a modelling exercise would be carried out on demand up to 2021 with resources being applied appropriately.

Councillor Henderson expressed concerns about the rural part of the County and the time it would take to get from point A to point B. He was also concerned that the rapid response vehicles did not have the equipment to deal with all emergencies. The Chief Operating Officer explained that the purpose of the rapid response vehicle was to provide an initial response and life saving skills and was not about transporting patients to hospital.

Resolved:

That the information contained within the presentation be noted.

8 Durham Dales, Easington and Sedgefield Clinical Commissioning Group - Review of Extended and Enhanced Primary Care Access

The Committee received an update report from the Director of Commissioning, Durham Dales, Easington and Sedgefield Clinical Commissioning Group about the Review of Extended and Enhanced Primary Care Access in the DDES CCG area (for copy see file of Minutes).

The Director of Commissioning highlighted the key areas following the public consultation of the review that warranted further consideration including:-

- Transport
- Issues with the NHS 111 Service
- Use of services increasing
- Accessibility of NHS 111 service for patients with a learning disability
- Public lack of understanding of how to access services

The Director of Commissioning went on to explain that the NHS Long Term Plan and new GP contract had been published. This would change the way in which GP delivered services in future, providing two extended access services via a hub and by individual practices. The change would take effect from July 2019 and a full update would be provided to committee at a special meeting to be arranged.

The Chairman requested a map of where all of the TAPs were based. The Director of Commissioning would provide this and explained that the TAPs did not have to be geographically networked, following a question from Councillor Temple, however, other requirements such as community and district nurses had to be in a sensible geographical location that made sense.

Councillor Smith referred to a recent presentation to the review group from the Director of Primary Care and Engagement about GP Primary Care Teams and the Chairman suggested that this should be presented to full committee.

The Principal Overview and Scrutiny Officer informed the committee that a joint development session with the Health and Wellbeing Board had been arranged to discuss NHS planning arrangements including how the TAPs worked.

Following a request from the Chairman, the Director of Commissioning confirmed that service usage for GP practices would be brought out in the presentation at the session.

Resolved that:

1. The report be received;
2. The Committee note the actions taken to address issues raised during the consultation
3. The Committee note the links between this consultation and the changes in the GP contract
4. The Committee receive the outcome of the consultation process and proposed delivery model at a future meeting.

9 Durham Dales, Easington and Sedgefield Clinical Commissioning Group - Briefing Paper on County Durham Urgent Treatment Centres - Proposed Changes to Overnight Service Delivery at Peterlee Urgent Treatment Centre

The Committee received a Report from the Director of Commissioning, Durham Dales, Easington and Sedgefield Clinical Commissioning Group that provided an update of a briefing paper on County Durham Urgent Treatment Centres and the Proposed Changes to Overnight Service Delivery at Peterlee Urgent Treatment Centre (for copy see file of Minutes).

The Director of Commissioning reported that there were nine hubs in the DDES area and overnight urgent care was provided from Bishop Auckland, Peterlee, University Hospital Durham and Shotley Bridge. She highlighted the usage at Bishop Auckland and Peterlee on a weekday and weekend from midnight until 8.00 a.m. and the results showed that Peterlee had very few patients during the week with just a slight increase on a weekend. She advised of the alternative system based model with a focus on Peterlee and Bishop Auckland and reported that the north of the County would be looked at when the review of Shotley Bridge had been determined. Bishop Auckland would remain open as usage was high and Peterlee would lose the 8 p.m. to 8 a.m. service. The Director of Commissioning stressed that patients could still seek an appointment with their GP and attend any other urgent care centre, and that these were for non emergency appointments. There would also be an option for home visits to be carried out so that doctors and clinicians were not static working from one centre. She added that the number of

people affected were relatively small and that a full engagement and consultation exercise would be carried out on the proposed changes.

Referring to the utilisation rates in paragraph 28 of the report, and the offer of home visits, Councillor Temple asked that although the figures of patients attending urgent care in Peterlee were small would the same level of service be available in the home, for example x-ray services. He was concerned that equipment available at the urgent care centres would not be available in the home. He also expressed concerns about the standards of care being met and a possible reduction in the safety of the service.

Councillor Patterson believed that the 111 service was not thought out and joined up with the GP services and that this would only become worse with the problems in recruiting clinicians. She said that these changes would put more pressure on the already stretched A&E services.

The Director of Commissioning responded that x-ray services were not open during the night at urgent care centres and she again stressed that demand was extremely low. She advised that GP surgeries had the same equipment as the clinicians had in urgent care centres during the evening. With the proposed changes the clinicians would be able to work across all of the urgent care centres and would be able to visit patients in their own homes, removing problems transport and travel. She confirmed that standards would be met and that the direction of travel would move to all appointments being on a booked basis. Referring to the recruitment of GPs members were aware of the work that had been carried out in this area. She said that patients did not always need to see a GP and the proposed model would have a greater skills mix.

Councillor Patterson said that when ringing 111 people were directed to minor injuries or A&E and she asked how many GPs would be available and if demand would be met. She also asked if data on the highest peaks of demand were available. The Director of Commissioning confirmed that clinicians had extensively looked at the data and demand and had built time standards into the proposed model.

Councillor Grant felt that the system for home visits was another service for people to be confused about and she said that people had already been informed that Peterlee was closed. She asked for messages to be simplified as everyone knew to dial 999 for an emergency but below that level not everyone know who to call or what services were available where. She added that the constant reviews of services did not help and further confused people.

Councillor Jopling stated that the weak link was the 111 service as people were directed to facilities that were not local to them. For example she had been recently directed to Darlington when her local urgent care centre was Bishop

Auckland. Councillor Smith agreed as she had also been directed to Houghton instead of Bishop Auckland.

The Assistant Director of NEAS informed members that the 111 service used the same triage system as the 999 service and the need of the patient was determined against the directory of services available. The operators would look to determine where a particular need was met at that particular time. The service relied upon departments to keep directories updated. The Assistant Director had recently invited members of the GP Services Review Group to visit the 111 centre to view how the service works.

In response to a comment made by the Chairman about attending North Tees hospital rather than using the 111 service the Director of Commissioning said that the geography of County Durham was more challenging.

Councillor Patterson commented that this was the second time that the Peterlee Centre had been reviewed and asked what the figures were then compared to now. She believed this to be a lack of communication as people thought that Peterlee was already closed. In response, the Director of Commissioning reported that the overnight services had never changed and that the usage had always been low between the hours of 12 midnight and 8 a.m. As a small number of people required the service clinicians felt that they would better service patients by travelling to their homes during the night. She assured the committee that the CCG worked closely with the 111 service and that they would book appointments for patients.

Referring to the 111 data the Director of Commissioning advised that this was looked at to see why people had been directed out of their area, some of which was down to call handler error. With regards to urgent care, she agreed that there was a better way to deliver the service more consistently and by engaging with the public would help gain an understanding from their perspective.

Resolved that:

1. The Committee note the rationale for the proposed changes to service delivery in respect of the Out of Hours UTC;
2. The results of the proposed communications and engagement process be brought back to the Committee along with the proposed skills mix of the proposed revised service model.

10 2018/19 Q3 Performance Management Report

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 third quarter of the 2018/19 financial year (for copy of report see file of minutes).

The Strategy Team Leader reported very little change in the trends for September to December 2018. She advised that a Smoking in Pregnancy Steering Group had been set up which held its first meeting in February. The aim of the group was to reduce smoking in pregnancy by 6% by 2022.

Resolved:

That the recommendations contained within the report be noted.

11 Adults and Health Services Q3:Forecast of Revenue and Capital Outturn 2018/19

The Committee considered a joint report of the Corporate Director of Resources and the Corporate Director of Adults and Health Services 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 December 2018. A presentation was given by the Finance Manager, Adult and Health Services (for copy of report and slides, see file of minutes).

Councillor Temple asked that further details be provided on the Public Health budget so that the committee could see the break down of what the funds were being spent on. The Finance Manager confirmed that he would provide a summary in respect to this.

Referring to the underspend in the Adult Care budget, Councillor Smith was concerned that not enough people were being employed to deliver the service as there was a huge pressure on the amount of people requiring it. The Finance Manager explained that the underspend on employees would disappear as the MTFP budget was updated throughout the year and that the budget was based on demand so could vary quite considerably. He would look into this and report back to the committee.

Resolved:

That the information contained in the report be noted and a further more detailed report be brought back to the Committee setting out the Public Health services currently delivered through Public Health Funding.

12 Refresh of the Work Programme 2019/20 for Adults Wellbeing and Health Overview and Scrutiny Committee

The Committee considered a report of the Director of Transformation and Partnerships which provided the opportunity to review and refresh the work programme for 2019/20 (for copy see file of Minutes).

The Principal Overview and Scrutiny Officer highlighted the current work programme of the Committee and the number of issues that would role forward including the review of GP Services, Bishop Auckland Ward 6, review of Stroke Rehabilitation, Enhanced Primary Care, Urgent Care and Shotley Bridge Hospital. There would also be performance issues to touch upon following the recommendations from the Suicide Prevention working group. Potential service changes could also come back to committee on phase 2 of the Sunderland and South Tyneside review.

Resolved:

- (i) That comments on the proposed Adults, Wellbeing and Health Overview and Scrutiny Committee work programme in relation to the current Council Plan 2016-2019 Altogether Healthier theme be noted.
- (ii) That a further report to agree the Adults, Wellbeing and Health Overview and Scrutiny Committee work programme for 2019/20 be submitted to the July 2019 meeting.

13 NHS Foundation Trust's 2018/19 Quality Accounts

The Principal Overview and Scrutiny Officer informed the Committee that the draft Quality Accounts would be circulated to members for comments and that responses would be provided for each of the trusts within the statutory 30 day consultation period. The responses would also include key areas of activity that the committee had been engaged with each respective Foundation Trust upon and would be brought to committee for retrospective sign off in July 2019.

14 Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

The Principal Overview and Scrutiny Officer referred Members to recent communication about public engagement events being held in respect of the future of service provision currently delivered from Shotley Bridge Hospital, the first of which had been arranged in Consett on 10 April. A gap had been identified in the proposed engagement events with a suggestion made to the CCG that an additional event be held in the Weardale area and the CCG had been informed of this. Members were encouraged to attend one of the events arranged.