Adults, Wellbeing and Health Overview and Scrutiny Committee

Date	**Thursday 3 October 2019**
Time	**9.30 am**
Venue	**Committee Room 2 - County Hall, Durham**

Business

Part A

Items during which the Press and Public are welcome to attend. Members of the Public can ask questions with the Chairman's agreement.

1. Apologies
2. Substitute Members
3. Minutes of the meeting held on 6 September 2019 (Pages 3 - 16)
4. Declarations of Interest, if any
5. Media Issues
6. Any Items from Co-opted Members or Interested Parties
7. Skerne Medical Group - Report of the Director of Transformation and Partnerships and presentation by representatives of Skerne Medical Group (Pages 17 - 44)
8. Shotley Bridge Community Hospital - Report of North Durham Clinical Commissioning Group (Pages 45 - 80)
9. Adults Wellbeing and Health OSC Review of Suicide Rates and Mental Health and Wellbeing in County Durham - Progress against review recommendations - Report of the Director of Public Health County Durham (Pages 81 - 100)
10. Quarter 1 2019/20 Performance Management report- Report of the Director of Transformation and Partnerships (Pages 101 - 116)

11. Budget Revenue and Capital Outturn 2018/19 and Budget Revenue and Capital Forecast Q1 2019/20 - Report of the Corporate Director of Resource (Pages 117 - 148)
12. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

Helen Lynch
Head of Legal and Democratic Services

County Hall
Durham
25 September 2019

To: **The Members of the Adults, Wellbeing and Health Overview and Scrutiny Committee**

Councillor J Robinson (Chair)
Councillor J Chaplow (Vice-Chair)

Councillors A Batey, R Bell, L Brown, P Crathorne, R Crute, J Grant, T Henderson, E Huntington, P Jopling, C Kay, K Liddell, S Quinn, A Reed, A Savory, M Simmons, H Smith, J Stephenson, O Temple and C Wilson

Co-opted Members: Mrs R Hassoon

Co-opted Employees/Officers: Mr C Cunnington-Shore

Contact: Jackie Graham Tel: 03000 269704

DURHAM COUNTY COUNCIL

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2 - County Hall, Durham on **Friday 6 September 2019 at 9.30 am**

Present

Councillor R Crute (Chair)

Members of the Committee
Councillors A Batey, R Bell, L Brown, P Crathorne, J Grant, T Henderson, E Huntington, P Jopling, C Kay, K Liddell, M Simmons, H Smith and O Temple

Co-opted Members
Mrs R Hassoon

Also Present
Councillors I Jewell, L Kennedy, J Maitland, J Allen, L Hovvels, J Shuttleworth, S Zair and A Watson

1 Apologies for Absence

Apologies for absence were received from Councillors A Reed, A Savory, J Stephenson and C Wilson

2 Substitute Members

Councillors J Maitland for J Robinson, I Jewell for J Chaplow and L Kennedy for S Quinn.

3 Minutes

The minutes of the meeting held on 4 July 2019 and of the special meeting held on 30 July 2019 were agreed as a correct record and signed by the Chair.

The Principal Overview and Scrutiny Officer referring to the minutes of 4 July 2019, advised that a special meeting had been arranged on Tuesday 17 December 2019 at 1 p.m. to consider proposals in respect of oral health. In relation to Councillor Temple's request regarding STI statistics, a response was being chased up with the service.

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;

- 20 NHS building projects given green light – BBC Website 5 August 2019 - Boris Johnson has given the green light to 20 new building and infrastructure projects in the NHS in England. The £850m package will pay for new wards, intensive care units and diagnostic centres as well as refurbishing some existing facilities over the next five years. Mr Johnson also said there would be an extra £1bn this year to improve and maintain existing buildings. The Newcastle upon Tyne Hospitals - £41.7m to improve paediatric cardiac services in the North East.

- Review of mental health services under scrutiny by Darlington councillors – Northern Echo 26 August 2019 - Plans to make changes to crisis mental health services are due to be scrutinised by councillors next week. Tees, Esk and Wear Valleys NHS Foundation Trust is looking to create a single crisis service across its area and close a house specifically used for people whose mental health needs urgent treatment.

- Why Durham health chiefs have been asked to join 'Path to Excellence' efforts for Sunderland and South Tyneside hospitals – Sunderland Echo 2 August 2019 - Representatives from County Durham could join efforts to scrutinise a major overhaul of NHS services in Sunderland and South Tyneside. Sunderland City Council and South Tyneside Council formed a Joint Health Scrutiny Committee in 2017 to examine the controversial Path to Excellence scheme. The first phase of this covered changes to stroke, maternity and paediatric care at South Tyneside Hospital and Sunderland Royal Hospital. Since last year (2018) care chiefs have been carrying out ‘pre consultation’ work on the second phase, covering areas such as surgery, scans and blood tests.

- Major health projects are at risk despite spending pledge – Northern Echo 7 August 2019 - Concerns have been raised over funding for existing plans to upgrade two community hospitals, despite promises of a £1.8 billion cash injection for health services. A spending review may jeopardise plans to replace the accident and emergency unit at University Hospital North Durham, in Durham City, as well as the replacement of Shotley Bridge Hospital, near Consett, with a new purpose-built facility.

Laura Pidcock, MP was concerned that this would have a cumulative effect and cause significant worry for her constituents. In terms of Shotley Bridge Hospital

she asked what representations had been made to the Secretary of State regarding the capital spend. She went on to say that there was a conflict between the announcement and suspension and asked what contingency plans were in place for Shotley Bridge Hospital. She said that people were aware that the hospital was not fit for purpose and asked what services would be delivered from the site.   She was concerned as to how the money would be found if capital was no longer available from central government. She added that the local people deserved a new health facility especially as no upgrade to the University Hospital of Durham (UHND) was expected and the closure of urgent care at Stanhope was also a concern, especially in terms of transport. There were significant concerns in the Dales as the out of hours hub was not accessible for anyone. She concluded that all recent significant changes to health services had been negative and she asked that damaging decisions such as this one be put on hold.

The Director of Commissioning Strategy and Delivery, North Durham and DDES CCGs explained that on 7 May 2019 a letter was sent to all NHS provider trusts to ask them to make a 20% reduction in capital spend and to prioritise schemes. An announcement was made in relation to capital investments and on 2 July 2019 a further letter was sent asking for that the reduction to be made was 3% and for trusts to work collaboratively to achieve the 20%. Funding for Shotley Bridge Hospital had been earmarked for 2021 as funding would need to be in place to proceed. Last month a letter to NHS trusts reversed the reduction in capital spending and this would have no impact on UHDN or Shotley Bridge Hospital issues. With regards to UHND no business case had been approved as they did not have enough of their own capital to proceed and therefore there would no changes. For Shotley Bridge clarity around funding would be required before proceeding with a business case. The plan was to look at the options and report back to Scrutiny in January 2020.

Councillor Alex Watson was concerned as the money for Shotley Bridge Hospital was reported to be secured in March 2019, this was then changed to earmarked. The engagement process had been conducted and independent analysis was carried out to look at all of the data and come up with proposals. He said that it was important for a new community hospital to be built for the residents of Consett and across the region.

The Director of Commissioning and Delivery explained that a report was scheduled to come back to this committee in October detailing the key findings from the pre-consultation stakeholder engagement activity undertaken earlier in the year following discussions with the reference group. She assured members that there were no changes to the services at Shotley Bridge Hospital and she was aware of the structural issues with the building. She added that the CCG were grateful for any representations that the committee and local councillors wanted to make on their behalf.

Councillor Temple asked for some clarity as the A&E department at UHND where the project was restored to where it was before the 20% cuts were required and Shotley Bridge Hospital being in a different position as it was subject to a different funding mechanism. The Director of Commissioning and Delivery confirmed that they were two separate issues and Shotley Bridge depended upon receiving capital funding. The capital for the project was covered under the NHS Property Services. Councillor Temple went on to say that it had been publicly stated that funding for Shotley Bridge Hospital was secured when in fact it should have been reported that that it was merely intended, and he felt cheated by that. He hoped that the CCG would ensure funding became available and secured moving forward.

- Middlesbrough: West Lane Hospital rated 'Inadequate' by CQC – Northern Echo 21 August 2019 - A north-east mental health hospital has been rated 'Inadequate' following the deaths of two young patients in the last several weeks. In its most recent inspection, the Care Quality Commission (CQC) rated West Lane Hospital in Middlesbrough as Inadequate overall.

Councillor Grant suggested that TEWV come back to a future meeting to explain what was happening in terms of support and placements for those young people affected as the hospital closed. The Director of Operations Durham and Darlington, Tees, Esk and Wear Valley NHS Trust said that further calls were taking place with NHS England as the hospital site was not completely closed as they were still finding suitable placements. He added that the home treatment and crisis service had been extended so that further support in the community would be available when the hospital did close. Options would be discussed at a later date as to whether the hospital could re-open with a new service model and staffing structure. The Medical Director had recently attended a scrutiny meeting at Hartlepool and it was suggested that he also attend a future meeting in Durham. He added that the service would continue to liaise with Children's Services in Durham to ensure safeguarding for the young people at West Lane Hospital.

6 Any Items from Co-opted Members or Interested Parties

There were no items from co-opted members or interested parties.

7 Future of Ward Six, Bishop Auckland Hospital

The Committee received a report of the Director of Transformation and Partnerships and report and presentation by representatives of County Durham and Darlington NHS Foundation Trust that provided an update on the proposals for consultation/engagement on the future of ward 6 at Bishop Auckland Hospital (for copy see file of Minutes).

The Director of Commissioning and Delivery gave a detailed presentation that highlighted:-

- Background
- Vision
- Scope of Review
- Current Service
- Patient and Carer Feedback
- Patient and Carer Themes
- Case for Change
- Options Appraisal
- Preferred Option
- What this means for patients in County Durham
- Next Steps – ratify decision at executive and governing body, consultation planned 7 October for 10 weeks.

The Director of Commissioning and Delivery would welcome any suggestions to meet with groups in the community in addition to those already planned and would welcome any comments on the consultation.

The Chair reminded people to take part in the consultation process. He invited questions from members of the committee, other members and those members of the public who had requested to speak prior to the meeting.

Referring to the report Councillor Bell picked up that the majority of patients did not receive therapy, however pointed out that 43% of patients did. He went on to say that there was an implication that it was a waste of time being on the ward if it could not offer rehab or therapy, but he challenged that assumption. Councillor Bell also said that with the vision of offering care closer to home should not exclude the Richardson Hospital. He had not seen any evidence to show that community services were working and therefore could not support the proposal.

The Director of Commissioning and Delivery confirmed that there was access to therapy at the Richardson Hospital. She added that significant investment had been made to redesign and increase staffing levels in order to change the ways of working, together with the voluntary sector to maintain people's health. She agreed that there were really good services offered and that the proposal was to reduce the number of beds but to still have capacity at Bishop Auckland Hospital.

Dr Smith added that the majority of patients were at the older age of the spectrum and that they often required specialist therapy input.

Further to a question from Councillor Jopling about the length of time a patient could stay in ward 6 the Director of Commissioning said that all patients were treat as individual cases and the CCG were not saying that a patient could only stay on the ward a certain length of time.

Councillor Kay commented that the report was stating that ward 6 was not closing, and that the length of stay had reduced from 22 to 12 days. He pointed out that the merger of two wards would affect the number of beds and therefore the overall time of stay would reduce.

With regards to the campaign by local people and members Councillor Smith said that this had had a positive effect on stopping the closure of ward 6 and she welcomed the prospect of better therapy input for patients on the ward. She however was concerned that community services could only be effective if those services were in place and effective. Councillor Smith referred to the stroke rehabilitation report whereby a clinician had said that one of the major causes for concern was in the provision of community services. The Commissioning and Development Manager confirmed that this quote was not specifically about stroke rehabilitation but about the proposed changes and ensuring community provision. The Director of Commissioning and Delivery added that it was important to get people to the right place and getting processes right.

Mrs Hassoon was also concerned about community services and that there seemed to be no continuity of care. She was also concerned about the prescribing of medication and asked that care plans be looked and fit for purpose, especially as this was a lot of money coming from the County Council's budget. The Chair agreed that there was a potential impact on County Council services and the budget.

Councillor Allen welcomed the plans for the consultation and thanked those people who had signed the petition to keep the ward open. She said that she would continue to fight for more beds and was disappointed to see that the proposals were looking at removing 8 beds and redeploying nursing staff. She supported care closer to home but did have concerns about the ability to cover holidays, sickness and training.

Referring to the consultation Councillor Lethbridge asked how many people in Bishop Auckland knew about the proposals and the reduction in the number of beds. He added that there were genuine fears within the community about the overall plans for reduction of services.

The Director of Commissioning and Delivery commented that the proposals had been formed on evidence of data and talking to staff and patients and that the point of the consultation was to consider everything before making a final decision. She confirmed that the staffing ratios would be maintained and were always compliant with headroom to cover sickness and training. She added that the guidance was changing and that the services also needed to evolve and change and that the this was about ensuring a better service on the ward, using the money available in the best way to get the best outcomes for the patient.

Mrs Evans was concerned about the actions of the CCG cutting services from the hospital and was baffled by the scrutiny process. She found the documents produced impenetrable. With regards to ward 6 she believed that the CCG were planning to close it and that despite the consultation it was a done deal. She added that members of the public felt that the plan was to close ward 6 and open other wards as therapy wards. She said that the lack of trust was increasing by the day with regards to the CCG as there were cuts to services in Bishop Auckland and the Dales.

The Chair reminded all that the consultation started in October and confirmed that Scrutiny would hold the CCG to account. He encouraged people to respond to the public consultation and that the results would come back to this committee.

Mrs Burton referring to figure 4, page 11 said that there was a higher rate of admissions for 2018/19 and 81% of admissions were emergencies hence the need for escalation beds however page 10 stated that escalation beds were already included in the figures. She asked how many escalation beds were being included and how much did that inflate the figures of bed occupancy. She went on to comment that this proposal stated that patients would be referred to other community hospitals such as Shotley Bridge Hospital where current admissions stand at 2,471 and asked if it was under threat of bed closures or beds being moved to community care provider and if so how could this proposal work if that happens. Mrs Burton continued and referred to page 19 of the document which stated preferred use of “home first” philosophy and Teams around Patients and stated “now they are supported by the local authorities and partner agencies”. She asked if professionals were travelling to see individuals was this not more expensive than if they were on a ward, transferring the responsibility of cost from the NHS to the Local Authority.

Mrs Hackworth-Young commented that with an ageing population there was a need to increase the number of beds and she felt that the CCG were concerned with the financial implications rather than caring for the public. She commented that the wards on the Richardson Hospital had been closed and that people had been told that they had been closed when trying to access services there. She said that people living in and around Barnard Castle could not get to Bishop Auckland and that this issue has not been given consideration.

The Director of Commissioning and Delivery said that she had responded to these comments previously throughout the engagement process. She assured the committee that significant changes had been made to the hubs and that the transport criteria had recently changed which also included an option for taxis. With regard to the funding she added that this did not get in the way of being able to make the best decisions for patients and that it was managed in the best way.

The Head of Commissioning, Durham County Council explained that if a patient had been discharged funding would be provided from the local authority. Should

the patient need acute care they would be admitted to a hospital ward if that was the right place for them to be. The Director of Commissioning and Delivery added that both the CCG and local authority were responsible for domiciliary care.

Councillor Zair referring to the length of stay on ward 6 being reduced from 22 days to 12 days and asked how many would be re-admitted within a couple of weeks of discharge. He was concerned about the pressure being placed on A&E. The Director of Commissioning and Delivery explained that they do look at re-admissions to hospital and learn from that. She would make those figures available to the committee and Councillor Zair.

The Chair thanked everyone for the comments and reminded all to raise their concerns through the consultation.

Resolved:
That the report and presentation be received and the issues highlighted by the Committee be communicated back to the CCG.

8 Review of Stroke Rehabilitation Services in County Durham

The Committee received a report from the Director of Transformation and Partnerships and presentation from representatives of County Durham Clinical Commissioning Groups and County Durham and Darlington NHS Foundation Trust that provided a range of service model options in respect of stroke rehabilitation services for public consultation and the associated communications and engagement plan (for copy see file of Minutes).

The Director of Commissioning and Delivery gave a detailed presentation that highlighted:-

- Background
- Vision
- Scope of Review
- Current Pathway
- Quality and Performance
- Patient and Carer Feedback
- Clinical Case for Change
- GIRFT – Getting it Right First Time
- Options Appraisal
- Proposed Future Model
- Proposed Pathway
- What this would mean for patients in County Durham
- Next Steps

The Chair encouraged everyone to take part in the consultation, taking the opportunity to feed in any concerns and comments that they had.

Councillor Bell expressed concerns about transport and accessibility not just for the patient but for the visitor. He said that there were not enough staff for both UHND and Bishop Auckland Hospital and the proposal was to move everything to Durham and have community based provision. He asked if there was adequate staffing to do this and that this should be in place and working well before decisions were made.

Dr Smith, Consultant for Stroke and Elderly at Ward 6, Bishop Auckland Hospital explained that the acute services available at UHND offered stroke patients 45 minutes of therapy per day. Therapists would all be on the same site and this would allow rehabilitation to commence as soon as the patient was ready.

Councillor Smith said that these changes were going against the principle of promoting care closer to home, if the patient had to travel to Durham. She added that transport had not been referred to and was concerned that this was very difficult from some areas in the County, such as Weardale. The parking was also an issue at UHND with very few spaces and Councillor Smith was concerned that these changes would also add to the already overstretched resources at UHND. She added that this seemed to be more about staff convenience than the care of patients. Councillor Smith suggested that a third option should also be considered so that services could be retained at Bishop Auckland Hospital.

The Chair agreed that transport was a recurring theme, including difficulties for relatives.

In response, the Director of Commissioning and Delivery said that she would ensure that any proposals would take into account transport requirements. Dr Smith added that the changes for ward 6 and the stroke rehabilitation were separate issues, as specialist services were in place for stroke patients and these patients could not be relocated easily. The vulnerable patients would benefit from having acute care on the same site as the therapy services. She explained that care closer to home was the preferred option however for those patients that required rehabilitation, this should be specialist service led. She assured members that clinical staff did not feel that it was an inconvenience travelling however the time could be better spent on delivering patient care.

Councillor Henderson agreed with the points made about parking at UHND and asked that all venues be used that are available, such as the Richardson Hospital.

Councillor Temple could recollect when stroke services were centralised in 2010 when a strong case was put forward for improving results. However, he was not convinced of the arguments in this case and felt that the target to reduce the length of stay could result in re-admissions. He added that a much stronger evidence

base would need to be put forward for the capacity at UHND to be able to cope with the increase in services, and that details of what the space at Bishop Auckland would be used for. He accepted that it was right to treat people in one setting but would require further evidence to support this. He was informed that the Trust were reviewing bed capacity in Durham and Darlington for all services and the best way to utilise all beds.

Councillor Jewell commented that this report was contradictory to the previous ward 6 report, in respect to treating people in one central location to the other that was all about more locally delivered services. He asked that better communication and understanding was given on these issues so that people were not confused with the proposed changes. He added that it was understandable for clinicians time to be more effective treating patients rather than travelling but he asked what about the visitors when they had to travel further.

The Chair reminded members that the committee would monitor any changes.

Councillor Allen commented that all of the proposed changes had disillusioned staff members with some choosing to leave and find alternative employment. She felt that therefore the proposals were trying to address the staff shortages rather than addressing the patients needs. She agreed with Councillor Smith's earlier point about having a third option and continuing to offer services from Bishop Auckland Hospital. Councillor Allen added that Bishop Auckland Hospital was a Centre for Excellence specialising in older people's care. She further asked about the bed reduction and what would happen to patients during inclement weather should they not be able to travel to Durham. She was also concerned about staff having to travel to patients.

Referring to NICE (National Institute for Health and Care Excellence) guidelines for stroke patients, Councillor Zair commented that they must have 45 minutes of rehabilitation per day and he was concerned that staff would not have all of the necessary equipment to treat at someone's home or out in the community. To enable a patient the best outcome he suggested that they needed to stay at Bishop Auckland Hospital and was also concerned that there would not be sufficient beds at UHND. He was advised that in terms of therapy, the service were trying to make improvements for the patient. Therapy would also be offered across the board whether it was in a hospital or community setting and by centralising the existing services would ensure time was used more effectively to have better outcomes.

A member of the public, Mrs Taylor spoke about her and her husband's experiences following a stroke and the admission to UHND and Bishop Auckland Hospital. She praised the staff at Bishop Auckland for offering a palpable service which she found to be peaceful and have a different energy from UHND. She commented that if it wasn't broke then you shouldn't fix it.

Further to a question from the Chair, the Director of Commissioning and Delivery advised that separate meetings,events and presentations were in place to ensure that whilst both the Stroke Rehabilitation and Ward 6 consultations were taking place there would be no confusion between the two.

Councillor Grant thanked the Director of Operations and Delivery for explaining these difficult issues in a way that was understandable.

Resolved:

(i) That the report be received.

(ii) That comments on the range of service model options in respect of stroke rehabilitation services for public consultation and the associated communications and engagement plan be communicated back to the CCG.

9 Crisis Service Improvements

The Committee considered a report of the Director of Operations, Durham and Darlington, Tees Esk and Wear Valleys NHS Foundation Trust that outlined the next stages of the crisis service (for copy see file of Minutes).

The Director of Operations advised that face to face consultations would still take place at Lanchester Road but that a better triage telephone system would be in place which would allow follow up calls and free up clinical time. The crisis house in Shildon would close and the money would be re-invested into in house treatment staff. Seven additional support workers would be employed to provide community based provision.

Mrs Hassoon was concerned if people were not well enough to travel to either facility. She asked if the additional members of staff were qualified or healthcare assistants as she was also concerned about medication being prescribed by an appropriate person. The Director of Operations advised that there would be no changes to the face to face appointments at Lanchester Road or West Road. With regards to transport these concerns could be discussed with staff and if it was deemed not appropriate or safe for a patient to travel then a visit would be arranged. The additional staff would be healthcare assistants and would support the more stable patients, with the existing qualified staff treating those patients in crisis. A risk assessment tool was used.

Councillor Bell welcomed a report regarding West Lane Hospital and would support the proposals put forward today.

The Principal Overview and Scrutiny Officer clarified that the report was for the committee to note and comment upon and that the single service approach would be co-ordinated into a formal response to TEWV from the committee.

Resolved:
That the report be noted.

10 Right Care, Right Place Programme

The Committee received a report and presentation from the Right Care Right Place Delivery Lead (Durham and Darlington), Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) that provided information about the Right Care, Right Place Programme (for copy see file of Minutes).

The Director of Operations, Durham and Darlington, TEWV highlighted the key drivers for change and the next steps within the presentation. He advised of two events taking place in October and November to discuss proposals for community services.

In response to a question from Councillor Kay, the Director of Operations confirmed that there would be no direct impact on the Goodall Centre at Bishop Auckland.

Resolved:
That the presentation be noted.

11 Peterlee Urgent Treatment Centre

The Committee received a report from the Durham Dales, Easington and Sedgefield Clinical Commissioning Group that gave an update on the proposed changes to the overnight service delivery at Peterlee Urgent Treatment Centre (for copy see file of Minutes).

The Head of Commissioning explained that the CCG had taken on board requests from the committee for further information and she highlighted the work that had been carried out. Positive feedback had been received on the proposals and the majority of people spoken to would prefer a home visit in the future. Patient activity data had been re-checked including where patients had been directed to. The proposed changes would see a full clinical team available. The CCG governing would consider the proposed changes shortly.

In response to a question from Councillor Kennedy, the Head of Commissioning explained that the service would be centralised and that patients would be seen within the hour. Two GPs would be floating covering the UHND, Shotley Bridge Hospital and Peterlee area and they would be with a driver.

Councillor Maitland enquired about staffing and was advised that the staff would be directed to patients through the 111 triage service, a service that was already in place. The Head of Commissioning advised that the driver would act as a chaperone to the GP.

The Chair said that the important part for people to remember was to ring 111 first to ensure they were directed to the right place at the right time. He thanked the CCG for complying with the committees request for further information.

Resolved:
(i) That the rationale for the proposed changes to service delivery be noted.
(ii) That the extent of additional work carried out at the request of the committee be noted.
(iii) That the report was pending the CCG governing body approval.
(iv) The comments on the proposal be communicated back to the CCG and a post implementation update report be brought back to this Committee after 12 months.

12 Path to Excellence Phase 2

The Committee received a report of the Director of Transformation and Partnerships that provided information in respect to the draft terms of reference and protocol for a Joint Health Overview and Scrutiny Committee to oversee Phase 2 of the Path to Excellence Programme (for copy see file of Minutes).

The Principal Overview and Scrutiny Officer advised that it had been agreed that three representatives from this committee would sit on the Joint Health Overview and Scrutiny Committee. The appropriate group leaders had been contacted and Councillors J Robinson H Smith and O Temple had been nominated.

Resolved:
(i) That the report be received.
(ii) That the proposed terms of reference and protocol for a Joint Health Overview and Scrutiny Committee between South Tyneside Borough Council, Sunderland City Council and Durham County Council to oversee Phase 2 of the Path to Excellence Programme be agreed.
(iii) That the appointment of representatives from this committee be agreed.

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Adults Wellbeing and Health Overview and Scrutiny Committee

3 October 2019

Skerne Medical Group

Report of Corporate Management Team

Lorraine O'Donnell, Director of Transformation and Partnerships

Electoral division(s) affected:

Bishop Middleham and Cornforth; Sedgefield; Trimdon and Thornley

Purpose of the Report

1 To update the Adults Wellbeing and Health Overview and Scrutiny Committee on the outcome of consultation/engagement by Skerne Medical Practice in respect of the development of options for future service provision across the practice locality.

Executive summary

2 The Adults Wellbeing and Health Overview and Scrutiny Committee has previously met to consider plans and proposals by Skerne Medical Group regarding problems facing the group in respect of the recruitment and retention of GPs as well as existing GP staffing capacity.

3 The Committee mat and considered consultation and engagement plans for the aforementioned proposals and also made representations to the North Durham and DDES CCG Primary Care Committee in respect of plans to close branch services at Fishburn and Trimdon Village.

4 The Primary Care Commissioning Committee met on 18 December 2018 and agreed that:

(i) The proposal for the closure of Trimdon Village be supported on the grounds that:

- The premises are in a poor state of repair.
- Clinicians working there are more isolated that they are in other premises.

- The impact on the population has to be weighed against the risk of the entire practice failing.

- The practice will continue to offer general medical services to the population including home visiting where appropriate.

(ii) That the proposal to close Fishburn Village surgery be rejected on the grounds that this was not included in the original letter and so we do not consider all patients were adequately consulted.

(iii) That the Practice (Skerne Medical Group) conduct an urgent review regarding the medium to long term future of the surgery sites. Their patients must be engaged in this process and the process should be completed within 6 to 12 months of this meeting. Any future emergency branch closure will involve an engagement exercise with their patients. Any future service delivery model options appraisal process must include Trimdon Village.

5 The decision of the Primary Care Committee was reported to the Adults Wellbeing and Health OSC at a special meeting held on 14 January 2019.

6 Following consideration of the decision of the Primary Care Committee and following concerns at the lack of availability of appointments at the Fishburn Branch, the Committee wrote to Skerne Medical Group and DDES CCG.

7 In noting the decision of the Primary Care Committee, Councillors remained concerned about the continued provision of GP services in the locality. The committee noted the third recommendation of the Primary Care Commissioning Committee in Common that “the Practice (Skerne Medical Group) conduct an urgent review regarding the medium to long term future of the surgery sites. Their patients must be engaged in this process and the process should be completed within 6 to 12 months of this meeting. Any future emergency branch closure will involve an engagement exercise with their patients. Any future service delivery model options appraisal process must include Trimdon Village.”

8 In view of this third recommendation, the Adults Wellbeing and Health Overview and Scrutiny Committee sought assurances that as part of the aforementioned review, any future service model options developed and to be subject to patient and stakeholder engagement be brought back to the Committee for consideration and that local County Councillors are engaged in this consultation process at an early stage also.

9 The Committee also asked that any service model options that are developed be brought back to the Adults Wellbeing and Health Overview and Scrutiny Committee together with the communications and consultation plans and associated timescales.

10 Representatives of Skerne Medical Group attended the Committee on 4 July 2019 and provided a presentation setting out the proposed plans for patient and stakeholder consultation together with the options for future service model that are planned to be consulted upon.

11 The Committee acknowledged the work that the Practice had done to recruit additional GPs and was pleased to see the number of appointments available to patients back to close to the level in 2016. This complemented by the recruitment of additional clinical staff would hopefully increase and improve the range of services available to patients.

12 The Committee also requested that the practice report back to Committee on the results of the stakeholder engagement activity prior to a decision on the future service model being made.

13 Representatives of Skerne Medical Group will be in attendance to provide members with a presentation setting out the patient and stakeholder consultation feedback in respect of the options for future service model consulted upon. A copy of the presentation slides is attached to this report (Appendix 2).

Recommendations

14 The Committee is asked to receive this report and presentation and note and comment on the consultation/engagement feedback by Skerne Medical Practice in respect of the development of options for future service provision across the practice locality.

Background

15 At its meeting held on 15 November 2018 the Adults Wellbeing and Health Overview and Scrutiny Committee noted recent press coverage of plans to reduce service provision across the Skerne Medical Group, specifically the potential reduction in the number of branch sites served by the practice.

16 The Committee receive a report from representatives of the Skerne Medical Group detailing problems facing the group in respect of the recruitment, retention and current GP staffing capacity.

17 The Committee were advised by Dr Hearmon, one of the practice GPs, that despite the practice's best efforts in respect of the recruitment of

GPs, it faces a reduction of 35% in GP manpower compared to October 2016 due to resignations, retirements and sickness which will reduce GP available appointment time by 40% in February 2019.

18 The practice commenced a patient and stakeholder engagement process on 5 November 2018 and have written to all patients advising them of the problems facing Skerne Medical Group and have held a series of public meetings to enable patients to discuss these issues.

19 The Committee heard representations from a number of local Councillors who expressed concerns at the public engagement process, especially the lack of detail in respect of the dates, times and locations of the public meetings in the letter sent to patients.

20 The practice explained that it had initiated a review of all four surgeries from which they currently provide services; Sedgefield, Fishburn, Trimdon Village and Trimdon Colliery, commencing with a review of whether Trimdon Village surgery and one additional site, to be determined after the engagement period, can remain open from 2019 on the current and projected staffing levels.

21 In view of this the Committee at its meeting on 15 November 2018 recommended that the potential for continued GP provision within Trimdon Village should form a key part of this proposed review and any option for future services developed as part of the review.

22 Representatives of the practice attended a special meeting of the Adults Wellbeing and Health Overview and Scrutiny Committee on 4 December 2018 when a verbal update was provided to members of the Committee regarding the key findings of the patient and stakeholder consultation and engagement exercise undertaken in respect of the proposed closure of practice branch sites.

23 Key considerations and comments noted by members at the meeting included:

- The difficulties experienced by the practice in terms of the dramatic shortage of GPs the practice faces and that by February 2019 the practice will have 40% fewer doctors than 2½ years ago and feels unable to safely staff four separate sites.

- The response rates and levels of engagement in the process with over 400 people attending the engagement events and the 70 comments received via the practice website.

- The generic issues raised during the engagement process as well as specific issues regarding each individual site.

- The GP resource now available at the Skerne Medical Group has reduced since the initial report to Committee on 15 November from 5 GPs to 3 which has compounded the problems.

- Following consideration of the engagement feedback and responses, members are aware that the practice are proposing to close the Fishburn and Trimdon Village sites and retain the Sedgefield and Trimdon Colliery sites.

- The Committee are concerned that one of the sites proposed to close had the second largest practice list (Fishburn) and included half of the registered patients from Trimdon Village who had previously been encouraged to use the Fishburn site.

- The limited evidence to explain the rationale for closing the two sites from a patient perspective.

- The absence of any detailed medical needs assessment having been carried out across the 4 sites based upon patient contacts and any associated risk assessments regarding the proposed change including accessibility, car parking and availability of public transport as part of the options appraisal process.

24 The Committee reaffirmed its previous recommendation to the Skerne Medical Group that the potential for continued GP provision within Trimdon Village should form a key part of the practice's proposed review and any option for future services developed as part of the review.

25 The Committee also contested the adequacy of the consultation as the letter sent to all patients on the practice lists contained conflicting information regarding lack of mention of a second potential site closure which was publicised on the Practice website and provided at the engagement meetings.

26 The concerns raised by the Committee were communicated to the Practice by letter. Durham Dales Easington and Sedgefield CCG were copied into this correspondence to ensure that the views of the Adults Wellbeing and Health Overview and Scrutiny Committee were communicated to the Primary Care Commissioning Committee when it met on 18 December 2018.

27 The Primary Care Commissioning Committee met on 18 December 2018 to consider applications from Skerne Medical Group to close the Branch sites at Trimdon Village and Fishburn. Following representations made by the practice, local Councillors, patients and stakeholders including the County Council's Adults Wellbeing and Health Overview

and Scrutiny Committee, the Primary Care Commissioning Committee agreed that:-

(i) That the proposal for the closure of Trimdon Village be supported on the grounds that:

- The premises are in a poor state of repair.
- Clinicians working there are more isolated that they are in other premises.
- The impact of the population has to be weighed against the risk of the entire practice failing.
- The practice will continue to offer general medical services to the population including home visiting where appropriate.

(ii) That the proposal to close Fishburn Village surgery be rejected in the grounds that this was not included in the original letter and so we do not consider all patients were adequately consulted.

(iii) That the Practice (Skerne Medical Group) conduct an urgent review regarding the medium to long term future of the surgery sites. Their patients must be engaged in this process and the process should be completed within 6 to 12 months of this meeting. Any future emergency branch closure will involve an engagement exercise with their patients. Any future service delivery model options appraisal process must include Trimdon Village.

28 The decision of the Primary Care Committee was reported to the Adults Wellbeing and Health OSC at a special meeting held on 14 January 2019.

29 Following consideration of the decision of the Primary Care Committee and following concerns at the lack of availability of appointments at the Fishburn Branch, the Committee wrote to Skerne Medical Group and DDES CCG.

30 In noting the decision of the Primary Care Committee, Councillors remained concerned about the continued provision of GP services in the locality. The committee noted the third recommendation of the Primary Care Commissioning Committee in Common that “the Practice (Skerne Medical Group) conduct an urgent review regarding the medium to long term future of the surgery sites. Their patients must be engaged in this process and the process should be completed within 6 to 12 months of this meeting. Any future emergency branch closure will

involve an engagement exercise with their patients. Any future service delivery model options appraisal process must include Trimdon Village."

31 In view of this third recommendation, the Adults Wellbeing and Health Overview and Scrutiny Committee sought assurances that as part of the aforementioned review, any future service model options developed and to be subject to patient and stakeholder engagement be brought back to the Committee for consideration and that local County Councillors are engaged in this consultation process at an early stage also.

32 The Committee also asked that any service model options that are developed be brought back to the Adults Wellbeing and Health Overview and Scrutiny Committee together with the communications and consultation plans and associated timescales.

33 Representatives of Skerne Medical Group attended the Committee on 4 July 2019 and provided a presentation setting out the proposed plans for patient and stakeholder consultation together with the options for future service model that are planned to be consulted upon.

34 The Committee acknowledged the work that the Practice had done to recruit additional GPs and was pleased to see the number of appointments available to patients back to close to the level in 2016. This complemented by the recruitment of additional clinical staff would hopefully increase and improve the range of services available to patients.

35 The Committee also requested that the practice report back to Committee on the results of the stakeholder engagement activity prior to a decision on the future service model being made.

36 Representatives of Skerne Medical Group will be in attendance to provide members with a presentation setting out the patient and stakeholder consultation feedback in respect of the options for future service model consulted upon. A copy of the presentation slides is attached to this report (Appendix 2).

Considerations

37 Members are asked to consider the presentation by Skerne Medical Group detailing the feedback from the consultation and engagement activity undertaken in respect of the future service model options for the branch.

Main implications

Consultation

62 The presentation sets out the feedback from Skerne Medical Group patient and stakeholder engagement on the future service model options.

Legal

63 This report has been produced in accordance with the Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013 as they relate to the National Health Service Act 2006 governing the local authority health scrutiny function.

Conclusion

64 The initial media articles and subsequent patient and stakeholder consultation and engagement have raised concerns amongst local residents and Durham County Councillors regarding the future of GP services across the Skerne Group locality.

65 The Committee has previously considered the Skerne Medical Group proposals alongside the initial findings of the patient and stakeholder consultation and engagement. The concerns of the Committee have been reported to the DDES CCG Primary Care Commissioning Committee whose decision on the issue is set out in paragraph 27 of this report.

66 The Adults Wellbeing and Health Overview and Scrutiny Committee are asked to receive this report and consider the Skerne Medical Group patient and stakeholder consultation and engagement feedback in respect of the future service model options consulted upon.

Background papers

- Agenda, Minutes and Reports to the Adults Wellbeing and Health Overview and Scrutiny Committee meetings held on 15 November 2018, 4 December 2018,the special meeting held on 14 January 2019 and the meeting held on 4 July 2019.

Contact: Stephen Gwillym Tel: 03000 268140

Appendix 1: Implications

Legal Implications

This report has been produced in accordance with the Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013 as they relate to the National Health Service Act 2006 governing the local authority health scrutiny function.

Finance

Not applicable

Consultation

The results of the patient and stakeholder engagement by Skerne Medical Group are detailed within the attached presentation.

Equality and Diversity / Public Sector Equality Duty

An Equality Impact Assessment has previously been carried out by the practice and was reported to the Primary Care Commissioning Committee.

Human Rights

Not applicable

Crime and Disorder

Not applicable

Staffing

Not applicable

Accommodation

Not applicable

Risk

Not applicable

Procurement

Not applicable

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Consultation Feedback

Skerne Medical Group

Sedgefield | Fishburn | Trimdon Colliery | Trimdon Village

Consultation Process

Who did we consult with?

- Staff Briefings (verbal and written)

- Patient Focus Group Meeting

- Presentation to Overview and Scrutiny Committee

- Pre-consultation meeting with MP representative, Councillors/Parish and Town Councillors

- Patients

- Care Homes including Mental Health

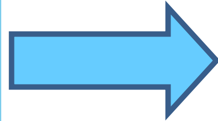
- Hard to reach Groups

- Guidance from DDES CCG and NHS England throughout process

Consultation Process

Gaining Feedback

- 247 patients attending 7 public events



- 188 written feedback forms

- 110 feedback forms received via the practice website

- Patient feedback received during clinical consultations

- Local media interview

Scenarios –where patients expressed a preference

#	Scenario	Patients
1	Extend Harbinson House, Sedgefield and retain and extend Trimdon Colliery surgery	54
2	Extend Harbinson House, Sedgefield and build a (larger) new surgery in Trimdon Village to accommodate 7,000 patients & retain Trimdon Colliery until 2027	25
3	Build a new surgery in Trimdon (village) for entire practice plus retain Trimdon Colliery until 2027	14
4	Occupy a single site at Sedgefield Community Hospital plus retain Trimdon Colliery until 2027	38
5	Extend Harbinson House, retain Trimdon Colliery and Fishburn	28

Feedback

Feedback - Sedgefield Consultation Meetings

Sedgefield

- Concern the PFI charge for SCH could not be negotiated
- Concerns on how options 2,3 and 4 could be financed
- Concern about the limited section 106 money identified for primary care given the scale of new housing development
- Concerns about how the practice will cope with increased patient numbers due to new housing development
- Patients prime concern is to maintain the quality of their primary healthcare service

Feedback - Fishburn Consultation Meetings

Fishburn

- Concern the PFI charge for SCH could not be negotiated

- Concerns raised around limited/no public transport to other surgeries particularly for Bishop Middleham patients

- Concern that there was no option of building a new surgery in Fishburn

- Concern about potential loss of surgery in Fishburn

- Concern raised about lack of parking in Fishburn

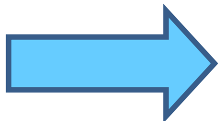
Feedback – Trimdon Colliery Consultation Meeti

Trimdon Colliery

- In adverse weather the village can become isolated impacting on access to medical care for acre home residents and all local patients

- Concern about transport and costs of public transport to other villages

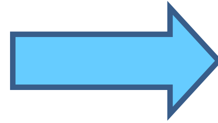
- Concern about medical care for nursing home residents



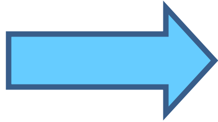
- Concerns re parking and mention of available land behind Trimdon Colliery surgery for additional parking to avoid congestion

Feedback – Trimdon Village Consultation Meeting

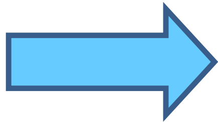
Trimdon Village



- Concerns around lack of funding to support a new build in TV from local government/other sources

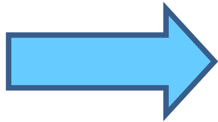


- Queries around previous development opportunity and how practice will cope with increased patient numbers



- Concerns around public transport and choice of surgery should there be a further closure

- Questions on how we can attract more partners to the business and costs involved

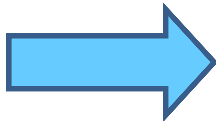


- What would the extension at Sedgefield provide for patients, how would the 2nd floor be utilised

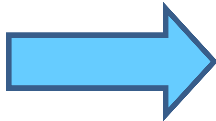
Feedback – Trimdon Grange Consultation Meeting

Trimdon Grange

- Questions on Partnership and the funding of the scenarios

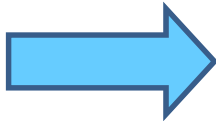


- Questions regarding the size of the practice and are there options to split/reduce



- Support for scenario one as good accessibility at both sides of the practice area

- Questions regarding the previous development opportunity in Trimdon Village and possible opportunities with new developers



- Concerns as to how long it would take some patients to get to SCH on public transport

Thematic comments on the scenarios

Transport between sites continues to be a concern for those less mobile. Volunteer run services were suggested as a possible solution

Concerns around the volume of new housing developments being agreed without regard for local services

A number of patients were in favour of a large single, central site but consensus on where that should be depended on their locality

Overall Option 1 was the most popular option

Potential parking issues at all proposed sites were raised as a concern

Understandably each village would prefer not to lose their practice but appreciate that the recruitment issues meant that there is a need for change

Many concerns raised regarding the high PFI charge on Sedgefield Community Hospital

Patients supported the practice in making the necessary changes to maintain a Doctor led service

Are there any other options we should explore?

Has the NetPark been looked at as an option for a one site location

On line chat could help some patients and relieve pressure

Could you build on the fields surrounding Fishburn Community Centre

Scenarios look to have been fully explored

Should the government be lobbied to resolve PFI issues

Do you still need more Doctors who are happy to work in a rural practice across multi sites

A number of suggestions that funding should be raised to support a new development

Patient Consultation Events

Consultation Events

The consultation events were a very useful exercise and helped us gain valuable feedback on the scenarios and we listened to patients concerns and ideas

Key Factors considered

Key Factors:

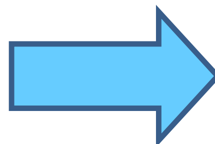
Attracting and Retaining clinical staff is imperitive

We have to provide an environment where mentoring and peer support is readily available for all clinical staff to aid retention

Trimdon Colliery could potentially be isolated from medical care in the winter months

The scenario selected has to be affordable to the current Partnership

Patient feedback supports that the scenario selected has to provide good accessibility for the whole practice area.



Without a complete clinical team we are unable to provide a safe service therefore we need to minimise isolation. Update: since consultation a full time salaried GP has resigned and a part time clinical practitioner has retired

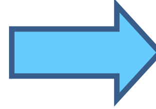
The proposal

Having taken into consideration patient feedback from the consultation and all the factors have been considered, the Partners are proposing to progress with scenario 1

1 Extend Harbinson House, Sedgefield and retain and extend Trimdon Colliery surgery

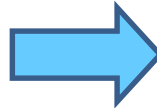
Addressing Feedback

There is insufficient parking in Trimdon Colliery



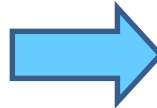
Additional parking will be reviewed as part of the plans for the extension

The public transport services are not adequate



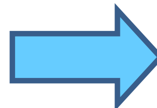
This will be raised with local councils and greater promotion of available transport schemes

How will the extensions be financed



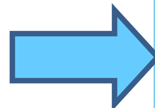
The practice will review funding opportunities and finance options

Will patients have a choice as to where they attend for an appointment



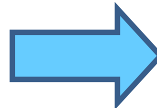
Due to room capacity we will have to control the numbers of patients attending each site

There is insufficient parking at Sedgefield



We will raise this with Sedgefield Town Council

When would Fishburn close if proposal approved



We estimate it will take a minimum of 18 months for the extension work on both sites to complete

Next Steps

Next Steps

Consultation findings on practice website from 24th September 2019

Present feedback and proposal to Primary Care Committee on November 19th 2019

If approved complete and submit NHS application to close Fishburn

Develop and implement plans to extend Sedgefield and Trimdon Colliery to increase our capacity and move ro 2 sites

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Adults Wellbeing and Health Overview and Scrutiny Committee

3 October 2019

Shotley Bridge Community Hospital Stakeholder Engagement report

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Report of Corporate Management Team

Lorraine O'Donnell, Director of Transformation and Partnerships

Electoral division(s) affected:

Countywide

Purpose of the Report

1 To present to the Adults Wellbeing and Health Overview and Scrutiny Committee the results of the stakeholder engagement activity undertaken by North Durham Clinical Commissioning Group (CCG) in respect of the services currently provided from Shotley Bridge Community Hospital (SBCH).

Executive summary

2 The Adults Wellbeing and Health Overview and Scrutiny Committee has previously met to consider plans and proposals by North Durham CCG to undertake stakeholder engagement activity in respect of the services currently provided from SBCH.

3 Reports and presentations have been considered by the Adults Wellbeing and Health Overview and Scrutiny Committee at previous meetings which has set out the issues regarding the future of services currently provided at SBCH and associated communications and engagement plans, engagement presentations and supporting data.

4 At its meeting held on 21 February 2019, members considered the scope, content and timescales for public engagement activity regarding services delivered form SBCH together with data relating to the health needs and health activity of the local population.

5 The engagement activity was undertaken between March and May 2019 and related to the following services:-

- Range of outpatients

- Rehabilitation bed provision
- Urgent care
- Diagnostics
- Chemotherapy
- Theatre
- Endoscopy

6 The engagement activity aimed to gather the views of local people on the services currently delivered form SBCH and on some scenarios un how services could be delivered in the future.

7 This report and the attached supplementary report (Appendix 2) from North Durham CCG set out the feedback from the stakeholder engagement activity in respect of the services currently provided from SBCH.

Recommendations

8 Members of the Adults Wellbeing and Health Overview and Scrutiny Committee are requested to:-

a) Receive this report;

b) Consider and comment on the reports from North Durham CCG on the feedback from the stakeholder engagement activity in respect of the services currently provided from SBCH.

Background

9 At its meeting held on 7 September 2018, the Committee received a report which updated on proposals for a review of the services currently provided from Shotley Bridge Community Hospital. Members were advised that Shotley Bridge Hospital's functionality and condition was not fit for the future. It no longer provided a clinically appropriate environment to meet the health needs of local patients and the configuration of the building limits what services can be delivered and did not support the delivery of proposed new models of care as outlined in the CCG's Commissioning Plan.

10 The proposals identified a number of service areas which could potentially be delivered under revised service models. At that time members asked that a health needs analysis be undertaken in support of the development of future service models and which would be based upon existing and potential future health needs of the area.

11 A further report was brought to the Committee at its meeting on 21 February 2019 which set out plans for public/stakeholder communication and engagement activity for those services currently delivered form SBCH. The report set out at that time the key drivers for change, national guidance on engagement and consultation, a focus on the engagement period and a set of proposals detailing options for future service models to be used as part of the engagement process.

12 The Committee commented upon the engagement narrative document and also agreed the timescales for the engagement activity and the process to be adopted. It also asked that the results of the engagement activity be brought back to the Committee for consideration and information.

13 Representatives of North Durham CCG will be in attendance to present the feedback from the stakeholder engagement activity.

Considerations

14 Members are asked to consider and comment on the reports from North Durham CCG on the feedback from the stakeholder engagement activity in respect of the services currently provided from SBCH.

Main implications

Legal

15 This report has been produced in accordance with the Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013 as they relate to the National Health Service Act 2006 governing the local authority health scrutiny function.

Consultation

16 Reports and presentations have been considered by the Adults Wellbeing and Health Overview and Scrutiny Committee at previous meetings which set out plans for stakeholder engagement to ascertain experiences with the current services being examined.

17 This report and the attached supplementary report from North Durham CCG set out the feedback from the stakeholder engagement activity in respect of the services currently provided from SBCH.

Background papers

- Agenda, Minutes and Reports to the Adults Wellbeing and Health Overview and Scrutiny Committee meetings held on 7 September

2018, 4 December 2018, 21 February 2019 and 6 September 2019.

Contact: Stephen Gwillym Tel: 03000 268140

Appendix 1: Implications

Legal Implications

This report has been produced in accordance with the Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013 as they relate to the National Health Service Act 2006 governing the local authority health scrutiny function.

Finance

Not applicable

Consultation

The reports set out the results and key findings from stakeholder engagement activity undertaken by North Durham CCG.

Equality and Diversity / Public Sector Equality Duty

Not applicable.

Human Rights

Not applicable

Crime and Disorder

Not applicable

Staffing

Not applicable

Accommodation

Not applicable

Risk

Not applicable

Procurement

Not applicable

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NHS
North Durham
Clinical Commissioning Group

Online Survey and Engagement Event Results

Shotley Bridge Community Hospital Services
Public Engagement Document, 27th March - 22nd May 2019

Better Health for the People of North Durham

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Appendix 2 - Online equality data 27

Appendix 3 - Event scribe notes Seperate PDF

Appendix 4 - Investing In Children report Seperate PDF

Appendix 5 - Shotley Bridge Hospital Support Group report Seperate PDF

1. Introduction

This report is an independent analysis of the public engagement in relation to service proposals for Shotley Bridge Community Hospital (SBCH) commissioned by NHS North Durham Clinical Commissioning Group (CCG).

Shotley Bridge Community Hospital - which is owned by NHS Property Services - forms a central part of the health and care services provided to patients in North West Durham. There are, however, rising costs associated with sustaining the current building due to its age.

NHS North Durham Clinical Commissioning Group has committed to ensuring that there remains a facility for providing services in this area for the patients that live locally.

The CCG is working with a range of partners to consider how it can ensure services are sustainable for patients in North West Durham, including those currently provided on Shotley Bridge Community Hospital site. This is at a time of evolving plans for service delivery, clinical standards to meet and maintain and pressures on staffing.

The CCG engaged across the North West Durham population area and beyond as part of an 8 week period of engagement. Through this the public were asked to help inform the CCG of patients' priorities that need to be considered alongside the clinical guidelines and financial information.

Dr Ian Davidson
GP Leader and Lanchester GP

Jeremy Cundall
Medical Director and Consultant Surgeon, County Durham and Darlington NHS Foundation Trust

The public engagement exercise included:

- an online questionnaire answered by 1,295 respondents,
- 8 public events attended by 259 people were held (see appendix 1)
- 20 outreach sessions at local community centres, leisure centres and carers groups
- 3 young people specific sessions with Investing in Children were held
- 3 staff sessions at Shotley Bridge Community Hospital
- Publicly available information on the CCG website, including video animations, plus a dedicated telephone number and email.

All of the information collected has been reviewed and compiled as part of this report for the clinical leaders and senior staff at NHS North Durham Clinical Commissioning Group and County Durham and Darlington NHS Foundation Trust to consider.

Moving forward, a business case will then have to be developed considering all of the available information, which will need to include the clinical guidance, financial details alongside the patient and public feedback.

The Clinical Commissioning Group will then be looking to come back out to formally consult with the public on options as part of developing a plan for the future.

This report will form part of the information presented to the CCG Governing Body to consider and will be considered fully in the preparations made for a future public consultation.

For the latest information, please visit **northdurhamccg.nhs.uk/involve-me/currentprojects/shotley-bridge-community-hospital-services/**

2. Scenarios covered in the public engagement

Shotley Bridge Community Hospital currently provides the following services:

- Outpatients (and community clinics such as physiotherapy rehabilitation and ante-natal)
- Urgent Care
- Chemotherapy
- Rehabilitation Bed Provision
- Diagnostics
- Theatre
- Endoscopy (currently suspended, not provided in last 12 months)

The aim of this public engagement was to help the CCG understand the views local people have on the services currently delivered from SBCH and on the scenarios on how services could be delivered in the future.

The CCG had taken into account the challenging health needs and demographics of the local population whilst also considering the national and local direction of travel is for services trying to deliver more care at home. In addition to this, there was an expectation that due to advances in medicine and technology in the future, there will be a lesser reliance on hospital based services.

For the vast majority of patients (using our Outpatients, Urgent Care and Chemotherapy services) the scenarios would mean a like-for-like service provision; ensuring that these services are delivered from a local, modern and fit for purpose healthcare facility.

The following table summarises the proposed scenarios put forward for the public engagement exercise.

SBCH Services	Scenarios
Outpatients	No service change
Chemotherapy	No service change
Diagnostics	No service change
Urgent Care - 8am to midnight (93% of Urgent Care contacts)*	No service change
Urgent Care - Midnight to 8am (7% of Urgent Care contacts)*	**Scenario 1** - Continue in the modern, fit for purpose facility **Scenario 2** - Home visits only
Beds	**Scenario 1** - Continue to provide 8 beds in the facility plus intermediate care beds in the community. **Scenario 2** - Provide a ward of 16 beds in the facility without any additional intermediate care beds in the community. **Scenario 3** - Use the intermediate care beds in the community solely to provide all of the required bed capacity.
Theatre	Provide from main sites in the future.
Endoscopy**	Provide from main sites in the future.

** Activity October 2017/ September 2018 ** Endoscopy services at this time are suspended at Shotley Bridge Hospital due to the fact that equipment has failed and the cost to replace and maintain is substantial. This service hasn't been in place for the last 12 months.*

3. Summary

Online respondents (1,295 respondents recorded)

Respondents were overwhelmingly positive about their previous SBCH experiences; the ease of access; the short waiting times and the care from staff. Respondents were also positive about the free and ample parking and the community atmosphere. A very small number of respondents had any negative comments and these were around the appearance of the building and historic loss of services.

In terms of the proposals, there is a fear of losing services with any changes thus there is much support for keeping the services the same. The vast majority supported keeping the current 24 hour urgent care cover (Scenario 1) in a new facility and keeping the current 8 or more rehabilitation beds (Scenarios 1 and 2).

Just over half of the respondents opposed both the provision of theatre services and endoscopy services from regional acute sites. Respondents were most concerned with the proposals' potential impact on patients with travel and transport to acute sites (others suspending their opinion until the new facility location is confirmed).

There were concerns around the local loss of services and comments on keeping the status quo (keeping SBCH and its current services and using the 'ring fenced' money to refurbish the building).

There were questions and suggestions around where a new facility should be located and a small number suggested the engagement process was masking a fait accompli.

For a breakdown of respondent demographics, please see Online Equality Data in Appendix 2.

Event attendees (259 people in 8 events)

Attendees were similarly positive about their previous SBCH experiences; the care from staff; the community atmosphere; the ease of access; the short waiting times and the free and ample parking.

In terms of the proposals, a minority of attendees who directly expressed a position did so in equal numbers for urgent care Scenarios 1 and 2 in the new facility, the majority instead raising comments about transport and the impact on urgent care from the use, quality and awareness of NHS111 referrals.

In relation to the rehabilitation beds, a majority of those who directly expressed a position supported Scenario 2 with 16 rehabilitation beds in the new facility.

The suggestion that theatre and endoscopy provision in the future could be done from regional acute sites brought out a variety of views from participants. Comments included

attitudes to and pressures on the regional acute sites, alternative solutions (suggesting support for the status quo) and questioning the data behind the scenarios.

Attendees were also most concerned with the proposals' potential impact on patients with travel and transport to acute sites; the local loss of services and comments on keeping the status quo.

There were smaller concerns around mental health service provision, finance and acute site staffing and capacity.

Scribe notes for the 8 events can be found in Appendix 3.

Investing In Children Report

49 young people were involved in 3 separate events and were asked for their thoughts on the scenarios, their experiences of using SBCH and any other comments. Young People agreed the new facility would make more sense in the long term.

The majority supported keeping the current 24 hour urgent care cover (Scenario 1) in a new facility as the unpredictable nature of urgent care requirements.

There was full support for scenario 1 for rehabilitation beds to be shared between the hospital and community settings as elderly patients could stay local rather than in a hospital. Respondents felt that patients would not receive the same care if all the beds were situated in a hospital were staff resource can be an issue. However, strong concerns were expressed about the care quality, the hygiene and the stress related to care homes.

Those who had direct recent experiences of SBCH were positive - citing speed, access and care as the main reasons.

For other comments, the young people asked for age-related changes – free tv for the elderly, child-friendly resources (toys, colouring books and paper, Free WiFi) – and asked whether, as adults, they would have to pay for future health services rather than accessing services through the NHS. See full report Appendix 4.

Shotley Bridge Hospital Support Group Report

This group has an established and supportive relationship with SBCH and the CCG.

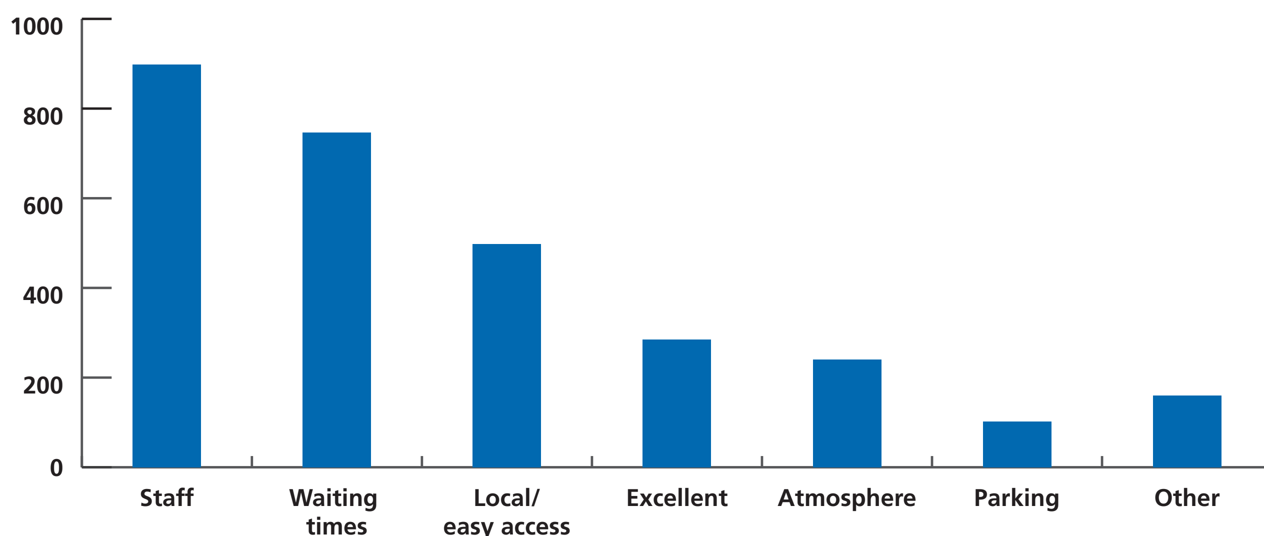
The group were concerned about loss of outpatient service, supported urgent care home visits midnight to 8am if NHS111 could be improved, opted for the 16 rehabilitation bed scenario (citing poor quality local private provision), and opposed both theatre services and endoscopy delivered from acute regional sites.

The group offered conditional support for the new facility – urging the CCG to meet its vision – to improve on and extend the existing services, maintain the community hospital name and culture, locate to Consett, adapt for the growing population and exploit voluntary and private opportunities. See full report Appendix 5.

4 Engagement Feedback

Q1. What was good about the care and treatment you received from staff at SBCH?

Online Survey Results



2,930 comments from 1,180 respondents

A very positive reaction was recorded from online respondents, with two themes (Waiting Times and Staff) dominating the responses to this question.

The quality of care from the **Staff** accounted for 31% of comments. Respondents praised staff for treating patients and visitors with care, kindness, friendliness and professionalism - often taking a personal approach to care that comforted patients who were anxious or vulnerable. Staff were also praised for their strong emphasis on communication with patients and visitors, which contributed significantly to many of the reported positive experiences.

Waiting Times accounted for 25% of all comments. Respondents stated that SBCH's waiting times (both outpatients with an appointment and out of hours urgent care patients without an appointment) were relatively short and some suggesting considerably shorter than those of other larger hospitals. 'Quick' and 'efficient' were commonly used to described the appointment experience.

The **Ease of Access** accounted for 17% of comments. Respondents were mainly local and greatly appreciated the close proximity of SBCH and its public transport links. The short journey times were valued by patients, carers and their visitors and this convenience also contributed to positive experiences.

10% of respondent comments did not go into specifics but simply rated their **Satisfaction** with the care received – simply responding with 'excellent', 'very good' and 'first-class'.

The **Atmosphere** accounted for 8% of comments. Respondents praised SBCH for nurturing a 'community' hospital experience - one that was noted for calm, respect, dignity, politeness, individual attention and the sense that staff had time to care. Many of these respondents compared SBCH more favourably to other larger hospitals they had visited.

The **Parking** offer accounted for 3% of comments. Respondents enjoyed the fact that it was free and that it often had spaces throughout the day so using the car park was another convenient addition to the visiting experience. A small number suggested more disabled parking spaces close to the entrance would enhance the parking offer further.

It's local, friendly, not like a big hospital.

We were seen within 40 mins after registration and the service was excellent and thorough. The staff were knowledgeable and experienced. A far superior service to UHND (University Hospital North Durham).

Communication of all staff was excellent, very little waiting time from first arrival. The care shown by staff was second to none, they showed respect and empathy at all times and the treatment was how it should be.

Good local facility. Short waiting time. Care and treatment first class. On bus route. Going to Durham, Darlington or Bishop Auckland is a nightmare on public transport.

Fast, efficient, staff great, excellent care, compact and easy to navigate, clean, easy and free to park. It is essential that these standards are replicated.

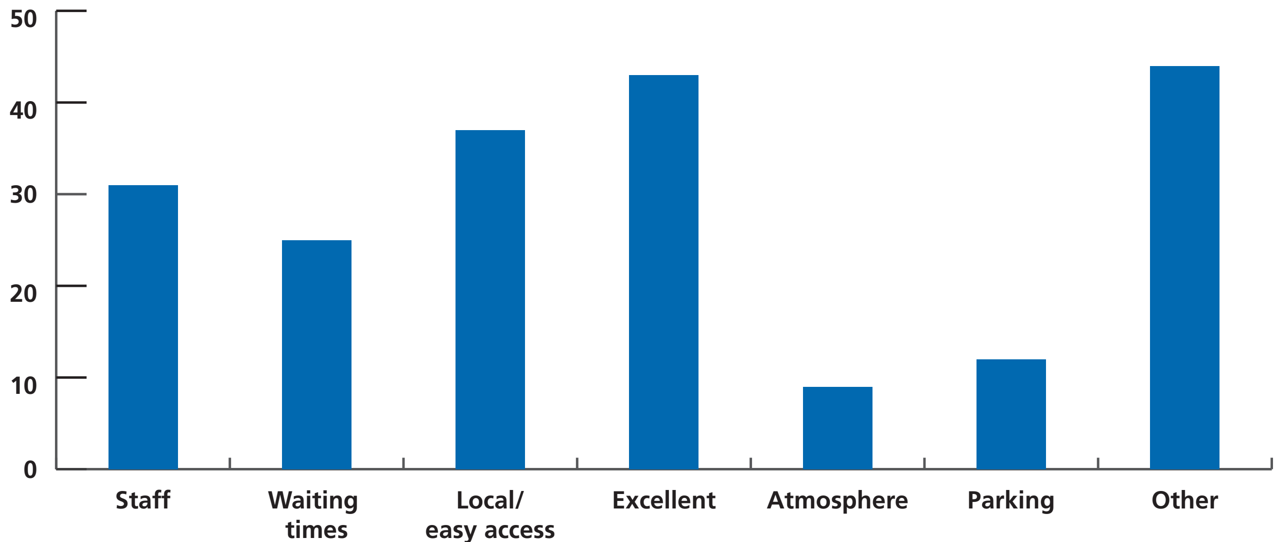
We had very little time to wait before appointment and the care from staff was of a high standard. Staff were very welcoming of the sort you usually find from a smaller hospital. This is sometimes lost in a very big hospital where there is so much going on. The fact you are not travelling miles away is a comfort to people like my brother who is disabled and has little mobility.

I like going to Shotley hospital for outpatient and minor injury treatments because it is local to me. I was born in this hospital, and the level of care feels much more personalised to me, as opposed to the likes of bigger hospitals.

I waited only a few minutes and was treated courteously by both a nurse and a consultant.

Lovely staff who made me feel very comfortable. I had a small operation and it was excellent to be able to have it only 10 minutes from my home!

Engagement Event results



Scribe notes from events (total attendees = 259)

The attendees at the engagement events largely echoed the positive care and treatment of the online respondents, with **Satisfaction** (with the care received) the main theme

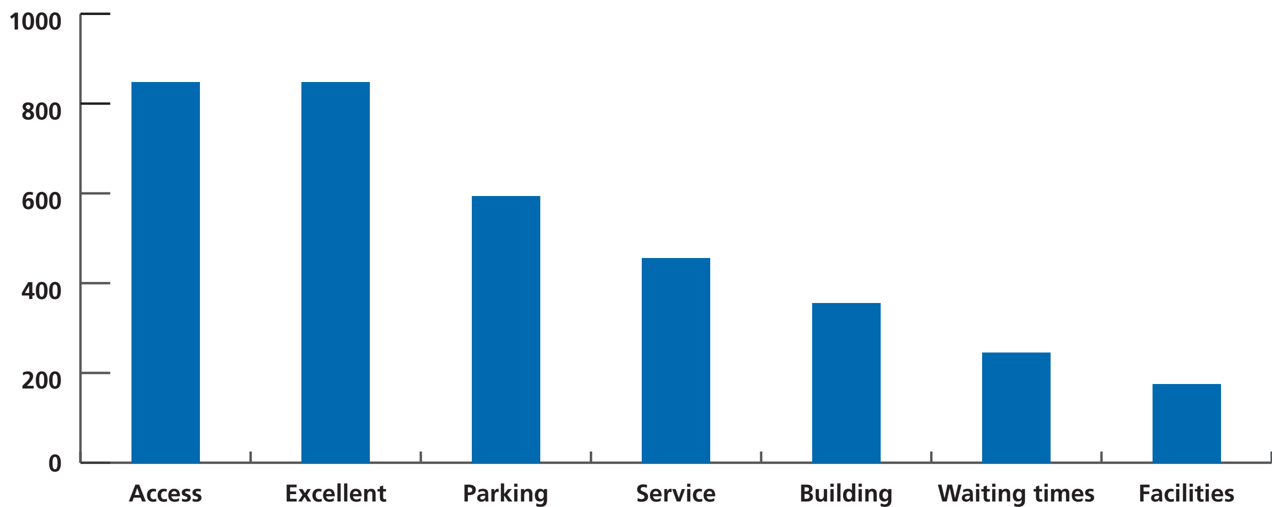
In fact, the **quality of care** and professionalism and consistency of care by **staff** as well as a **positive atmosphere** in the hospital accounted collectively for around 40% of all comments.

The **ease of access** and locality accounted for 18% of comments and positive experiences about **waiting times** followed with 12%.

Ease of **parking** made up 6% of comments and a relatively high 22% (compared with just 5% of online respondents) made **other** comments (about specific services or not relating to care and treatment).

Q2. How good was your overall experience of using the SBCH site / facility?

Online Survey Results



3,523 comments from 1,159 respondents

When focusing on the SBCH site as a facility, the themes of the respondents were as follows: The **Ease of Access** accounted for 24% of comments. Respondents were local and appreciated the convenience of a short car trip, a bus journey and in some cases a journey on foot.

24% of respondent comments did not go into specifics but simply rated **Satisfaction** with the care received –responding with ‘excellent’, ‘very good’ and ‘first-class’.

The **Parking** offer accounted for 17% of comments. ‘Free parking’ with ‘plenty of spaces’ and ‘close to the main entrance’ were the most common responses.

13% of respondent comments praised the specific **Service** in which they received their treatment.

10% of comments were around the **Building**, its accessibility, its cleanliness and its ease of use for wheelchair users. Some respondents referred to the building’s ‘tired’ appearance.

Waiting Times accounted for 7% of comments. ‘Quick’ and ‘efficient’ were commonly used to described the appointment experience.

The building’s **Facilities** accounted for 5% of comments. Respondents recorded a combination of satisfaction and dissatisfaction with the number of existing facilities. A small number expressed the need to return the café which was a valuable asset to the local community and staff.

10/10

Excellent access with wheelchair and parking brilliant.

Accessible by car or bus. Level access to out of hours and main entrance.

Brilliant service. Always plenty of parking spaces and a good range of services close to home. Having to travel further afield for other services I appreciate the convenience and reassurance of the services at Shotley bridge for the community.

Could get parked easily. Hospital very clean and welcoming. Front desk staff helpful and friendly.

Easy access, no problem parking. Good public transport, which many people in our area rely on.

Excellent experience! Large car park which was free.Easy to navigate around the building - departments are well signposted. Clean, friendly and welcoming environment. Lovely little shop and very clean, well maintained toilets. Very disappointing that the cafe has closed. In terms of location the hospital is ideally located - I live in Consett.

Free parking very rare but welcome. Local facility saves long travel to nearest alternative hospital.

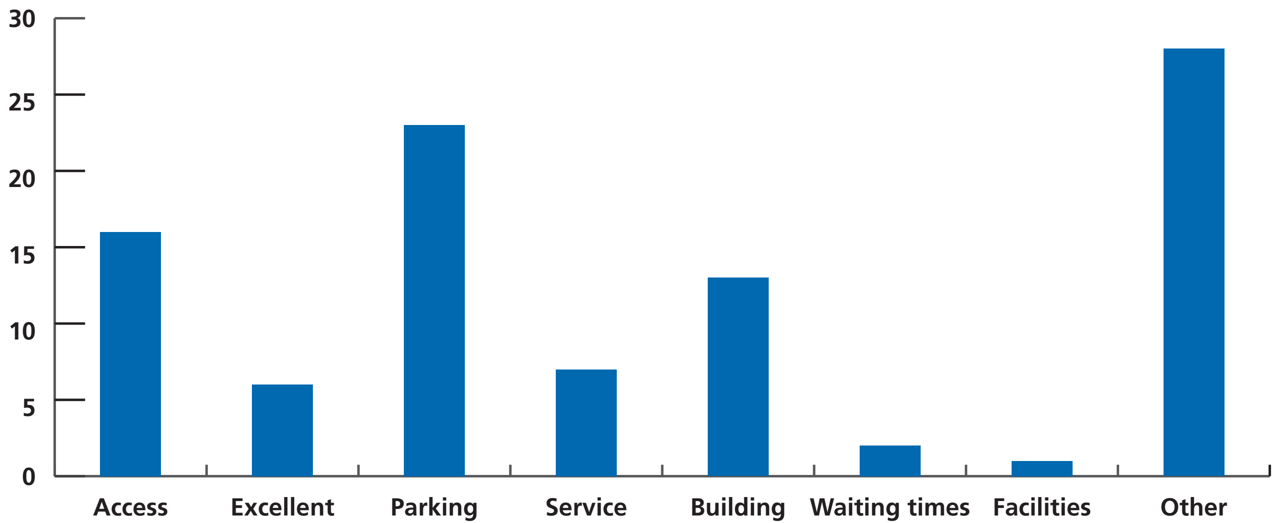
Parking down the hill was difficult to manage when I was seeing a physio about my knee - did not qualify for a blue badge.

Parking was great. Building a little old and neglected looking. Reception not always open.

Wonderful. It is hoped that any future facility is built before the existing one demolished for housing. The entrance roadways have been seriously neglected and could lead to accidents.

Very good. I would recommend it to anyone. Parking is good and free so don't have to worry about car park charges. Some of the buildings and equipment are noticeably dated but all still work. The location is perfect for anyone in the Consett area as it saves a 15 mile plus journey to get care.

Engagement Event results



Scribe notes from events (total attendees = 259)

The attendees at the engagement events largely echoed the positive experiences of the online respondents, with **Parking** at 24% the main theme.

Positive comments on **ease of access** (17%) and the **building** (14%) covering topics such as accessibility and ease of use.

Positive experiences on **quality** of care (6%), waiting times (2%) and facilities (1%) followed.

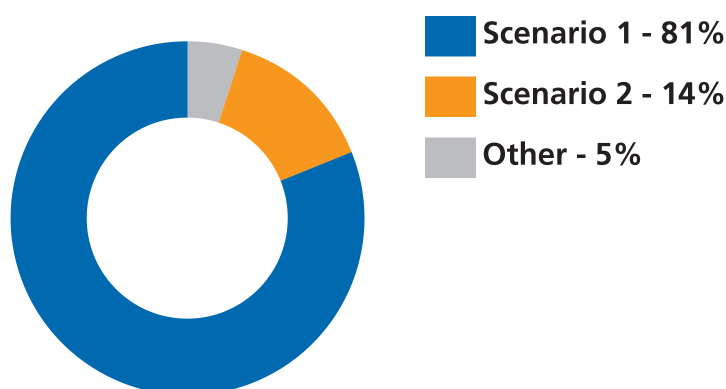
Other comments (a relatively high 29% compared to none for the online respondents) were around specific services, NHS 111 and topics not related to the overall experience.

Q3. Urgent Care Services

Currently two scenarios being considered:

1. **Keep the same; provided 24 hours a day by nurse practitioner cover with GP leadership in place.**
2. **Provided 8am to midnight by nurse practitioner cover with GP leadership with only home visits during the hours of midnight to 8am.**

Online Survey Results



971 comments from 951 respondents

Urgent care appeared to be the service that most respondents were familiar with or had experience using.

An overwhelming majority of respondents (81%) supported the status quo and thus scenario 1 with its 24 hour cover.

Scenario 1 supporters viewed that a shortage of GPs would limit the effectiveness of home visits and that, in scenario 2, waiting for overnight home visits would be increased, due to the additional distance and travelling time, at the patients' risk.

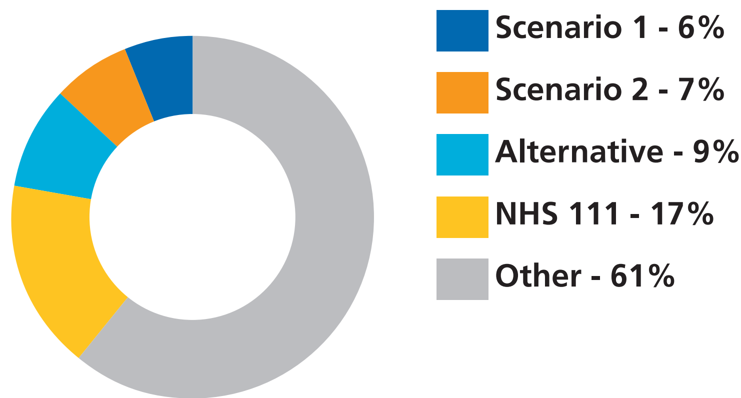
Others urged the CCG to promote the 24 hour urgent care service more and to advise NHS111 to use SBCH for urgent care instead of redirecting patients needlessly to the already busier UHND A+E.

Scenario 1 - *Urgent care knows no times, established 24hr cover at Shotley Bridge is required as a minimum. May have to put in place community guidelines for classifying urgent care to avoid overstretch.*

Scenario 2 - *I believe either scenario would be acceptable so if it helps to save other vital services I would vote for the one that would cost the least to operate. I presume this would be option 2.*

Other - *Either are reasonable. It would depend on an audit of patients accessing the services and which option is most cost effective.*

Engagement Event results



Scribe notes from events (total attendees = 259)

The attendees at the engagement events, whilst less likely to specify a preferred scenario (just 6% for scenario 1 and 7% for scenario 2), did echo the main concerns as online respondents – lack of awareness of the 24 hour service, overnight GP coverage over such a large geography and losing the overnight access to urgent care. Attendees sought assurances on waiting times for home visits and further data on their likely use before many would consider scenario 2. There was wide support to retain a local urgent care service in the new facility.

The majority of comments on a specific subject were about **NHS111** (17%) and included its use, quality and awareness suggesting a confusion about its role and its existence.

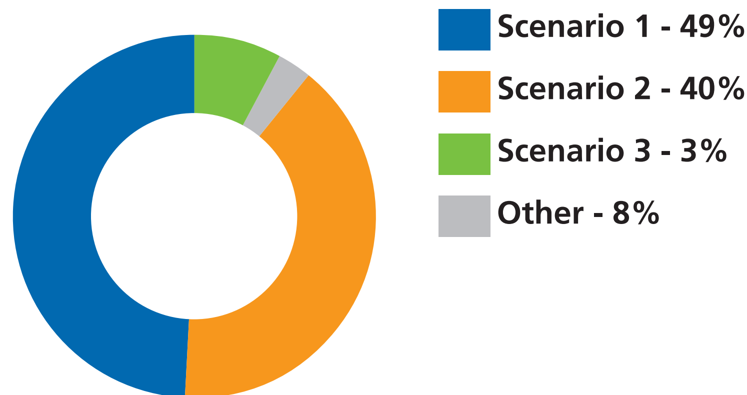
There were also comments about **alternative scenarios** (9%) and **other** responses (61%) covered population growth, awareness, transport, the data behind the scenarios and other comments not related to urgent care services.

Q4. Rehabilitation Beds

Currently three scenarios being considered

1. **Keep the same; Continue to provide 8 beds with care led by a GP in a hospital, with extra beds available in the community.**
2. **Provided all 16 beds from a new hospital facility with no beds in the community.**
3. **Provide all beds through those available in community settings with none in the hospital facility.**

Online Survey Results



1,024 comments from 942 respondents

A small minority of respondents appeared to experience using this service but a large majority of respondents took a view on the scenarios.

An overwhelming majority of respondents supported either keeping the same of scenario 1 (49%) or more beds in the new facility of scenario 2 (40%). There was little support for private beds provided in a community setting (3%).

Scenario 1 supporters were keen to keep the status quo. Scenario 1 and 2 supporters valued the hospital setting with access to clinical support and believed it would provide better rehabilitation outcomes. There was mistrust and poor experiences expressed by respondents in relation to scenario 3 - rehabilitation in community settings.

There was a consistent theme from supporters of all scenarios and that was the beds should be retained locally for the benefit of patients and visitors.

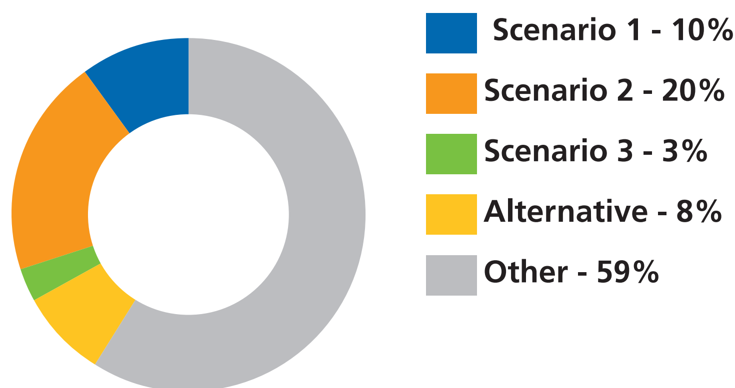
Scenario 1 - *Keep the same. Having a family experience of the service it is vital to vulnerable patients and family to have access to a familiar facility within their local community.*

Scenario 2 - *16 beds in new hospital is the way forward.*

Scenario 3 - *Community focused care better for patients and families.*

Other - *Was not aware that this facility existed currently.*

Engagement Event results



Scribe notes from events (total attendees = 259)

The attendees at the engagement events, whilst less likely to specify a preferred scenario (just 10% for scenario 1 and 20% for scenario 2), did echo the main concerns as online respondents – wider conversations recorded comments around the calculation for such scenarios, cross boundary access issues, the impact of local care home closures and the bed allocation for other community hospitals.

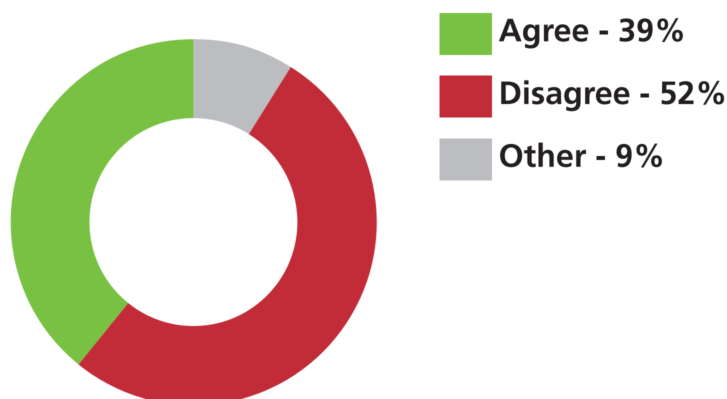
The majority of on topic comments were in support of **scenario 2** - a new facility with 16 beds (20%) and the centralisation of nursing staff with the status quo and 8 beds garnering 10% of comments and all beds in the community having 3%. Some supported their point of view with experiences from other rehabilitation sites which were not close for family and made worse by the length of stay.

Other comments (59%) were around keeping services in the NHS, keeping SBCH open until new site is fully functioning, rejecting private care, quality of care and the data behind the scenarios (including calls to provide further data for any consultation).

Q5. Theatre services

To provide all services across other County Durham and Darlington sites such as Bishop Auckland, University Hospital North Durham and Darlington.

Online Survey Results



876 comments from 797 respondents

A small minority of respondents appeared to experience using this service but a majority of respondents took a view on the scenarios.

Online respondents were largely split into supporters and opponents of the scenario for theatre services to be provided in the regional acute sites.

39% of respondents agreed with the scenario, citing the benefits of centralisation, specialisation and access to superior resources (support staff, diagnostics, equipment and access to A+E if required).

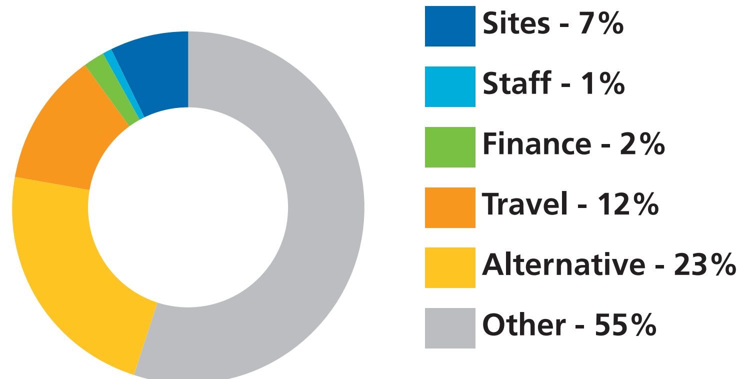
The majority of the 52% of respondents disagreed with the scenario on the grounds of loss of local service, distance to travel to other acute sites, poor experiences of other acute sites and the imperative to meet the needs of a growing and ageing local population.

Agree - *Makes sense that services are provided at the main sites but of course it is nice to have them locally. Understand why we can't always have these types of services at the smaller hospitals.*

Disagree - *The focus is on staffing and not patient care. Patients with limited money limited transport links will suffer if they are forced to travel beyond Consett. This will lead to missed appointments and poor recovery which will cost the NHS more. If staffing is an issue then investment in recruitment and retention is needed.*

Other - *So this decision has been made as there is no question about this service?*

Engagement Event results



Scribe notes from events (total attendees = 259)

In a significant difference to their online counterparts, event attendees did not clearly specify whether they agreed or disagreed with the theatre services scenario.

It is clear however through their comments that event attendees were similarly split between agree and disagree positions.

Those who seemed to express conditional support needed reassurances around funding, capacity, waiting times, transport links and follow up appointments and stressed that minor surgery should be considered closer to home.

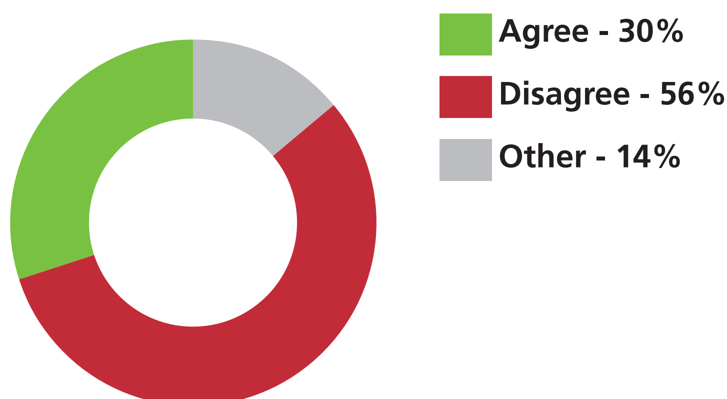
Those who seemed to express opposition about the scenario insisted theatre service remain in SBCH (23% of all comments) and cited travelling distances and public transport as the biggest barrier to the scenario (12%), adding the associated threat of missed appointments, the increase in stress and the cost of travel implications. Some insisted patients should have a choice and that the growing local population required local theatre services. Accusations of cost-cutting before patients accounted for 2% of comments.

Other comments (55%) were around the relationship with the location of rehabilitation beds, the associated service that would have to move if theatre services did and various experiences of other acute sites (7%) – waiting times, understaffing and less time for staff to care. There were few comments on the scenarios with the majority being other (off topic) covering information, awareness and capacity at other sites.

Q6. Endoscopy services

To provide all services across other County Durham and Darlington sites such as Bishop Auckland, University Hospital North Durham and Darlington.

Online Survey Results



833 comments from 731 respondents

A small minority of respondents appeared to experience using this service but a majority of respondents took a view on the scenarios.

Over half the online respondents (56%) disagreed with this scenario, insisting on the status quo and that the service should kept in SBCH to meet local need, to keep pressure off acute sites and to reduce the stress of the procedure for local people.

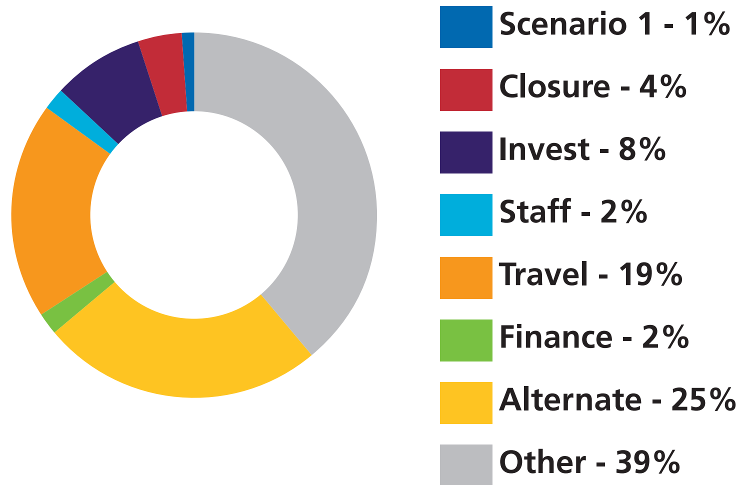
Just under a third (30%) of online respondents agreed with the scenario, preferring the endoscopy to be provided in acute sites with proximity to emergency care if required, providing more confidence in the clinical outcomes and acknowledging there has been no recent endoscopy activity in SBCH.

Agree - I believe the CCG is right in not proposing new endoscopy services within North West Durham, it would be too costly and risky to try and provide such services within such a setting, this is better suited to larger sites across the region.

Disagree - It's ridiculous to have elderly patients travelling as far as Bishop Auckland for these services. Consett is growing and needs hospital services to reflect this.

Other - No question to answer here just a statement. Southmoor hospital at Stanley had wards for respite to help the overflow from Durham hospital but as a small hospital it was closed due to lack of resources and bulldozed allowing builders to build houses on.

Engagement Event results



Scribe notes from events (total attendees = 259)

In a significant difference to their online counterparts, event attendees did not clearly specify whether they agreed or disagreed with the endoscopy service scenario.

It is clear however through their comments that more event attendees seemed to disagree with the scenario.

Of the total number of comments around 25% were people offering **alternative** solutions, mainly retaining (or re-introducing) endoscopy at SBCH followed by **travel** (including problems with parking at other sites) 19%. Those concerned felt that endoscopy services were more likely to be required by elderly patients and that travel to further acute sites would have a greater negative impact on this group.

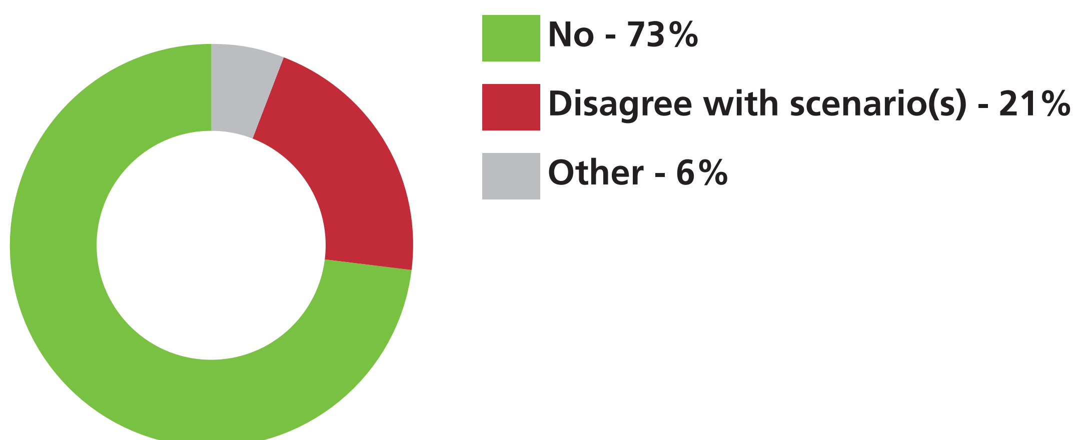
Comments on **investment in SBCH** were 8% (around funding to keep services) planned **closure** 4% (and the sense of managed decline of SBCH) and **staff** and **finances** both garnered 2% of the total.

Less than 2% were around the **scenario** itself.

Other comments were 39% of the total and covered subjects such as pressure on other sites, data behind the scenarios and off topic comments.

Q7. Is there anything you don't understand about the scenarios outlined?

Online Survey Results



764 comments from 739 respondents

The vast majority of online respondents (73%) suggested they understood the scenarios presented in the engagement document, online or as discussed in outreach sessions. 21% of respondents took this opportunity to reinforce their opposition to the scenarios.

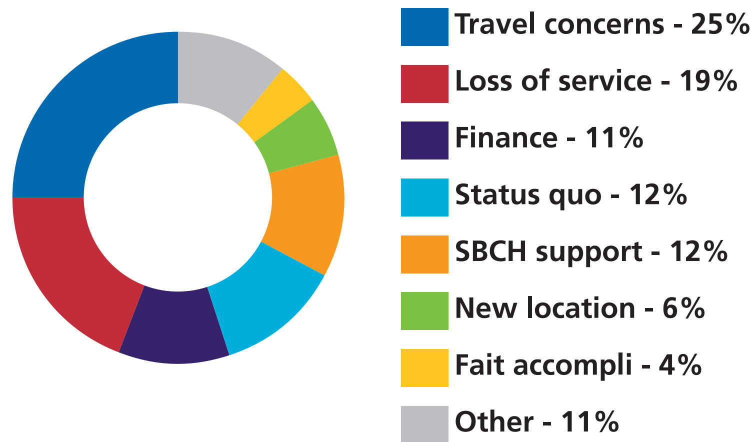
No - *I understand the scenarios. It is inevitable that the site the hospital is on is going to close. It would be in everyone's best interest if the new hospital was started before the old one was knocked down.*

Disagree with Scenario - *Why you would even consider closing this valuable resource or changing provision to the detriment of the community? It comes across as a purely cost cutting exercise not what is best for the patient or the community. Or perhaps people having to have a minimum 4 hour travel time (2 hours there and 2 hours back) to either Darlington or Bishop Auckland from Derwentside means they pay the cost to save the NHS. Or am I wrong?*

Other - *Where are the proposed sites? There is no question or proof that it is cheaper to build a new hospital either. Seems like a done deal but never mind.*

Q8. What other comments or suggestions do you have in relation to these scenarios?

Online Survey Results



711 comments from 631 respondents

The online respondents took this opportunity to reinforce previous comments. One quarter (25%) repeated their travel concerns related to acute sites, 19% were concerned about local loss of services and 12% simply stated to keep all things the same whilst another 12% reinforced their positive experiences with SBCH and urged to keep the services local.

11% of comments related to funding. 6% of respondents expressed interest or stated their preference for the location of a new facility. 4% of respondents believed the decision has already been made and that the engagement process would have no bearing on that decision.

Travel concerns - I think they have been put forward by people who do not have to use public transport or worry about the costs involved traveling these distances. Do they even know where Shotley Bridge is?

Loss of service - All services presently at Shotley Bridge should be kept here & NONE taken away. The area is larger now with new housing estates & hospital is needed here!

Finance - Stop trying to run down the NHS so it appears to need the private health industry to rescue it. Just fund it properly.

Status Quo - Keep Shotley Bridge on site. Bigger is not always better.

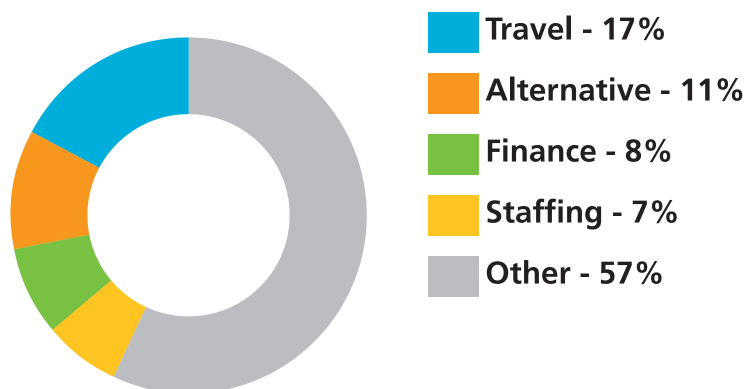
SBCH Support - Keep Shotley Bridge Hospital open!

New location - Somewhere local probably in Consett would be good, with as much of the same services as we have now.

Fait accompli - Sure this has already been decided. It is a shame about all the land that has already been sold off around this site. You wouldn't do that if you were going to stay there.

Other - It is the building that is not sustainable, not the current provision of services. Build a better, more useful hospital in Consett.

Engagement Event results



Scribe notes from events (total attendees = 259)

There were round up discussions at the majority of meetings and other comments accounted for 57% of the total comments from attendees - some of those comments about mental health provision, Stanley Health Centre usage and NHS PFI issues.

Travel and parking (17%) followed with alternative proposals (11%), finance (8%) and staffing and capacity at other sites (7%).

Appendix 1
Public Engagement Events

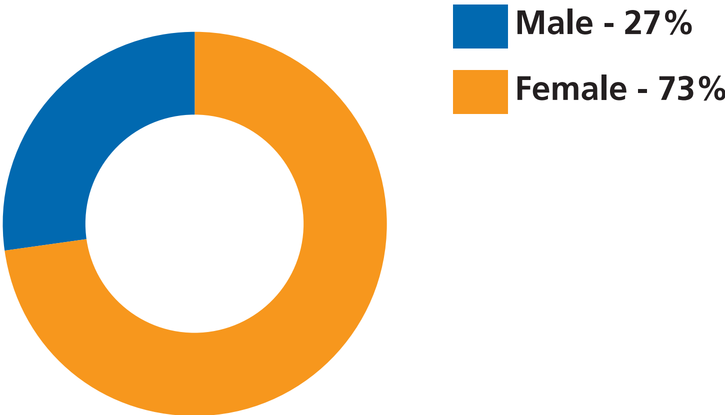
Eight public events attended by 259 people were held in the region as part of the public engagement phase.

Date	Time	Venue	Attendance
Wednesday 10th April	6 - 8pm	Consett Football Club	56
Thursday 11th April	12 - 2pm	St Cuthbert's Church Hall	42
Thursday 25th April	11.30am - 1.30pm	Blackhall Mill Community Centre	25
Tuesday 30th April	1 - 3pm	Lanchester Community Centre	41
Wednesday 8th May	1 - 3pm	Burnopfield Community Centre	16
Thursday 9th May	6 - 8pm	Bishop Ian Ramsey Primary School, Meadomsley	59
Wednesday 15th May	6 - 8pm	Wolsingham School	7
Thursday 16th May	1 - 3pm	Louisa Centre, Stanley	13
TOTAL			**259**

The feedback notes from each event were recorded by CCG staff and analysed independently. As notes, views are aggregated and the following graphs are designed to be indicative of the main topics discussed rather than as a share of individual comments recorded.

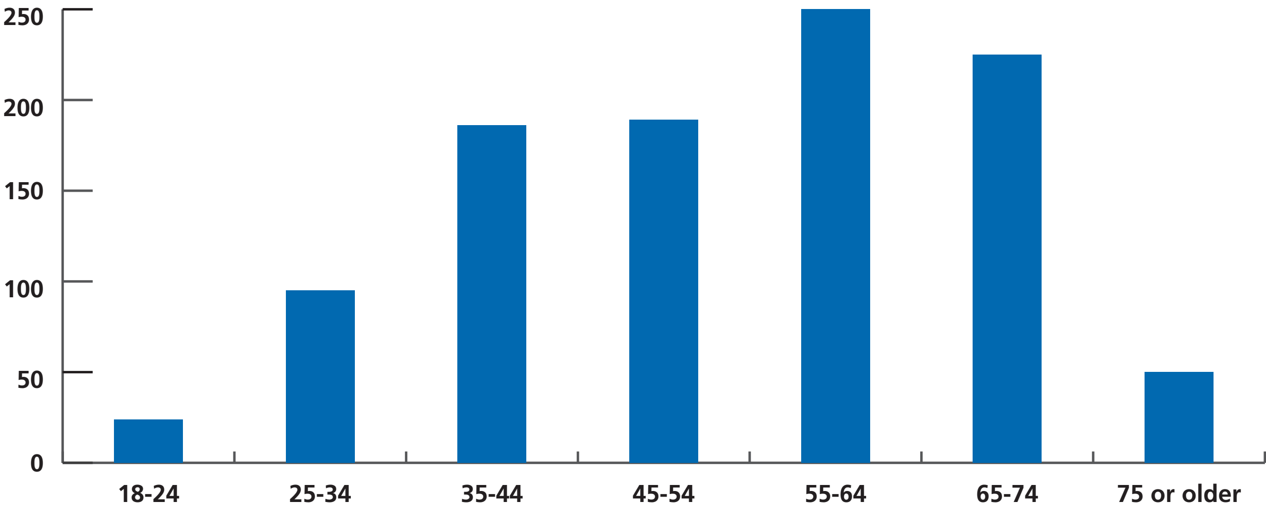
Appendix 2 – Online equality data

A. Are you male or female?



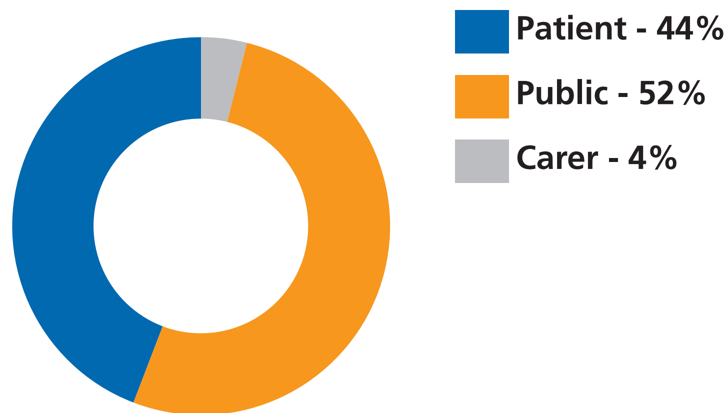
Number of responses = 1,013

B. What is your age?



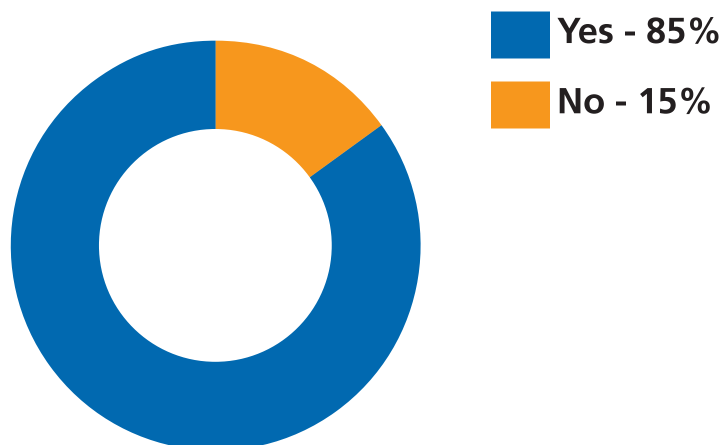
Number of responses = 1,019

C. Are you answering as a...?



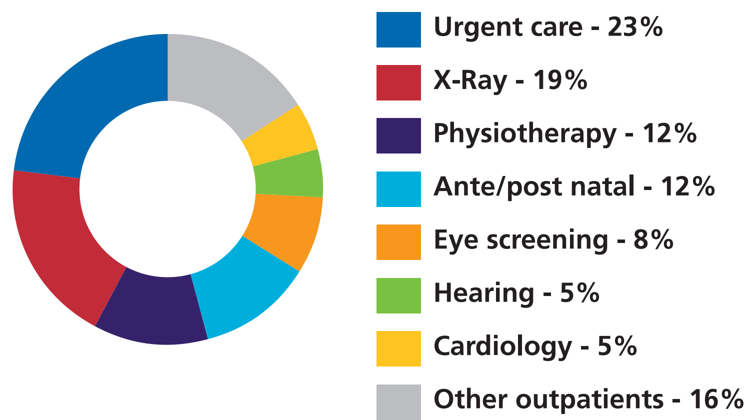
Number of responses = 1,287

D. Have you used any services at SBCH in the last 18 months?



Number of responses = 1,269

E. If YES to D, please can you tell us which service was this for?



Number of responses = 311

How to contact us

Please visit our website

www.northdurhamccg.nhs.uk

for more information about the CCG and how to get involved.

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Adults Wellbeing and Health Overview and Scrutiny Committee

3 October 2019

An Update Report – Review of Suicide Rates and Mental Health and Wellbeing in County Durham

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Report of Amanda Healy, Director of Public Health

Purpose of the Report

1 To provide members of the Adults Wellbeing and Health Overview and Scrutiny (AWHOSC) with an update on the recommendations made in the Adults Wellbeing and Health Overview and Scrutiny (AWHOSC) report undertaken in October 2018.

2 To highlight work completed towards the County Durham's Suicide Prevention Action Plan (2018 – 2021).

Executive summary

3 Between October 2016-March 2017, a review conducted by the AWHOSC examined suicide rates in County Durham. The rates had raised concerns by being above the national and North East average figures.

4 Members examined statistics around suicides and suicide rates during a three-year pooled data period 2012-14. They also assessed the measures that the Council and its partners had put in place to improve mental health and wellbeing across our local communities. The review report on suicide prevention went to Cabinet in November 2018.

5 The AWHOSC report made eight recommendations. This report provides an update on each of the individual recommendations which have been integrated into the County Durham Suicide Prevention Alliance Action Plan (2018-21).

6 In County Durham, the number of deaths by suicide in 2018 (69) registered by the Coroner was broadly similar to that of previous years[1], with the annual average for the previous 10 years being 60.7 registrations.

7 The latest 3-year pooled national suicide data (2016-2018[2]) shows that:

(a) In County Durham deaths by suicide are significantly higher for men than women, a trend reflected regionally and in England;

(b) Male deaths by suicide in County Durham are similar to the regional rate but statistically significantly higher than the rate seen in England;

(c) Female deaths by suicide in County Durham are similar to the rates seen regionally and in England;

(d) The rate of deaths by suicide for all persons (male & female) in County Durham are not statistically different from other North East Local Authorities.

8 Suicide is a complex issue, with individuals being ten times more likely to die by suicide in the lowest socio-economic areas compared to the highest (Public Health England (PHE), (Local Suicide Prevention Planning, 2016). Effective suicide prevention requires a whole system approach to reducing incidence.

9 Durham County Council, County Durham and Darlington Foundation Trust (CDDFT), primary care, Tees Esk and Wear Valley NHS Trust (TEWV), Durham Constabulary and regional policing partners, Area Action Partnerships (AAP's), wider community and voluntary organisations and local people affected by suicide can all contribute to suicide prevention work.

10 The Suicide Prevention Alliance was refreshed in May 2018 and the appointment of a Suicide Prevention Coordinator has been made to facilitate the delivery of the County Durham Suicide Prevention Action Plan (2018-2021).

11 An extensive review of the Public Health Early Alert System has been completed and Standard Operating Procedures are in development.

12 A suicide audit of Her Majesties Coroner's Office files has begun. The Audit findings will underpin the continued work of the Suicide Prevention Alliance.

13 Adult mental health services including Improving Access to Psychological Treatment (IAPT) pathways have a self-referral process in place.

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[1] Suicides in England and Wales by local authority, 2002 to 2018, ONS. September 2018.
[2] Suicide Prevention Profile, PHE Fingertips.

14 The Liaison Service is a 24-hour service and a merger between Durham and Darlington Crisis Team will create a more centralised hub and spoke team.

15 Early work has begun in developing a specification for a safe space, particularly out of hours and an application for further funding to support his has been submitted to the Crisis Care Transformation Funding.

Recommendation(s)

16 AWHOSC is recommended to note this report and the updates provided.

Background

17 The original AWHOSC review for suicide prevention was undertaken between October 2016 and March 2017. The review considered evidence for work being undertaken on suicide prevention within Durham County Council; NHS partners and Safe Durham Partnership together with how the community and voluntary sector is involved in supporting the promotion of mental health and wellbeing.

18 Suicide is a significant cause of death in young adults, men between 35-49 and an indicator of underlying mental ill-health in all age groups. Suicide is often the end point of a complex history of risk factors which requires a multi-agency approach implement prevention and early intervention to reduce suicide ideation.

19 In May 2018, the Local Government Association urged councils to change their focus on mental illness to helping everyone stay mentally well. This included overhauling attitudes and approaches to mental health and mental health services, increasing investment in prevention, early intervention and lifetime support.

20 Durham County Council continue to work with partners on a Local Government Association pilot focused on Prevention at Scale. This work provides a backdrop for preventing suicides by promoting positive mental health across the workforce and tackling stigma and discrimination via Time to Change.

21 Durham County Council signed the employer pledge for Time to Change on 10th October 2018 as part of World Mental Health day. The council continues to prioritise mental health and wellbeing of the workforce. All partners within the Durham County Partnership are supporting the pledge.

22 The County Durham Suicide Alliance has been refreshed to deliver a multi-agency approach of the actions highlighted in the Suicide Alliance Prevention Action Plan (2018-21) This will include the recommendations from the AWHOSC review report into Suicide Rates and Mental Health and Wellbeing.

23 Two thirds of all people who die by suicide are not in contact with mental health services, therefore key areas for action relating to the Suicide Prevention Alliance include:

(a) Reduce the risk of suicide in key high-risk groups;

(b) Tailor approaches to improve mental health in specific groups;

(c) Reduce access to the means of suicide;

(d) Improve responses and provide better information and support to those bereaved or affected by suicide;

(e) Support the media in delivering sensitive approaches to suicide and suicidal behaviour;

(f) Support research, data collection and monitoring.

24 A Suicide Prevention Coordinator was appointed in July 2018, to support the Suicide Prevention Alliance Action Plan to support the delivery of the plan and oversee referral for those bereaved or affected by suicides, including families and the wider community.

25 The national Mental Health Forward Plan has identified £25 million in funding allocated to NHS England to support the reduction in suicide rates by 2020/2021. The dissemination of this funding is being managed through the NHS England south hub for the County Durham, Darlington, Tees Valley and Hambleton Richmondshire and Whitby Suicide Prevention Group and is integrated into the development work of the County Durham Suicide Prevention Alliance Action Plan.

26 In September 2018, a review of all current commissioned services relating to suicide prevention has been undertaken by commissioning and public health to ensure all services remain effective in targeting appropriate communities and value for money is assured. These include If U Care Share, Wellbeing for Life, welfare rights, Relate, Cruse, Cree's and Papyrus.

The 2018 change in the standard of proof used by coroners in England and Wales

27 In England and Wales, all deaths by suicide are certified by a Coroner. In July 2018, the standard of proof used by coroners to determine whether a death was caused by suicide was lowered to the "civil standard" from the "criminal standard". Meaning a Coroner can now return a verdict of suicide based on the balance of probabilities rather than beyond all reasonable doubt.

28 It is likely that lowering the standard of proof will result in an increased number of deaths recorded as suicide, possibly creating a discontinuity in the ONS time series.

29 The ONS report ‘Suicides in the UK: 2018 registrations’ suggests that it is not possible to establish whether the higher number of recorded suicide deaths are a result of this change however, they will monitor and report the effect of this change when more evidence is available.

30 In 2018 there were 6,507 suicides registered in the UK, an age-standardised rate of 11.2 deaths per 100,000 population; the latest rate is higher than that in 2017. Within the UK suicide rates for 2018 are higher in Scotland (24.5 per 100,000) than Wales (19.1 per 100,000) and England (1.9 per 100,000). This has been consistent over time.

31 Males continue to account for three-quarters of suicide deaths in the UK 2018 (4,903 male deaths compared with 1,604 female deaths). The latest increase in the overall UK rate appears to be largely driven by males: in 2018, the rate was 17.2 deaths per 100,000 males, up significantly from the lowest observed rate in the previous year (15.5 deaths per 100,000). Despite being higher, the latest rate among females in 2018 (5.4 deaths per 100,000 females) was not found to be statistically different to that observed in the previous year (4.9 deaths per 100,000).

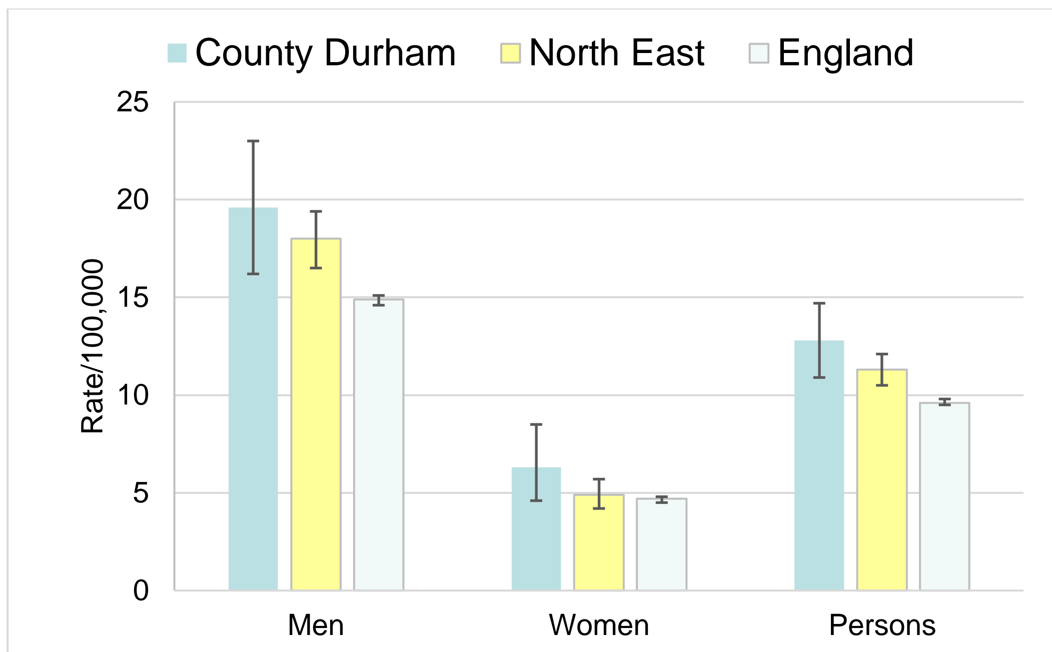
32 There has been little change in suicide rates per 100,000 over time in England. For the period 2001-03 the rate was 10.3 per 100,000 and for 2016-18 it was 9.6 per 100,000. However, numerically the number of annual suicide registrations in England has increased by almost 20%, from 4,202 in 2010 to 5,021 in 2018.

Suicide in County Durham

33 Rates of suicide in County Durham (2016-18) were statistically significantly higher for men (19.6 per 100,000) than women (6.3 per 100,000). This is the case both nationally and in the North East (figure 1).

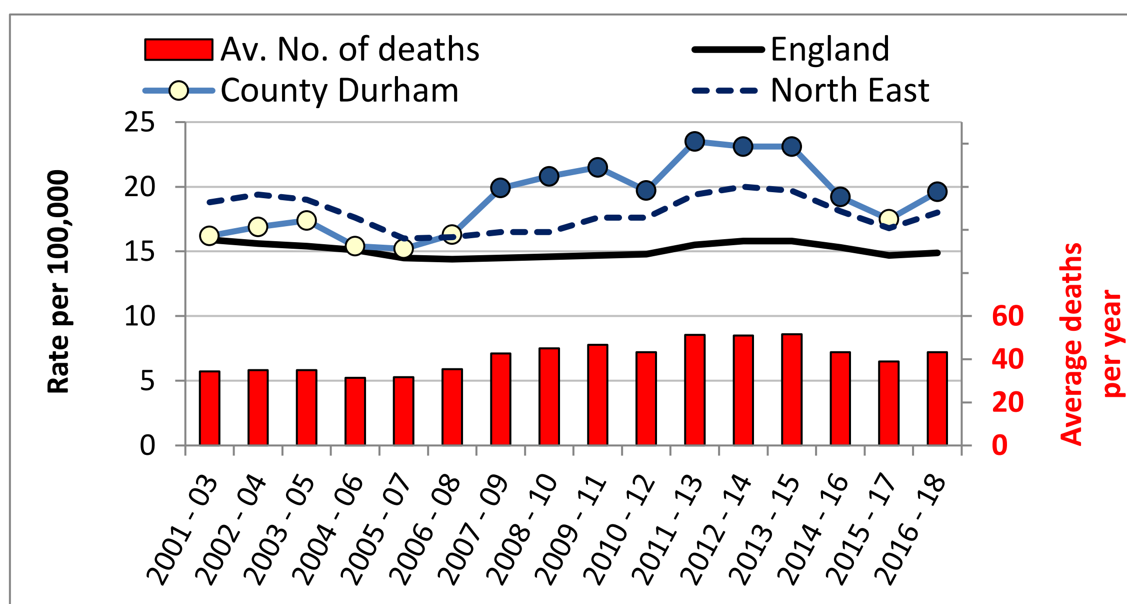
34 The suicide rate for men in County Durham for 2016-18 (19.6 per 100,000) is statistically significantly higher than England (1.9 per 100,000) but not significantly different to the North East (18 per 100,000). For women the rate locally (6.3 per 100,000) is not statistically significantly different to England (4.7 per 100,000) or the North East (4.9 per 100,000).

Figure 1. Suicide and injury undetermined age-standardised rate per 100,000 (3 years pooled), with 95% confidence intervals, men, women and persons, County Durham, North East and England, 2016-18. Source. Suicide Prevention Profile, PHE Fingertips.



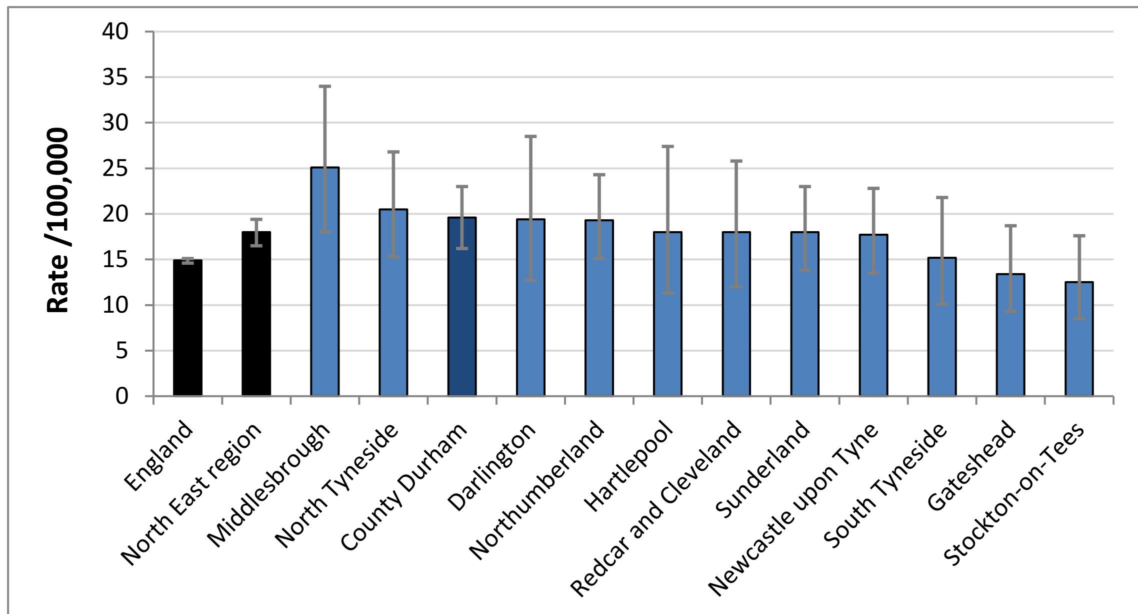
35 Male suicide rates in County Durham have been increasing over time (figure 2) and have shown significant variation over time, from a low of 15.2/100,000 (2005-07) to a high of 23.5/100,000 (2011-13). In comparison male rates nationally have experienced little change over time while rates for the North East have also shown significant variation over the same period.

Figure 2. Suicide age-standardised rate per 100,000 (3 years pooled) and average deaths per year, men, County Durham, North East and England, 2001-03 to 2016-18. Source. Suicide Prevention Profile, PHE Fingertips.



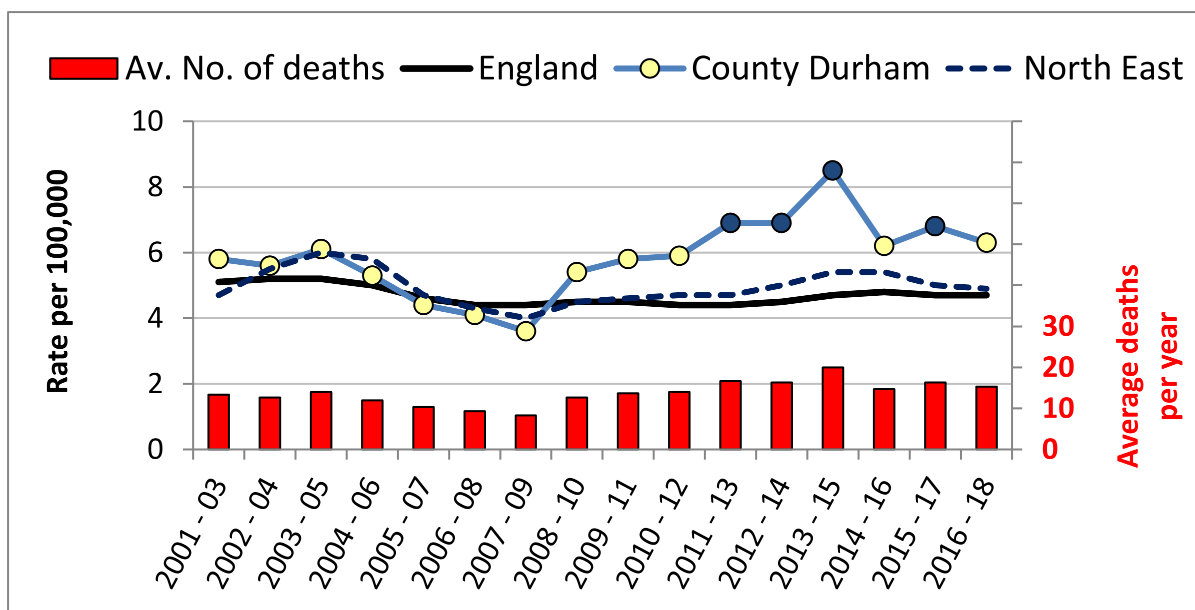
36 There is no statistically significant variation in male suicide rates across the North East (figure 3).

Figure 3. Suicide age-standardised rate per 100,000 (3 years pooled),with 95% confidence intervals, men, County Durham, North East and England, 2016-18. Source. Suicide Prevention Profile, PHE Fingertips



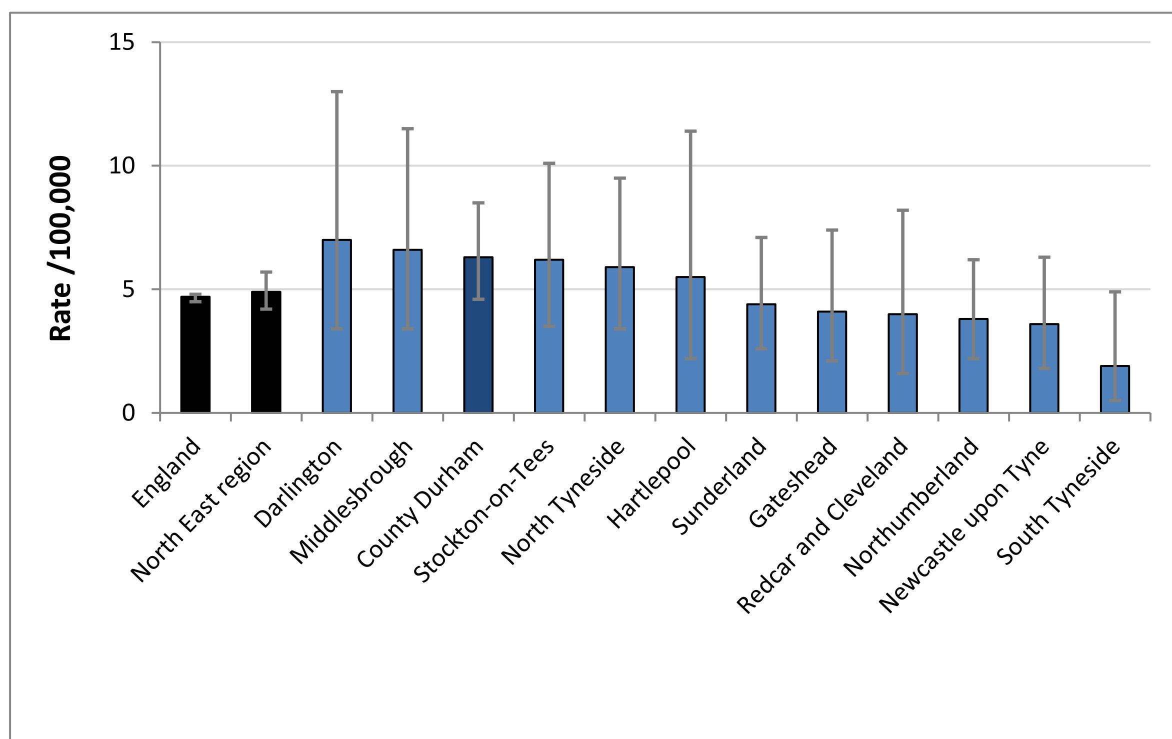
37 Female suicide rates in County Durham have shown significant variation over time (figure 4), from a low of 3.6/100,000 (2005-07) to a high of 8.5/100,000 (2013-15). In comparison female rates nationally or regionally have experienced little change over time.

Figure 4. Suicide age-standardised rate per 100,000 (3 years pooled), men, County Durham, North East and England, 2001-03 to 2016-18. Source. Suicide Prevention Profile, PHE Fingertips



38 There is no statistically significant variation in female suicide rates across the North East (figure 3).

Figure 5. Suicide age-standardised rate per 100,000 (3 years pooled), with 95% confidence intervals, men, County Durham, North East and England, 2016-18. Source. Suicide Prevention Profile, PHE Fingertips



Recommendations updates from the AWHOSC Review 2018 Report

39 The original AWHOSC review for suicide prevention was undertaken between October 2016 and March 2017. The review considered evidence for work being undertaken based on 4 key themes of service strategies, policies and plans of Durham County Council; NHS partners and Safe Durham Partnership together with how the community and voluntary sector is involved in supporting suicide prevention and the promotion of mental health and wellbeing.

40 There were eight recommendation made within the review report. This section provides an update on the progress made on those recommendations as of September 2019.

Recommendation 1

41 That a suicide prevention strategy and action plan be developed and implemented as part of the refresh of the Public Mental Health Strategy for County Durham and that progress against the action plan be monitored by the AHWOSC.

42 A Suicide Prevention Coordinator was appointed in July 2018 to support the work of the Suicide Prevention Alliance and ensure the delivery of the Suicide Prevention Action Plan outcomes. The role also provides assurance for post-vention support referral made for those bereaved or

affected by suicides. The post is funded by North Durham and DDES CCG the post holder sits within the County Durham Public Health Team.

43 Since the commission of the AHWOSC report, the Suicide Prevention Alliance has been refreshed, bringing together a partnership of providers including Durham Constabulary, the NHS, DCC services, community sector and voluntary sector organisation all committed to reducing the rate of suicide across County Durham.

44 The County Durham Suicide Prevention Alliance oversees the work of a multi-faceted approach to suicide prevention. Meeting quarterly the Suicide Prevention Alliance delivers outcomes against the Suicide Prevention Action Plan that works across the life course to address the needs of children, young people, adults' families and the wider community.

(a) Reduce the risk of suicide in key high-risk groups;

(b) Tailor approaches to improve mental health in specific groups;

(c) Reduce access to the means of suicide;

(d) Improve responses and provide better information and support to those bereaved or affected by suicide;

(e) Support the media in delivering sensitive approaches to suicide and suicidal behaviour;

(f) Support research, data collection and monitoring.

45 The current Suicide Prevention Action Plan has 20 completed actions, now archived and 11 ongoing actions.

46 Progress is also reported to Public Health Senior Management Team, Adults and Health Management Team and on a quarterly to the Strategic Mental Health Partnership Board.

Recommendation 2

47 The existing suicide early alert system, whilst providing excellent support and interventions for those affected by suicide after the event, needs to develop appropriate systems to flag up those at risk of suicide and which could be used to target preventative mental health services and support to such individuals.

48 An extensive review of the current Durham Early Alert System was undertaken in December 2018 – April 2019. This review conducted with partners, now provides quality assurance for the County Durham's system in line with best practice; local infrastructure requirements; and information governance responsibilities.

49 Key recommendations from the review included actions for post-vention pathways, workforce development, protocols, surveillance, community response and communications.

50 The Early Alert Review concluded that the new operational system will be called the Real Time Data Surveillance System and become Coroner led. This will provide a standardised and more robust process for data surveillance undertaken by the Public Health Intelligence team and speed up the process for post-vention referral.

51 The new Real Time Data Surveillance System and associated Standard Operating Procedures are currently being reviewed by Public Health Senior Management Team, Suicide Prevention Alliance Strategic, Mental Health Partnership Board and by the Medical Directors of both North Durham and DDES CCG.

52 Once approved the new Real Time Data Surveillance System will be operational in October 2019.

53 TEVW have undertaken a review into self-harm and their current consultation on access to Right Care, Right Place is engaging wider partners, including Primary Care Networks on the interface between GP practices, mental health services and an asset-based approach for CVS involvement in pathways for wellbeing.

Recommendation 3

54 A multi-agency approach to develop learning from suicides is needed with case conferences introduced for each incident with shared learning across partner agencies including adult and children’s social care and health services, NHS services and those within the criminal justice system.

55 Findings from Coroners data indicate that about two-thirds of people who take their own lives are not in contact with mental health services in the year before they die (NCISH, 2018). However, a high percentage of people who die by suicide are in contact with their GP in the months before they die, with estimates ranging from 32-66%, in the month leading up to their death and 75% in the 6 months before (Leavey et al, 2017).

56 TEWV currently undertake a Serious Untoward Incident (SUI) for all deaths occurring within mental health services, including suicide. This process works in partnership with all services, including GP’s to enhance learning and service improvement.

57 Work is on-going via the Mental Health Strategic Partnership to train NHS staff to increase awareness of suicide prevention within primary care. This is being delivered by the Wellbeing for Life Service commencing in September 2019.

58 Public Health are currently conducting a suicide audit of HM Coroner's files relating to deaths by suicide and undetermined injury. The Audit findings will underpin the continued work of the Suicide Prevention Alliance and provide the evidence base for local need, key trends, high risk locations. This information will be shared with all partners to encourage learning and service improvement.

59 With an emphasis on the preventing the escalation to suicide ideation, the Durham Crisis Concordat High Intensity Users (HIU) programme of work coordinated by TEWV, receives referrals from the Police, the voluntary sector, CDDFT and TEWV aiming to support individuals who are high intensity users.

60 This HIU work in partnership with multiple agencies to support those creating the greatest demand on crisis and emergency services. This coordinated approach works to find alternative interventions to address needs and behaviours. The work is governed and monitored via the Crisis Care Concordat.

61 The Crisis Care Concordat has made an application for Crisis Care Transformation Funding to allow the further development of the HIU scheme.

Recommendation 4

62 The introduction of an appropriate coding/flagging system for self-harm/attempted suicide across all A&E department attendees should be promoted which identifies those potentially at risk of suicide and allows for proactive offers of access to mental health services and support.

63 This work is an ongoing requirement. The appointment of a Consultant in Public Health for TEWV and County Durham and Darlington NHS Trust along with other priorities can be used to review A&E data on self-harm and make future recommendations to progress this area of work.

64 In its infancy stage there is a joint self-harm task and finish group between the Suicide Prevention Alliance and the LTP. This work is being led by the new Public Health GP.

Recommendation 5

65 The current processes for referral into mental health services be reviewed to ensure that there is clarity available to potential service users to help them to identify the range of services.

66 Adult mental health services including the IAPT pathway have a self-referral processes in place. TEWV have set their target for first appointments at 4 weeks from the date of referral, which is shorter than the national targets in place but reflects the Trust's ambitions around delivery of care.

67 There is an ongoing consultation on Right Care, Right Place programme for mental health services with a service improvement event planned for October 2019.

Recommendation 6

68 The accessibility of the out-of-hours mental health crisis service be reviewed to ensure that individuals suffering from crisis episodes have timely access to support and interventions.

69 The Liaison service is now a 24-hour service meaning there is no now no longer the need to handover to the crisis team. This streamlines the referral process and ensures support and interventions are maintained without interruption.

70 There is a planned alignment for the County Durham and Darlington crisis teams. Work for this is already ongoing, Auckland Park has been identified as a new hub and developments are being overseen by a TEWV service manager.

71 There is development work of a 111 option 2 (111/2) service for mental health currently being undertaken by the Durham and Darlington Crisis Concordat. Developing a 111/2 service for mental health with TEWV would ensure a single point of access is achieved and is consistent with the NHS long term plan (DOH 2019), highlighting the need for people to be “Provided with the right response when in a crisis”.

72 The Crisis Care Concordat have submitted a Community Crisis Care Transformation Funding bid application to further support the development of a 111/2 service for mental health.

73 The provision of an ‘option 2’ for callers contacting 111 will result in immediate access to trained workers offering support and triage for patients in mental health distress or crisis. Signposting to appropriate support will also be available. This puts the patient in control, reduces the steps required and is more ‘hand offs’ when accessing mental health support.

Recommendation 7

74 An audit of current health and wellbeing support and services within the CVS be undertaken to evaluate their effectiveness and enable resources to be targeted at those interventions where demonstrable outcomes for improved mental health and wellbeing and reduced suicide risk are evident.

75 Whilst this recommendation has not fully completed work has been ongoing to provide quality assurance within current commissions.

76 In September 2018, a review was undertaken by commissioning and Public Health to ensure all services affiliated to suicide prevention remain effective in targeting appropriate communities and that value for

money is assured. These included If U Care Share, Wellbeing for Life, Welfare Rights, Relate, Cruse, the Cree's and Papyrus.

77 Working in partnership with the NHS and VCSE Durham County Council are proposing a new approach to wellbeing, past of the mental health at scale work. The Wellbeing approach builds on the County Durham Partnership Event in 2018/19, which focused on mental health, highlighting the importance of greater engagement with communities.

78 The development of this approach is also intended to underpin the delivery of two key strategic developments across County Durham; the County Durham Vision, (Durham 2035 – a vision for our future) and the emerging Joint Health and Wellbeing Strategy.

79 Consultations with the Resilient Communities Group delivered as part of the Mental Health Strategic Partnership provided positive insight into the views of the community and voluntary sector to adopt and align the wellbeing approach within their everyday service delivery.

80 This approach will be an opportunity for a shared vision for the CVS workforce, including volunteers and paid staff to engage in their local assets to promote mental health and wellbeing. links are also being made with PCN's link workers, funded as part of the NHS Plan.

81 Adding in to this new approach, TEWV and the councils commissioning team have undertaken an engagement event regarding crisis provision and alternatives to hospital admissions. This identified that access to a safe space particularly out of hours is needed and valued.

82 Early work to develop a specification for a safe space has commenced and additional funding from Crisis Care Transformation Funding has been applied for. This funding would be utilised to complete this work and reach a position where the Commissioners could agree the next steps.

83 County Durham was one of 14 areas nationally taking part in the "Prevention at Scale" pilot. Durham's approach was a focus on mental health, suicide prevention and stigma and discrimination.

84 The prevention at scale work incorporated joint working from Children and Young People's workstreams, the Suicide Prevention Alliance, the Crisis Care Concordat, Dementia and the Resilient Communities' Group.

85 The pilot worked with students aged 14-19 and men ages 40-40 to gather perspectives and opinions. The learning highlighted the stigma that exists and how collective efforts to promote and protect mental health and improve wellbeing needs a concerted effort to actively challenge stigma itself, to begin to make a difference.

86 Time to Talk day, in February 2019, was celebrated across County Durham. Time to Talk aims to encourage people to talk about mental

health and opening up about their experiences, helping to diminish some of the stigma around mental health. A range of campaigns were run across County Durham in workplaces and community centres, which encouraged people to look after their own mental wellbeing and to talk about mental health.

87 Ongoing work and all recommendations from the original pilot is being imbedded into to existing County Council practices via the Resilient Communities group.

Recommendation 8

88 That a systematic review of the report and progress made against recommendations should be undertaken after consideration of this report, within six months.

89 This report provides a systematic report of the AWHOSC report and highlights process made on each recommendation.

An Update on the wider work of the Suicide Prevention Alliance

90 The work of the Suicide Prevention Alliance is represented in a multi-agency plan. The plan follows the six key priority areas for suicide prevention as detailed by central Government and Public Health England. The following paragraphs give updates against each of the priority areas.

Reduce the risk of suicide in key high-risk areas

91 People bereaved by suicide re a high-risk group. Recent bereavement through suicide is also more likely to result in a suicide attempt. People who have been bereaved by suicide report that the trauma they experienced affected their ability to cope with everyday activities such as work, relationships and maintaining friendships.

92 Continued work with the commissioned postvention provider; If U Care Share and with wider partners including DDES CCG, TEWV and Humankind has explored the suicide bereaved as a high-risk group and has written in measures to reduce this risk within the overall new Real Time Data Surveillance System.

93 Reducing the risk of suicide in children is always a priority. Children are not a high-risk group for suicide but building resilience in young people and safeguarding their mental health acts as a protective factor in adolescence and adulthood.

94 The Children and Young People's Mental Health, emotional wellbeing and Resilience Local Transformation Plan (CYP MH LTP) for County Durham sets out the strategic vision and key deliverable actions and includes a range of interventions to support and build mental health including:

(a) Youth Aware of Mental Health in County Durham (YAM) a universal programme offered to Year 9 students across County Durham;

(b) Durham Resilience Project - A universal offer to all schools to support them to understand the relationship between resilience, well-being and achievement and help them to implement a local response within their community;

(c) Commissioning of relevant support services, including Papyrus providing telephone advice service for children, young people and their families.

95 The suicide bereaved as an at-risk group face more profound challenges if the deceased is a child. Any unexpected death of a child triggers an immediate rapid response meeting to determine how to support the immediate family and understand the circumstances of the death.

96 County Durham implement the Child Death Review process which is overseen by the Child Death Overview Panel (CDOP). The role of CDOP is to consider how future deaths can be avoided ensuring that the whole-system learns together.

Tailor approaches to improve mental health in specific groups

97 The Prevention at Scale continues to provide a backdrop for preventing suicides by promoting positive mental health across the workforce and tackling stigma and discrimination via Time to Change.

98 The employer pledge for Time to Change signed on 10th October 2018 as part of World Mental Health day, highlights the council's prioritisation of mental health and wellbeing within the workforce. All partners within the Durham County Partnership are supporting the pledge.

99 The current Samaritans project "Think Samaritans" funded in part by the by the Department for Health, focuses on making the Samaritans service more accessible to people in contact with the NHS by working in partnership with NHS organisations.

100 Durham Samaritans and Tees Esk and Wear Valley NHS Trusts North Durham Mental Health Liaison Service based at University Hospital North Durham have agreed a working in partnership for people who Attend A & E in distress. The partnership commenced in July 2018. There had been 48 referrals initially and now an evaluation by an independent organisation is being undertaken.

Reduce access to the means of suicide

101 The identification of local areas requiring bespoke signage for suicide prevention was completed. Three sites in County Durham received refreshed signage in February 2019.

102 Signage in one area of the county was further developed, reacting to the local needs of the community and a feasibility study for further developments at this site has been completed during the summer.

103 Set up in February 2019 a multi-agency task and finish group including Public Health (SPC), the British Transport Police, Network Rail, LNER, TransPennine Express, Northern Rail, the Samaritans, a local AAP rep and TEWV staff are continually working to keep people in mental health distress safe from harm at County Durham stations and railways.

104 A station adoption scheme and a bespoke community action group has been set up in Chester-Le-Street in response to suicides in recent years. The Samaritans “Small Talk Saves Lives” and the Northern Rail “All Right?” campaign have been widely promoted in the town including an event by Northern Rail at the train station on Wednesday 3rd July for the England vs New Zealand during the ICC Cricket world cup.

Improve responses and provide better information and support to those bereaved or affected by suicide

105 Recent economic analysis by HM Government, 2017 estimates that each suicide costs the economy around £1.67 million, although these costs cannot be fully quantified it is estimated that the around 60% of the cost for each suicide is attributed to the impact on 13 lives of those bereaved by Suicide. (Preventing suicide in community and custodial settings: Postvention Evidence review for interventions to support people bereaved by suicides. NICE February 2018).

106 The newly proposed RTDS proposed enables Public Health to deliver a more robust and equitable surveillance system and post-vention support. Access to the commissioned postvention support, provided by the If U Care Share Foundation enables preventative work with those most at risk.

107 Additional work undertaken on the RTDS has included a Standard Operating Procedure. This has included the redesign of the signposting letter and support literature. The postvention pathways have been refreshed, new training is being developed for partners, and new models for exploring how best to support the at-risk individuals following a death by suicide will be imbedded in these processes.

Support the media in delivering sensitive approaches to suicide and suicidal behaviour

108 Irresponsible media reporting of suicide should always be challenged. There are established links between media coverage and an increase in suicidal behaviour. The Samaritans media guidance has been shared with many local media teams and are broadly used by all national press organisations.

109 The Suicide prevention Alliance and partners have been developing a bespoke County Durham Press protocol document to ensure the safe reporting of Suicide locally.

110 Reactive preventative work has been prepared for in the event of a high profile or celebrity death, especially a death of a young person in popular culture.

111 The Suicide Prevention Coordinator and Chair of the Suicide Prevention Alliance prepare press statements for every new ONS data release enabling a balanced view of the complexities of mental health and the Suicide Prevention agenda is given.

112 Partners of the Suicide Prevention Alliance are knowledgeable and up to date on the do's and don'ts of media reporting and are vigilant for reporting practices out with the scope of the Samaritans media guidelines.

Support research, data collection and monitoring

113 Now, every region in the United Kingdom has a suicide prevention strategy and most local authorities in England have a local Suicide Prevention Action Plan.

114 The Samaritans campaigned for all local authorities to have local suicide prevention plans. A review of these plans and what they included took place. The completed report "Local Suicide Prevention Planning in England - An Independent progress report by the Samaritans and Exeter University" was published in June 2019.

115 The County Durham Suicide Prevention Alliance along with its intelligence led approach were highlighted as examples of best practice within the report.

116 The revised RTDS process and affiliated Standard Operating Procedure have been submitted into a PHE commissioned review of all regional processes. each will be independently assessed by Teesside University.

Conclusions

117 There is no single reason why people take their own lives. Suicide is a complex and multi-faceted behaviour, resulting from a wide range of psychological, social, economic and cultural risk factors which interact and increase an individual's level of risk. Socioeconomic disadvantage is a key risk factor for suicidal behaviour"[3] .

118 Suicide has a devastating impact on communities, and the economic costs are also high.

[3] Socioeconomic disadvantage and suicidal behaviour, Samaritan, 2017.

119 Suicide prevention measures require a whole system approach to reducing incidence. To provide information and assurance on this agenda, AWHOSC conducted a review in to suicide rates in County Durham between October 2016-March 2017.

120 The AWHOSC report made eight recommendations. The recommendations have been integrated into the County Durham Suicide Prevention Alliance Action Plan (2018-21). Twenty of the thirty-one actions completed. Nine actions are ongoing.

Background papers

- Adults Wellbeing and Health Overview and Scrutiny Committee, Suicide Rates and Mental Health and Wellbeing in County Durham: Review Report [September 2018].

- Report of Lorraine O'Donnell, Director of Transformations and Partnerships for Cabinet 14 November 2018 - Adults Wellbeing and Health Overview and Scrutiny Committee. Suicide Rates and Mental Health and Wellbeing in County Durham: Cover Report [14 November 2018].

Other useful documents

- Suicide Early Alert System Review by Lorna Smith, Specialty Registrar, Durham County Council Durham Public Health Team, March 2019.
- Local suicide prevention planning: A practice resource (PHE) October 2016.
- Guidance for developing a local suicide prevention action plan (2014) PHE.
- Support after a suicide: A guide to providing local services (PHE) October 2016.
- Identifying and responding to suicide clusters and contagion: A practice resources (PHE) September 2015.
- Preventing suicides in public places A practice resource (PHE) November 2015.
- Help is at Hand (DH) 2012 edition.
- Information sharing and suicide prevention (DH) January 2014.
- ONS Suicide Statistics 2006-2017.
- PHE Fingertips Suicide Prevention profile.
- National Confidential Inquiry into suicide and safety in Mental Health annual report (2018).
- Samaritans media guidelines for reporting suicide (Sep 2013).
- Local Suicide Prevention Planning in England - An Independent progress report by the Samaritans and Exeter University (2019).

Contact:	Lucy Wilkins	Tel: 03000 262801
	Jane Sunter	Tel: 03000 266897

Appendix 1: Implications

This report in an update back to OSC on work completed following their original recommendations. As such, no new identified implications were identified.

Legal Implications

None.

Finance

Cost incurred in the update period have been minimal and from existing Public Health Budget.

Consultation

There have not been any projects requiring consultation.

Equality and Diversity / Public Sector Equality Duty

The equity and diversity is built into PH work and not an implication for this report.

Human Rights

Human right considerations will be made within the legal framework.

Crime and Disorder

There are no crime and disorder implications.

Staffing

Staffing has been provided within the review period from existing staffing resources.

Accommodation

No implications.

Risk

No implications.

Procurement

None.

Adults, Wellbeing and Health Overview and Scrutiny Committee

3 October 2019

Quarter One 2019/20 Performance Management Report

Report of Lorraine O'Donnell, Director of Transformation and Partnerships

Electoral division(s) affected:

Countywide.

Purpose of the Report

1 To present progress towards achieving the key outcomes of the council's corporate performance framework for the Altogether Healthier priority theme.

Performance Report for quarter one, 2019/20

2 The performance report for quarter one, 2019/20 is attached at Appendix 2. It is structured around a set of key questions aligned to the Altogether Healthier priority theme and includes the key performance messages from data available this quarter along with visual summaries and data tables for each key question.

Future Performance Reporting

3 As our current vision, which forms the basis of this performance report, is over nine years old and many of the original aims have been achieved, we are developing a new set of proposed ambitions that better reflect the needs and opportunities of County Durham. This new vision will be launched in the autumn and the format and content of this performance report will be modified to align to the new ambitions.

Executive summary

4 Health continues to be a challenging area. Inequality across the county and between County Durham and the rest of the country remains unacceptably high, in particular the difference in healthy life expectancy (19 years across the county). More than two in ten children starting primary school have excess weight, which increases to almost four in

ten at the start of secondary school, and further increases to almost seven in ten adults, which is higher than regional and national rates. Smoking prevalence appears to have stabilised at a lower level, where we are on par with the rest of the country, but tobacco dependency in pregnancy remains a concern with rates higher than both the national and regional averages and with geographical variation across the county. We are working with partners to address these challenges; running campaigns and initiatives that encourage people to quit smoking, reduce excess weight and improve oral health, supporting mothers in their communities and local businesses to be breastfeeding-friendly, helping organisations achieve the Better Health at Work Award and working with pharmacies to promote NHS health checks. We continue to perform extremely well in preventing delayed transfers of care and the latest survey of adult carers shows satisfaction across the county is higher than the England and North East averages.

Risk Management

5 Effective risk management is a vital component of the council's agenda. The council's risk management process sits alongside our change programme and is incorporated into all significant change and improvement projects.

6 There are no key risks in delivering the objectives of this theme.

Recommendation

7 That the Adults, Wellbeing and Health Overview and Scrutiny Committee considers the overall position and direction of travel in relation to quarter one performance, and the actions being taken to address areas of underperformance.

Contact: Jenny Haworth Tel: 03000 268 071

Appendix 1: Implications

Legal Implications

Not applicable.

Finance

Latest performance information is being used to inform corporate, service and financial planning.

Consultation

Not applicable.

Equality and Diversity / Public Sector Equality Duty

Equality measures are monitored as part of the performance monitoring process.

Human Rights

Not applicable.

Crime and Disorder

A number of performance indicators and key actions relating to crime and disorder are continually monitored in partnership with Durham Constabulary.

Staffing

Performance against a number of relevant corporate health indicators has been included to monitor staffing issues.

Accommodation

Not applicable.

Risk

Reporting of significant risks and their interaction with performance is integrated into the quarterly performance management report.

Procurement

Not applicable.

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Altogether better

Durham County Council

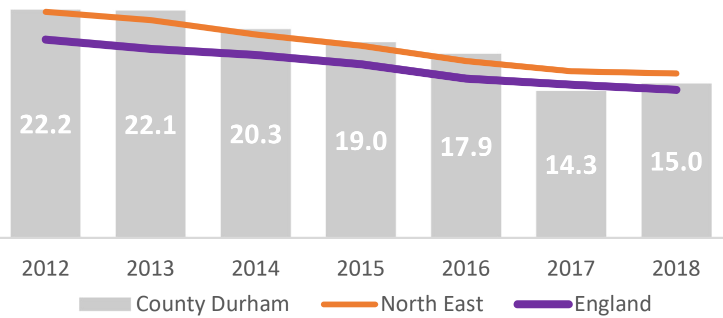
Performance Management Report

Quarter One, 2019/20

ALTOGETHER HEALTHIER

1. Are our services improving the health of our residents?

Smoking Prevalence – aged 18 and over

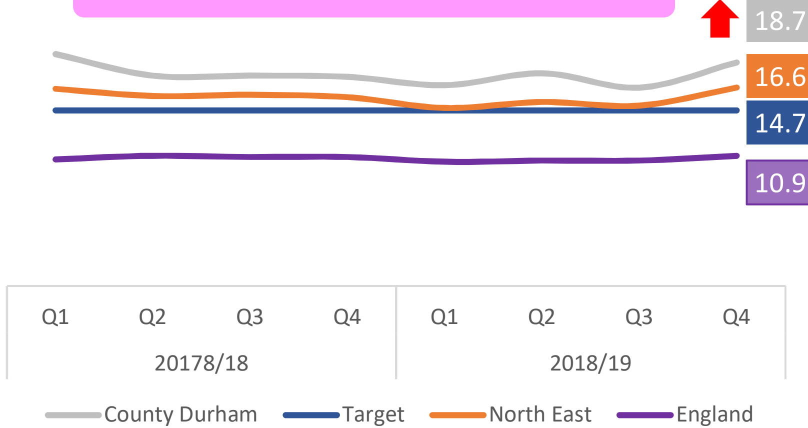


North East 16.0%

England 14.4%

29,000 fewer smokers than in 2012

Mothers Smoking at Time of Delivery

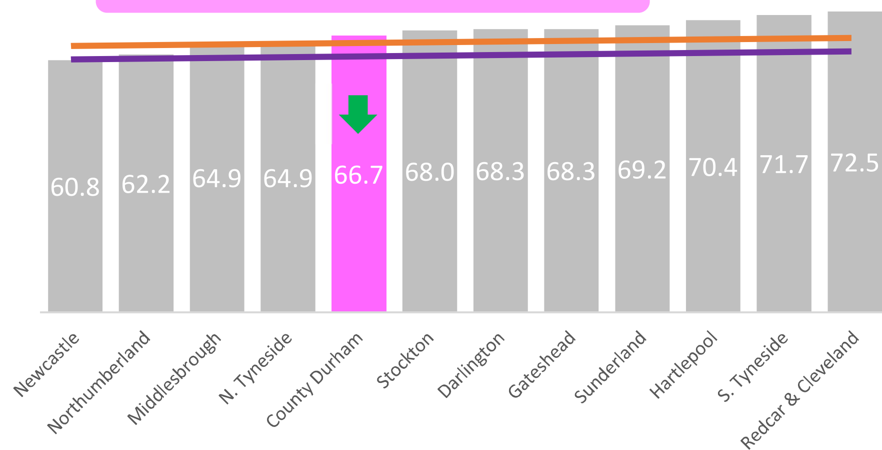


Mental Health

DCC participated in awareness week in May. Staff were encouraged to talk about mental health

More than **80** staff have signed up to become Time to Change Champions.

Excess weight in adults (2017/18)

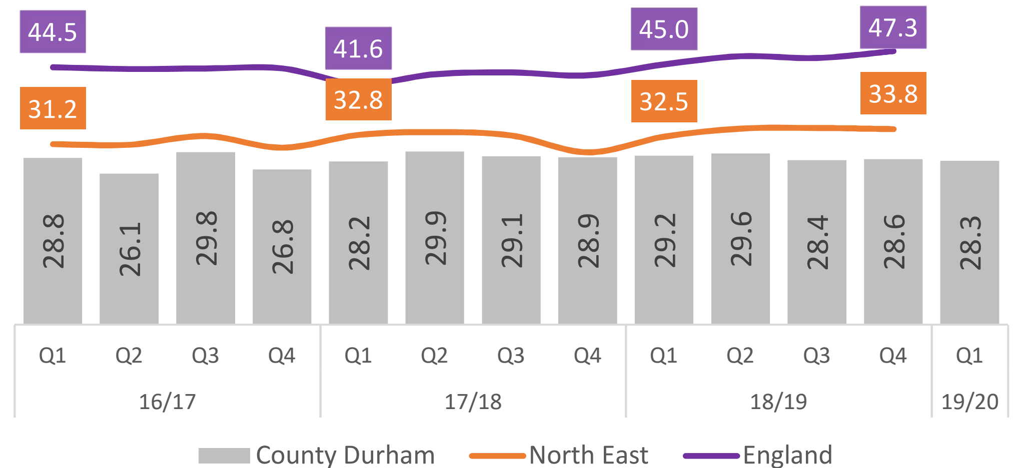


North East 66.5%

England 62.0%

Almost seven in ten adults in County Durham have excess weight

Breastfeeding Prevalence at 6-8 weeks



Altogether Healthier

1 The priority theme of Altogether Healthier is structured around the following two key questions:

(a) Are our services improving the health of our residents?
(b) Are people needing adult social care supported to live safe, healthy and independent lives?

Are our services improving the health of our residents?

2 Since 2011 there has been a continued reduction in smoking prevalence across County Durham. However, the latest data (Tobacco Control Profiles) shows a slight increase in the prevalence rate. As the rate is calculated from a sample survey and remains within the estimated confidence intervals (+/-2.3), we do not believe this increase is significant but rather due to random sample variation. We will continue to closely monitor the data.

3 The government plans to eradicate smoking in England by 2030 by cracking down on the industry and pledging to help smokers quit or move to reduced risk products like e-cigarettes. In the meantime, Stop Smoking Services continue with various activities to reduce smoking. Campaigns such as the Fresh Quit16 which highlights that smoking causes 16 types of cancer, and the Take Seven Steps campaign to reduce exposure to second-hand smoke, are included in training sessions for midwives, health visitors and other children and family's workforce.

4 Reducing smoking in pregnancy remains a major priority. Not only are our smoking at time of delivery (SATOD) rates higher than both regional and national rates, there is wide geographical variation across the county. Sedgefield locality has the highest SATOD rate (20.6%) and Durham City the lowest (13.1%). Furthermore, analysis (pooled for the period 2014/15-2016/17) shows a clear social gradient across the county for SATOD. It is higher in the most deprived areas. We have identified those areas where SATOD is at least 20% higher than the average rate for the county to inform commissioners of where need is greatest and where resources should be targeted.

5 We also used this analysis to develop a three-year plan, for the County Durham Tobacco Dependency in Pregnancy steering group, with an overarching aim to reduce tobacco dependency in pregnancy to 6% or less by 2022. We are developing a 12-month action plan which includes a place based pilot in Shildon where Stop Smoking Services will be present at midwife clinics.

6 Latest provisional data shows that breastfeeding prevalence within County Durham remains lower than both national and North East averages. It has remained consistently under 30% for a number of years and is lower than national and regional data

7 As at the end of June, 155 businesses had signed up to our Breastfeeding Friendly scheme. Beamish Museum and East Durham College have received training and are now fully accredited. Training is also being discussed with our local Fire and Rescue Service and both of our Clinical Commissioning Groups to ensure a positive environment for staff returning from maternity leave. We are hoping Dalton Park Shopping Centre will become the first breastfeeding friendly shopping centre in the county. Plans are underway for a Big Latch On event in Dalton Park and Wharton Park in August 2019.

8 During Mental Health Awareness Week in May, we encouraged our staff to hold conversations about mental health, and more than 80 colleagues agreed to become Time to Change (TTC) champions, actively tackling stigma and discrimination in the workplace and promoting good mental health.

9 During quarter one, we supported 63 organisations across the county to achieve the North East Better Health at Work Award. Organisations included Citizen's Advice, Durham Constabulary, DDES CCG, North Durham CCG, Hitachi, HM Passport Office and Northumbrian Water.

10 We are developing an 'approach to wellbeing' and held a stakeholder event to determine how the wellbeing approach can be incorporated into the commissioning of future services. The Wellbeing for Life service, supported by 40 trained health champions, has seen 888 clients on a one-to-one basis between April and June 2019.

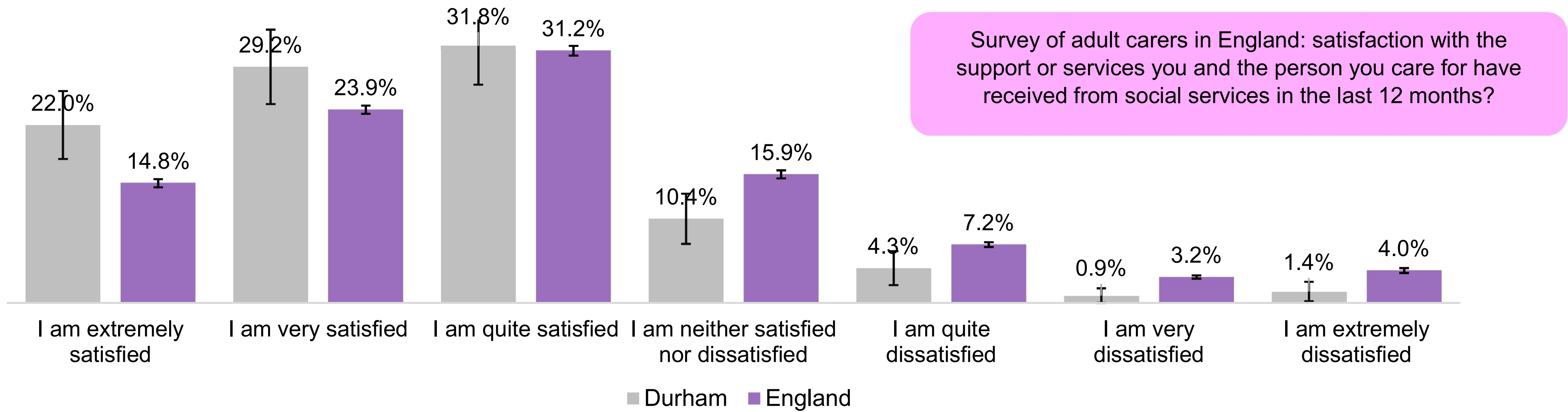
11 The Joining the Dots project, providing support to adults with cancer, has now engaged with 252 clients: 147 clients with cancer, the remainder being carers, families or friends.

12 A review of the NHS Health Checks programme is underway to ensure clear pathways into lifestyle / behaviour change support are fully embedded. In addition, a pilot involving 22 pharmacies, held between February and August 2019, will identify irregular pulse and give brief advice and/or signpost to primary care. An evaluation of the scheme later in the year will determine if this is to be rolled out as part of the community element of the health checks programme.

13 We are reviewing the catering and vending offer inside leisure facilities and a trial (started May 2019) will offer a canned water only vending machine in Freeman's Quay Leisure Centre. This not only aligns to reducing single use plastic but also the sugar reduction agenda, as a mechanism to tackle obesity and poor oral health.

ALTOGETHER HEALTHIER

2. Are people needing adult social care supported to live safe, healthy and independent lives?



196.7

adults aged 65+ per 100,000 population admitted to residential or nursing care on a permanent basis

(Apr-Jun 19)

⬇ compared to last year (199.5)

87.2%

of patients discharged into reablement/ rehabilitation services still at home after 91 days

(Jan-Mar 19)

⬆ compared to last year (85.9)

2.0

daily delayed transfers of care, per 100,000 population

(May 2019)

better than national (9.2) and regional (5.9)

95.7%

of individuals achieved their desired outcomes from the adult safeguarding process

(Apr-Jun 19)

⬇ compared to last year (97.7)

Are people needing adult social care supported to live safe, healthy and independent lives?

14 The latest survey of adult carers in England shows 51% of carers in County Durham are either ‘extremely’ or ‘very’ satisfied with the support or services they and the person they care for have received from social services in the last 12 months. This is an improvement on the 43% in the last survey in 2016/17. The result is also statistically significantly better than the England average of 39%. In Durham, only 2.3% of carers were ‘extremely’ or ‘very’ dissatisfied with the support or services received. This is an improvement on the 6% in the 2016/17 survey and is also statistically significantly below the England average of 7%.

15 96% of individuals achieved their desired outcomes from the adult safeguarding process. Although a slight deterioration from 98% over the same period last year, it is an improvement on the end-of-year 2018/19 performance of 95%.

16 Targets for the following two Better Care Fund (BCF) indicators have not yet been set for 2019/20, as the national planning guidance was not released until 20 July 2019:

(a) 65+ permanent admissions to residential / nursing care

(b) the percentage of people still at home 91 days after discharge from hospital into reablement / rehabilitation services.

17 The BCF planning submission from the Health and Wellbeing Board is due by 27 September 2019, so provisional targets will be available at quarter two. National BCF reporting will now not take place for quarter one. Both indicators have improved compared to the same period in 2018/19

18 County Durham continues to perform extremely well in preventing delayed transfers of care. The data for May 2019 show that we recorded an average of 2.0 daily delayed transfers per 100,000 population, which is better than the England (9.2) and North East (5.9) averages.

Key Performance Indicators – Data Tables

There are two types of performance indicators throughout this document:

(a) Key target indicators – targets are set as improvements can be measured regularly and can be actively influenced by the council and its partners; and

(b) Key tracker indicators – performance is tracked but no targets are set as they are long-term and/or can only be partially influenced by the council and its partners.

A guide is available which provides full details of indicator definitions and data sources for the 2017/18 corporate indicator set. This is available to view either internally from the intranet or can be requested from the Strategy Team at performance@durham.gov.uk

KEY TO SYMBOLS

	Direction of travel	Benchmarking	Performance against target
GREEN	Same or better than comparable period	Same or better than comparable group	Meeting or exceeding target
AMBER	Worse than comparable period (within 2% tolerance)	Worse than comparable group (within 2% tolerance)	Performance within 2% of target
RED	Worse than comparable period (greater than 2%)	Worse than comparable group (greater than 2%)	Performance >2% behind target

National Benchmarking
We compare our performance to all English authorities. The number of authorities varies according to the performance indicator and functions of councils, for example educational attainment is compared to county and unitary councils however waste disposal is compared to district and unitary councils.

North East Benchmarking
The North East figure is the average performance from the authorities within the North East region, i.e. County Durham, Darlington, Gateshead, Hartlepool, Middlesbrough, Newcastle upon Tyne, North Tyneside, Northumberland, Redcar and Cleveland, Stockton-On-Tees, South Tyneside, Sunderland, The number of authorities also varies according to the performance indicator and functions of councils.

More detail is available from the Strategy Team at performance@durham.gov.uk

ALTOGETHER HEALTHIER

12. Are our services improving the health of our residents?

Ref	Description	Latest data	Period covered	Comparison to						Data updated this quarter
				Period target	12 months earlier	National figure	North East figure	Nearest statistical neighbour	Period covered if different	
69	% of mothers smoking at time of delivery	18.7*	Jan-Mar 2019	14.7	17.5	10.9*	16.6*			Yes
				RED	RED	RED	RED			
70	Four week smoking quitters per 100,000 smoking population [number of quitters]	N/a**	-	N/a	N/a					No
71	Male life expectancy at birth (years)	78.3	2015-17	Tracker	78.0	79.6	77.9			No
				N/a	GREEN	AMBER	GREEN			
72	Female life expectancy at birth (years)	81.4	2015-17	Tracker	81.3	83.1	81.6			No
				N/a	GREEN	RED	AMBER			
73	Female healthy life expectancy at birth (years)	58.7	2015-17	Tracker	59.0	63.8	60.4			No
				N/a	AMBER	RED	RED			
74	Male healthy life expectancy at birth (years)	58.9	2015-17	Tracker	59.1	63.4	59.5			No
				N/a	AMBER	RED	AMBER			
75	Excess weight in adults (Proportion of adults classified as overweight or obese)	66.7	2017/18	Tracker	67.7	62.0	66.5			Yes
				N/a	AMBER	RED	AMBER			
76	Suicide rate (deaths from suicide and injury of undetermined intent) per 100,000 population	12	2015-17	Tracker	12.6	9.6	10.8			No
				N/a	GREEN	RED	RED			
77	Prevalence of breastfeeding at 6-8 weeks from birth	28.3	Apr-Jun 2019	Tracker	29.2	47.3	33.8		Jan-Mar 2019	Yes
				N/a	RED	RED	RED			
78	Estimated smoking prevalence of persons aged 18 and over	15.0	2018	Tracker	14.3	14.4	16.0			Yes
				N/a	AMBER	AMBER	GREEN			

ALTOGETHER HEALTHIER

1. Are our services improving the health of our residents?

Ref	Description	Latest data	Period covered	Comparison to						Data updated this quarter
				Period target	12 months earlier	National figure	North East figure	Nearest statistical neighbour	Period covered if different	
79	Self-reported well-being - people with a low happiness score	8.9	2017/18	Tracker	6.9	8.2	9.1			No
				N/a	RED	AMBER	GREEN			
80	Participation in Sport and Physical Activity: active	58.5%	Nov 17-Nov 18	Tracker	63.1	62.6	58.8			No
				N/a	RED	RED	AMBER			
81	Participation in Sport and Physical Activity: inactive	29.9%	Nov 17-Nov 18	Tracker	25.3	25.1	29.5			No
				N/a	RED	RED	AMBER			

*provisional data

** quality of data being reviewed

ALTOGETHER HEALTHIER

2. Are people needing adult social care supported to live safe, healthy and independent lives?

Ref	Description	Latest data	Period covered	Comparison to						Data updated this quarter
				Period target	12 months earlier	National figure	North East figure	Nearest statistical neighbour	Period covered if different	
82	Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care	196.7	Apr-Jun 2019	TBD	199.5					Yes
				N/a	GREEN					
83	% of older people who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	87.2	Jan-Mar 2019	TBD	85.9	82.9	83.9	81.8*	2017/18	Yes
				N/a	GREEN	Not comparable	Not comparable	Not comparable		
84	% of individuals who achieved their desired outcomes from the adult safeguarding process	95.7	Apr-Jun 2019	Tracker	97.7	94.2		93.6*	2017/18	Yes
				N/a	AMBER	Not comparable		Not comparable		

ALTOGETHER HEALTHIER										
2. Are people needing adult social care supported to live safe, healthy and independent lives?										
Ref	**Description**	**Latest data**	**Period covered**	**Comparison to**						**Data updated this quarter**
				Period target	**12 months earlier**	**National figure**	**North East figure**	**Nearest statistical neighbour**	**Period covered if different**	
85	% of service users receiving an assessment or review within the last 12 months	87.6	Apr-Jun 2019	Tracker	86.9					Yes
				N/a	GREEN					
86	Overall satisfaction of people who use services with their care and support	66.6	2017/18	Tracker	63.6	65.0	67.9	66.3*		No
				N/a	GREEN	GREEN	AMBER	GREEN		
87	Overall satisfaction of carers with the support and services they receive (Biennial survey)	51.2	2018/19	Tracker	43.3**	38.7	47.2	41.8*		Yes
				N/a	GREEN	GREEN	GREEN	GREEN		
88	Daily delayed transfers of care beds, all, per 100,000 population age 18+	2.0	May 2019	Tracker	4.9	9.2	5.9	9.8*		Yes
				N/a	GREEN	GREEN	GREEN	GREEN		
89	% of adult social care service users who report they have enough choice over the care and support services they receive	74.9	2017/18	Tracker	73.1	68.2	72.1	69.1*		No
				N/a	GREEN	GREEN	GREEN	GREEN		

*unitary authorities

** results from 2016/17 survey

Other additional relevant indicators

Ref	Description	Latest data	Period covered	Comparison to						Data updated this quarter
ALTOGETHER BETTER FOR CHILDREN AND YOUNG PEOPLE										
1. Are children, young people and families in receipt of universal services appropriately supported?										
				Period target	12 months earlier	National figure	North East figure	Nearest statistical neighbour	Period covered if different	
37	% of all school pupils eligible for and claiming Free School Meals (FSM)	20.8	Jan 2019	Tracker	19.4	15.4	21			Yes
				N/a	GREEN	RED	GREEN			
38	Under-18 conception rate per 1,000 girls aged 15 to 17	23.7	2017	Tracker	21.6	17.9	24.7			No
				N/a	RED	RED	GREEN			
39	% of five year old children free from dental decay	74.2	2016/17	Tracker	64.9	76.7	76.1			No
				N/a	GREEN	RED	AMBER			
40	Alcohol specific hospital admissions for under 18s (rate per 100,000)	53.1	2015/16-2017/18	Tracker	56.2	32.9	62.7			No
				N/a	GREEN	RED	GREEN			
41	Young people aged 10-24 admitted to hospital as a result of self-harm (rate per 100,000)	350.1	2017/18	Tracker	400.8	421.2	458.0			No
				N/a	GREEN	GREEN	GREEN			
42	% of children aged 4 to 5 years classified as overweight or obese	25.0	2017/18 (academic year)	Tracker	24.1	22.4	25.0			No
				N/a	AMBER	RED	GREEN			
43	% of children aged 10 to 11 years classified as overweight or obese	37.1	2017/18 (academic year)	Tracker	37.7	34.3	37.5			No
				N/a	GREEN	RED	GREEN			

ALTOGETHER SAFER

3. How well do we reduce misuse of drugs and alcohol?

Ref	Description	Latest data	Period covered	Comparison to						Data updated this quarter
				Period target	12 months earlier	National figure	North East figure	Nearest statistical neighbour	Period covered if different	
98	% of successful completions of those in alcohol treatment	29.5	Nov 17-Oct 18 with rep to Apr 19	28	33.6	37.9	32.7			Yes
				GREEN	RED	RED	RED			
99	% of successful completions of those in drug treatment - opiates	5.3	Nov 17-Oct 18 with rep to Apr 19	6	6	6	4.6			Yes
				AMBER	AMBER	AMBER	GREEN			
100	% of successful completions of those in drug treatment - non-opiates	27.79	Nov 17-Oct 18 with rep to Apr 19	26.4	30.6	34.9	25.7			Yes
				GREEN	RED	RED	GREEN			

Adult Wellbeing and Health Overview and Scrutiny Committee

3 October 2019

Adult & Health Services - Revenue and Capital Outturn 2018/19

Report of Corporate Directors
John Hewitt, Corporate Director of Resources

Jane Robinson, Corporate Director Adult and Health Services

Electoral division(s) affected:
Countywide

Purpose of the Report

1 To provide the Committee with details of the 2018/19 revenue and capital budget outturn position for the Adult and Health Services (AHS) service grouping, highlighting major variances in comparison with the budget for the year.

Executive Summary

2 This report provides an overview of the 2018/19 revenue and capital outturn position. It provides an analysis of the budgets and outturn for the service area falling under the remit of this Overview and Scrutiny Committee and complements the reports considered by Cabinet on a quarterly basis,

3 The outturn shows that AHS has a cash limit underspend of £3.994 million at the year-end against a revised budget of £120.622 million, which represents a 3.3% underspend. This compares with the previously forecast cash limit underspend, based on the position at December 2018, of a £4.316 million cash limit underspend.

4 Based on the outturn position the Cash Limit balance for AHS as at 31 March 2019 is £7.918 million.

5 Details of the reasons for under and overspending against relevant budget heads is disclosed in the report.

6 The revised AHS capital budget in 2018/19 is £0.032 million. There has been no capital expenditure incurred against this in 2018/19.

Recommendation

7 It is recommended that the Adults Wellbeing and Health Committee note the financial forecasts included in this report.

Background

8 County Council approved the Revenue and Capital budgets for 2018/19 at its meeting on 21 February 2018. These budgets have subsequently been revised to take account of transfers to and from reserves, grant additions/reductions, budget transfers between service groupings and budget reprofiling between years. This report covers the financial position for:

- *AHS Revenue Budget - £120.622 million (original £130.822 million)*
- *AHS Capital Programme – £0.032 million (original £0.232 million)*

9 The original AHS revenue budget has been revised to incorporate a number of budget adjustments as summarised in the table below:

Reason For Adjustment	£'000
Original Budget	130,822
Transfer to REAL of EHCP	(4,761)
Transfer to REAL – Integrated Transport	(170)
Transfer to TAP	(1)
Transfer from Contingencies – Transforming Care	459
Transfer from Contingencies – HPO Review	13
Use of (+)/contribution to AHS reserves (-)	(7,602)
Use of (+)/contribution to Corporate reserves (ERVR) (-)	1,862
Revised Budget	**120,622**

10 The use of / (contribution) to AHS reserves consists of:

Reserve	£'000
Contribution to AHS - Cash Limit Reserve	(644)
Contribution to AHS - Social Care Reserve	(7,652)
Use of Public Health Reserve	694
Total	**(7,602)**

11 The summary financial statements contained in the report cover the financial year 2018/19 and show: -

- The approved annual budget;
- The actual income and expenditure as recorded in the Council's financial management system;
- The variance between the annual budget and the forecast outturn;

- For the AHS revenue budget, adjustments for items outside of the cash limit to take into account such items as redundancies met from the strategic reserve, capital charges not controlled by services and use of / or contributions to earmarked reserves.

Revenue Outturn

12 The AHS service has a cash limit underspend of £3.994 million against a revised budget of *£120.622 million* which represents a 3.3% underspend. This compares with the forecast cash limit underspend at December of £4.316 million.

13 The tables below show the revised annual budget, actual expenditure in 2018/19 and the year end variance. The first table is analysed by Subjective Analysis (i.e. type of expense) and shows the combined position for AHS; and the second is by Head of Service.

Subjective Analysis (Type of Expenditure)

	Revised Annual Budget	Actual 2018/19	Variance	Items Outside Cash Limit	Cont. To / (From) Reserves	Cash Limit Variance	Memo: QTR3 Cash Limit Variance
	£000	£000	£000	£000	£000	£000	£000
Employees	39,124	37,835	(1,289)	4	52	(1,233)	(1,255)
Premises	1,918	1,827	(91)	(130)	(3)	(224)	52
Transport	2,309	1,996	(313)	0	0	(313)	(237)
Supplies & Services	3,748	3,910	162	0	(184)	(22)	270
Third Party Payments	260,351	256,894	(3,457)	19	48	(3,390)	(4,231)
Transfer Payments	10,619	10,438	(181)	0	0	(181)	(373)
Central Support & Capital	28,407	28,901	494	(706)	1,929	1,717	1,239
Income	(225,854)	(227,078)	(1,224)	0	876	(348)	219
Total	**120,622**	**114,723**	**(5,899)**	**(813)**	**2,718**	**(3,994)**	**(4,316)**

Analysis by Head of Service Area

	Revised Annual Budget	Actual 2019/19	Variance	Items Outside Cash Limit	Cont. To / (From Reserves	Cash Limit Variance	Memo: QTR3 Cash Limit Variance
	£000	£000	£000	£000	£000	£000	£000
Central/Other	8,038	6,620	(1,418)	2,268	79	929	747
Commissioning	4,568	3,401	(1,167)	(340)	590	(917)	(368)
Head of Adults	106,072	104,934	(1,138)	(2,711)	(157)	(4,006)	(4,695)
Public Health	1,944	(232)	(2,176)	(30)	2,206	0	0
Total	**120,622**	**114,723**	**(5,899)**	**(813)**	**2,718**	**(3,994)**	**(4,316)**

14 The table below provides a brief commentary of the outturn cash limit variances against the revised budget, analysed by Head of Service. The table identifies variances in the core budget only and excludes items outside of the cash limit (e.g. central repairs and maintenance) and technical accounting adjustments (e.g. central admin recharges and capital charges):

Service Area	Description	Cash limit Variance £000
Head of Adults		
Ops Manager LD /MH / Substance Misuse	£181,000 under budget on employees due to effective vacancy management. £57,000 over budget in respect of premises/transport/supplies and services. £846,000 net under budget on care provision.	(970)
Safeguarding Adults and Pract.Dev.	£178,000 under budget mainly across staffing, and supplies and services. £10,000 over achieved income	(188)
Ops Manager OP/PDSI Services	£348,000 under budget due to effective management of vacancies. £182,000 under budget in respect of premises/transport/supplies and services. £1.423 million net under budget on direct care-related activity.	(1,953)
Ops Manager Provider Services	£895,000 under budget due to early achievement of MTFP savings.	(895)
		(4,006)
Central/Other		
Central/ Other	Net positon mainly due to a revenue contribution to the SSID replacement capital project.	929
		929
Commissioning		
Commissioning	£139,000 under budget mainly in respect of employees. £778,000 under budget in respect of third-party payments to providers for care-related activity and one-off funding.	(917)
		(917)
Public Health		
Cancer Vulnerable Groups and Sexual Health and Domestic Violence	Residual payments relating to various sexual health contracts now under a single contract (+£116,000). Offset by underspends on the Domestic Violence Contract (-£51,000) and Health Protection Emergency Response (-£16,000).	49
Drugs and Alcohol Health Checks and Smoking Cessation	Underspends on Drug and Alcohol premises (-£165,000), Community Health checks (-86,000), Nicotine Replacement Therapy (-£138,000) not drawn down and (-£16,000) on residential services and supervised consumption.	(405)
Public Health CVP Services Oral Health Obesity and Physical Activity	Uncommitted budget (-£245,000), underspends on Young Adolescents mental health contract (-£18,000), Children's Wellbeing (-£13,000). Offset by increased costs for next generation broadband. (+£13,000).	(263)

Service Area	Description	Cash limit Variance £000
Public Health Grant and Reserves	Amount to balance the cash limit variance (+£1,426,000) made up principally of the uncommitted budgets, savings from vacant posts as a result of a service restructure and underspends on some contracts.	1,426
Public Health Team	Vacant posts as part of the recent restructure (-£347,000), staff training (-£14,000), staff travel (-29,000) supplies and services (-£49,000) uncommitted budget (-£487,000) savings on the Regional Maternity Survey (-£8,000).	(934)
Social Determinants/Well being and Adult Mental Health	Variations on several contracts; HIS Workplace (+£18,000), Adult Wellness Service (+£45,000), Data Collection & Recording Service (-£14,000), Mental Health and Wellbeing overspend (+£8,000). Net contribution to reserves (+£70,000).	127
		-
AHS Total		**(3,994)**

15 In summary, the service has maintained it spending within its cash limit. It should also be noted that the outturn position incorporates the MTFP savings built into the 2018/19 budgets, which for AHS in total initially amounted to £5.644 million of which £209,000 related to savings in EHCP and which has therefore transferred to REAL.

16 The cash limit balance for Adult and Health Services is £7.918 million after incorporating the 2018/19 outturn.

Capital Programme

17 The AHS capital programme 2018/19 comprised one scheme which was in Public Health, the Drug and Alcohol Premises Upgrade. However, this scheme was withdrawn during the year.

18 The AHS capital programme was revised in year to take into account budget reprofiling from 2017/18 following the final accounts for that year. Further reports taken to MOWG during the year included revisions to the AHS capital programme. The capital budget at 31 March 2019 is £32,000 and summary financial performance to the end of March is shown below:

AHS	Actual Expenditure 31/03/2019 £000	2018-19 Budget £000	(Under) / Over Spending £000
Public Health – Drug & Alcohol Premises	-	32	(32)
	-	**32**	**(32)**

19 The unspent budget has been reallocated to support other capital schemes within the County Council.

Background Papers

20 Cabinet Report 10 July 2019 – 2018/19 Final Outturn for the General Fund and the Collection Fund.

Contact: Andrew Gilmore – Finance Manager Tel: 03000 263 497

Appendix 1: Implications

Legal Implications

The consideration of regular budgetary control reports is a key component of the Council's Corporate and Financial Governance arrangements. This report shows the actual spend against budgets agreed by the Council in February 2018 in relation to the 2018/19 financial year.

Finance

Financial implications are detailed throughout the report which provides an analysis of the revenue and capital outturn position alongside details of balance sheet items such as earmarked reserves held by the service grouping to support its priorities.

Consultation

Not applicable.

Equality and Diversity / Public Sector Equality Duty

Not applicable.

Human Rights

Not applicable.

Crime and Disorder

Not applicable.

Staffing

Not applicable.

Accommodation

Not applicable.

Risk

The consideration of regular budgetary control reports is a key component of the Councils Corporate and Financial Governance arrangements.

Procurement

The outcome of procurement activity is factored into the financial projections included in the report.

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Adult Wellbeing and Health Overview and Scrutiny Committee

3 October 2019

Adult and Health Services - Quarter 1: Forecast of Revenue and Capital Outturn 2019/20

Report of Corporate Directors
John Hewitt, Corporate Director of Resources

Jane Robinson, Corporate Director Adult and Health Services

Electoral division(s) affected:
Countywide

Purpose of the Report

1 To provide the Committee with details of the updated 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 June 2019.

Executive Summary

2 This report provides an overview of the updated forecast of outturn, based on the position to 30 June 2019. It provides an analysis of the budgets and forecast outturn for the service areas falling under the remit of this Overview and Scrutiny Committee and complements the reports considered and agreed by Cabinet on a quarterly basis,

3 The AHS service grouping is reporting a cash limit underspend of £2.650 million at the year-end against a revised budget of £116.873 million, which represents a 2.3% underspend.

4 Based on the updated forecasts, the forecast Cash Limit balance for AHS as at 31 March 2020 is £10.367 million.

5 Details of the reasons for under and overspending against relevant budget heads is disclosed in the report.

6 The revised AHS capital budget for 2019/20 is nil.

Recommendation

7 It is recommended that the Adults Wellbeing and Health Committee note the financial forecasts included in this report.

Background

8 County Council approved the Revenue and Capital budgets for 2019/20 at its meeting on 20 February 2019. These budgets have subsequently been revised to take account of transfers to and from reserves, grant additions/reductions, budget transfers between service groupings and budget reprofiling between years. This report covers the financial position for:

- *AHS Revenue Budget - £116.873 million (original £123.776 million)*
- *AHS Capital Programme – £Nil*

9 The original AHS revenue budget has been revised to incorporate a number of budget adjustments as summarised in the table below:

Reason for Adjustment	**£'000**
Original Budget	123,776
Transfer to TAP of Business Support	(1,920)
Transfer from Contingencies – Pension Auto Enrolment	105
Transfer to Contingencies – Pension Deficit	(737)
Use of (+)/contribution to AHS reserves (-)	(4,351)
Revised Budget	**116,873**

10 The use of / (contribution) to AHS reserves consists of:

Reserve	**£'000**
Contribution to AHS - Social Care Reserve	(5,006)
Use of Public Health Reserve	655
Total	**(4,351)**

11 The summary financial statements contained in the report cover the financial year 2019/20 and show: -

- The approved annual budget;
- The actual income and expenditure as recorded in the Council's financial management system;
- The variance between the annual budget and the forecast outturn;
- For the AHS revenue budget, adjustments for items outside of the cash limit to take into account such items as redundancies met from

the strategic reserve, capital charges not controlled by services and use of / or contributions to earmarked reserves.

Revenue Outturn

12 The updated forecasts show that the AHS service is now reporting a cash limit underspend of £2.650 million against a revised budget of *£116.873 million* which represents a 2.3% underspend.

13 The tables below show the revised annual budget, actual expenditure to 30 June 2019 and the updated forecast of outturn to the year end, including the variance forecast at year end. The first table is analysed by Subjective Analysis (i.e. type of expense) and the second is by Head of Service.

Subjective Analysis (Type of Expenditure)

	Revised Annual Budget £000	YTD Actual £000	Forecast Outturn £000	Cash Limit Variance £000
Employees	34,740	8,271	33,851	(889)
Premises	1,293	188	1,334	41
Transport	2,321	293	2,252	(69)
Supplies & Services	3,302	707	3,799	497
Third Party Payments	271,536	39,340	270,175	(1,361)
Transfer Payments	10,297	1,870	10,447	150
Central Support & Capital	26,609	154	27,024	415
Income	(233,225)	(35,626)	(234,659)	(1,434)
Total	**116,873**	**15,197**	**114,223**	**(2,650)**

Analysis by Head of Service Area

	Revised Annual Budget £000	YTD Actual £000	Forecast Outturn £000	Cash Limit Variance £000
Central/Other	10,226	(14,251)	9,106	(1,120)
Commissioning	5,401	3,637	5,122	(279)
Head of Adults	100,366	30,105	99,115	(1,251)
Public Health	880	(4,294)	880	0
Total	**116,873**	**15,197**	**114,223**	**(2,650)**

14 The table below provides a brief commentary of the forecast cash limit variances against the revised budget, analysed by Head of Service. The table identifies variances in the core budget only and excludes items

outside of the cash limit (e.g. central repairs and maintenance) and technical accounting adjustments (e.g. central admin recharges and capital charges):

Service Area	Description	Cash limit Variance £000
Head of Adults		
Ops Manager LD /MH / Substance Misuse	£21,000 under budget on employees due to effective vacancy management. £47,000 under budget in respect of premises/transport/supplies and services. £51,000 net over budget on care provision.	(17)
Safeguarding Adults and Pract.Dev.	£59,000 under budget mainly across staffing together with supplies and services.	(59)
Ops Manager OP/PDSI Services	£56,000 under budget due to effective management of vacancies. £70,000 under budget in respect of premises/transport/supplies and services. £0.784 million net under budget on direct care-related activity.	(910)
Ops Manager Provider Services	£265,000 net under budget mainly due to early achievement of MTFP savings.	(265)
		(1,251)
Central/Other		
Central/ Other	£1.120 million under budget mainly due to the early achievement of MTFP savings.	(1,120)
		(1,120)
Commissioning		
Commissioning	£279,000 under budget mainly in respect of employees and third party payments.	(279)
		(279)
Public Health		
General Prevention Activities	No material variance.	0
Healthy Communities Strategy and Assurance	Over budget on Data Collection & Recording (+14,000) and additional minor underspends (-£2,000).	12
Living and Aging Well	Over budget (+£21,000) largely relating to premises costs at Temple Cross Drug and Alcohol Centre.	21

Service Area	Description	Cash limit Variance £000
Public Health Grant and Reserves	Amount to balance the cash limit variance (+£303,000) made up principally of the uncommitted budgets, savings from vacant posts and underspends on contracts.	303
Public Health Team	Vacant post and reduced hours (-£175,000), training and staff travel (-£7,000), uncommitted budget (-£110,000) already identified for future MTFP savings.	(292)
Starting Well and Social Determinants	Under budget on MARAC (domestic violence) contract that has now expired (-£52,000), partially offset by an over budget on next generation broadband costs (+£8,000).	(44)
		-
AHS Total		**(2,650)**

15 In summary, the service grouping is on track to maintain spending within its cash limit. It should also be noted that the forecast outturn position incorporates the MTFP savings built into the 2019/20 budgets, which for AHS in total amounted to £3.636 million.

16 Based on updated forecasts, the forecast Cash Limit balance at 31 March 2020 is £10.367 million.

Capital Programme

17 There is no capital programme in 2019/20 for AHS at present.

Background Papers

18 Cabinet Report 11 September 2019 – Forecast of Revenue and Capital Outturn Period to 30 June 2019.

Contact: Andrew Gilmore – Finance Manager Tel: 03000 263 497

Appendix 1: Implications

Legal Implications

The consideration of regular budgetary control reports is a key component of the Council's Corporate and Financial Governance arrangements. This report shows the forecast spend against budgets agreed by the Council in February 2019 in relation to the 2019/20 financial year.

Finance

Financial implications are detailed throughout the report which provides an analysis of the revenue and capital outturn position alongside details of balance sheet items such as earmarked reserves held by the service grouping to support its priorities.

Consultation

Not applicable.

Equality and Diversity / Public Sector Equality Duty

Not applicable.

Human Rights

Not applicable.

Crime and Disorder

Not applicable.

Staffing

Not applicable.

Accommodation

Not applicable.

Risk

The consideration of regular budgetary control reports is a key component of the Councils Corporate and Financial Governance arrangements.

Procurement

The outcome of procurement activity is factored into the financial projections included in the report.

Overview and Scrutiny Committee -
Adults Wellbeing & Health – 3 October 2019

AHS Revenue and Capital - Outturn 2018/19 and Forecast 2019/20 Quarter 1

Peter Dowkes – Principal Accountant

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Durham County Council

OVERVIEW

- 2018/19 Revenue Outturn and Variance Explanations
- 2018/19 Outturn Capital Position
- 2019/20 Quarter 1 Revenue Forecast Outturn and Variance Explanations
- 2019/20 Quarter 1 Capital Position

AHS 2018/19 Outturn

AHS 2018/19 Outturn

By Expenditure Type

Subjective Analysis	Revised Annual Budget £'000	Actual £'000	Outside Cash Limit £'000	Cash Limit Variance £'000
Employees	39,124	37,835	56	**(1,233)**
Premises	1,918	1,827	(133)	**(224)**
Transport	2,309	1,996	0	**(313)**
Supplies & Services	3,748	3,910	(184)	**(22)**
Third Party Payments	260,351	256,894	67	**(3,390)**
Transfer Payments	10,619	10,438	0	**(181)**
Central Costs	28,407	28,901	1,223	**1,717**
Income	(225,854)	(227,078)	876	**(348)**
Net Expenditure	**120,622**	**114,723**	**1,905**	**(3,994)**

AHS 2018/19 Outturn

By Service Area

Service Grouping	Revised Annual Budget	Actual	Outside Cash Limit	Cash Limit Variance
	£'000	£'000	£'000	£'000
Central/Other	8,038	6,620	2,347	**929**
Commissioning	4,568	3,401	250	**(917)**
Head of Adults	106,072	104,934	(2,868)	**(4,006)**
Public Health	1,944	(232)	2,176	**0**
Net Expenditure	**120,622**	**114,723**	**1,905**	**(3,944)**

AHS Revenue Budget 2018/19

AHS budget position for 2018/19 is an under budget of £3.994 million, which equates to 3.3% of net budget

Key reasons for budget variances:

Adult Care (under budget of £4.006 million)

- Net under budget on employee-related costs of circa £1.7 million mainly through the careful management and control of vacancies and early achievement of MTFP savings across the service.
- Net under budget on supplies and services, transport and other costs of circa £0.135 million.
- Net overall under budget on care activity of circa £2.2 million.

AHS Revenue Budget 2018/19

Key reasons for budget variances:

Central Costs / Other (over budget of £0.929 million)

- Net position mainly in respect of a contribution to the SSID replacement project.

Commissioning (under budget of £0.917 million)

- Net under budget in respect of employee related costs £139,000 and £0.778 million in respect of third party payments to providers.

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AHS Revenue Budget 2018/19

Public Health (on target)

- This budget is funded in the main by Public Health Grant for 2018/19, and therefore shows nil net expenditure on the report.

- However £1.426 million has been made available for future investment in Public Health projects from uncommitted budgets, savings from vacant posts and underspends against some contracts.

AHS – 2018/19
CAPITAL

AHS - Service Area	Actual Expenditure	Current 2018-19 Budget	(Under) / Over Budget
Public Health – Drug & Alcohol Premises	0	32	(32)
Total	**0**	**32**	**(32)**

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AHS 2019/20 Quarter 1 Forecast Outturn

Altogether better

AHS Q1 2019/20 Forecast Outturn

By Expenditure Type

Subjective Analysis	Revised Annual Budget £'000	YTD Actual £'000	Forecast Outturn £'000	Forecast Cash Limit Variance £'000
Employees	34,740	8,271	33,851	(889)
Premises	1,293	188	1,334	41
Transport	2,321	293	2,252	(69)
Supplies & Services	3,302	707	3,799	497
Third Party Payments	271,536	39,340	270,175	(1,361)
Transfer Payments	10,297	1,870	10,447	150
Central Costs	26,609	154	27,024	415
Income	(233,225)	(35,626)	(234,659)	(1,434)
Net Expenditure	**116,873**	**15,197**	**114,223**	**(2,650)**

AHS Q1 2019/20 Forecast Outturn

By Service Area

Service Grouping	Revised Annual Budget	YTD Actual	Forecast Outturn	Forecast Cash Limit Variance
	£'000	£'000	£'000	£'000
Central/Other	10,226	(14,251)	9,106	**(1,120)**
Commissioning	5,401	3,637	5,122	**(279)**
Head of Adults	100,366	30,105	99,115	**(1,251)**
Public Health	880	(4,294)	880	**0**
Net Expenditure	**116,873**	**15,197**	**114,223**	**(2,650)**

AHS Revenue Budget 2019/20

AHS budget position for 2019/20 is a projected under budget of £2.650 million, which equates to 2.3% of net budget

Key reasons for budget variances:

Adult Care (projected under budget of £1.251 million)

- Net under budget on employee-related costs of circa £0.401 million mainly through the careful management and control of vacancies and early achievement of MTFP savings across the service.
- Net under budget on supplies and services, transport and other costs of circa £0.117 million.
- Net overall under budget on care activity of circa £0.733 million.

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AHS Revenue Budget 2019/20

Key reasons for budget variances:

Central Costs / Other (projected under budget of £1.12 million)

- Mainly due to early achievement of MTFP savings.

Commissioning (projected under budget of £279,000)

- Under budget in respect of staffing costs and third party payments.

Altogether better

AHS Revenue Budget 2019/20

Public Health (projected to be on target)

- This budget is funded in the main by Public Health Grant for 2019/20, and therefore shows nil net expenditure on the report.

- However £0.303 million is forecast to be made available for future investment in Public Health projects from uncommitted budgets, savings from vacant posts and underspends against some contracts.

AHS – Q1 2019/20
CAPITAL

- **No capital programme at present**

ANY QUESTIONS?

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