

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 17 January 2020 at 9.30 am**

Present

Councillor J Robinson (Chair)

Members of the Committee

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

Co-opted Members

Mrs R Hassoon and Mr C Cunnington Shore

Also Present

Councillor L Hovvels

1 Apologies

Apologies for absence were received from Councillors J Chaplow, E Huntington and C Wilson.

2 Substitute Members

There were no substitute members.

3 Minutes of the meeting

The minutes of the meeting held on 9 December 2019 were agreed as a correct record and signed by the Chair.

4 Declarations of Interest, if any

There were no declarations of interest.

5 Any Items from Co-opted Members or Interested Parties

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

6 Media Issues

The Principal Overview and Scrutiny Officer referred members to the recent prominent articles and news stories relating to the remit of the Adults, Wellbeing and Health Overview and Scrutiny Committee.

'CQC rate Darlington Memorial and Durham Hospitals as good' (Northern Echo - 3 December 2019) related to County Durham and Darlington NHS Foundation Trust receiving a 'Good' rating from the Care Quality Commission following its latest inspection. The article was related to item 11 on the Committee's agenda and would be presented by the Chief Executive, County Durham and Darlington NHS Foundation Trust.

'Stroke reforms warning for Bishop Auckland Hospital' (Northern Echo - 7 January 2020) related to NHS bosses announcing plans to move stroke rehab services from Bishop Auckland Hospital to Durham City. A Joint Health Scrutiny Committee for County Durham and Darlington had been set up to look at the potential impact of the proposed changes to stroke services. The first meeting of the joint committee was held on 6 January 2020.

'Why 2020 will be a crucial year for the NHS' (BBC website - 19 December 2019) related to the Queen's speech referring to the new Government prioritising the NHS. Ministers would need to meet the challenges faced by the health service as both A&E and routine operations were at their worst levels and waiting times had deteriorated since targets were introduced making 2020 a crucial year for it. The Principal Overview and Scrutiny Officer confirmed that these issues featured in the Committee's Work Programme.

'Strengthening services at County Durham Community Hospital' (DCC Press Release - 7 January 2020) related to the decision by County Durham and Darlington NHS Foundation Trust, the Council, and NHS commissioners to relocate District Nurses and Social Workers to the Richardson Community Hospital in Barnard Castle. This was implemented to allow them to liaise with ward staff to ensure quicker and safer discharges to enhance the services available at the NHS facility. The article was related to item 7 on the Committee's agenda and would be jointly presented by the Director of Integrated Community Services and the Head of Integrated Strategic Commissioning.

Councillor Savory was disappointed that there had been no public consultation events for the Stroke Rehabilitation service or Ward 6 reviews scheduled to be held in Weardale. She had now arranged for an event to be held at a Parish Council meeting in February.

Councillor Quinn had also arranged a meeting in Shildon.

Resolved

That the verbal presentation be noted.

The Chair with the consent of the committee changed the order of business for the agenda. The item on the Care Quality Commission Inspection Report would be considered as the last item on the agenda.

7 Health and Social Care Integration

The Committee considered a joint report of the Corporate Director Adult and Health Services, Durham County Council and the Director of Integration, Durham County Council/North Durham and DDES CCG that updated members on progress to date in relation to integration of health and social care across County Durham (for copy see file of Minutes).

The Director of Integrated Community Services gave an overview of the continued work on Health and Social Care Integration through County Durham's established tradition of strong partnership working. She demonstrated examples of successful integrated working between Tees, Esk and Wear Valleys NHS Trust and Durham County Council through the development of Intermediate Care Plus, 0-19 Pathway and Mental Health and Learning disability services.

The Director of Integrated Community Services explained that there were further opportunities for integration that focused on primary care through community service models, wrapped around services and integrated commissioning functions. She added that the concept of integration was featured heavily in the programme nationally for the next five years for intermediate services.

The Director of Integrated Community Services further explained that the Teams Around the Patient (TAP) model had been introduced with 13 teams working across the County. The TAP worked with frail and older people with long term illnesses to enable them to remain living independently in the community. The TAP had received positive outcomes since October 2018 in reducing the length of stay in hospitals for older people and the number of elderly people having to be placed in care homes. She added that there had been encouraging feedback from staff, GPs and service users and carers for the TAP.

The Director of Integrated Community Services informed the committee that in 2019 saw the emergence of Primary Care Networks (PCN) to build upon primary and co-ordinated care that covered areas that were consistent with the already established TAP's. A Clinical Director for each PCN helped influence the area in which they worked as a set of principles were established that were to be adhered to in order to deliver services within the community seamlessly.

The PCN covered 100% of the population of Durham and were already an advanced organisation as a partnership between General Practice, Community Providers, Mental Health Providers, Social Care, the Voluntary Sector and other primary care providers such as pharmacists, dentists and opticians and would drive up the quality of care for their population supported by the CCG.

The Director of Integrated Community Services highlighted that the Health and Wellbeing Board had a statutory duty to promote integration. She added that Durham, Sunderland and South Tyneside were working more closely as part of the central integrated care partnership (ICP).

The Integrated Management Board formed part of the governance structure. In addition, Commissioning functions had been integrated between Durham County Council and Durham Clinical Commissioning Groups which had been agreed by both Cabinet and the CCG and would be implemented from April 2020.

Referring to the recent new Government and changes to the Cabinet, Councillor Robinson asked what the future held for the integration of health and social care services.

The Chief Clinical Officer responded that integration of services would remain for the foreseeable future as the way forward, however he could not comment on how the new Government or Cabinet would influence the integration.

Councillor Robinson wanted to know if assurances would remain that the Durham Pound would be safe or if it would be required to fund developments at St James Cook hospital.

The Chief Clinical Officer gave Tees Esk and Wear Valleys NHS Trust as an example of how it had been done as a separate statutory body. Budgets would be looked after by CCG's unless different governance arrangements were made.

Councillor Bell congratulated the Head of Integrated Strategic Commissioning on her new role. Following a report to full council to create the post he wanted to know if the post was funded by the County Council, the NHS or whether it was a hybrid of both.

The Head of Integrated Strategic Commissioning confirmed that the post was a joint appointment funded by both the Local Authority and the NHS.

Councillor Bell asked if the Teams around the Patient (TAP) were evenly distributed throughout the County.

The Head of Integrated Strategic Commissioning explained that each TAP had their own budget that was based on the population of the area and weighted towards areas of deprivation distributing them evening across the County.

These budgets historically were administered through the local authority but were now being used and invested differently and were influenced by the needs of the community. She added that the budgets were monitored and every contract would be reviewed to see what was being offered but it would be a long process.

Councillor Bell requested that a further report be submitted to Committee to show how things were progressing with the TAP's.

Councillor Jopling notified the Committee that the "Durham Pound" was difficult to monitor as the bigger the Clinical Commissioning Group became, the harder it would be to observe.

Councillor Henderson was pleased that the District Nurses and Social Workers were now based at Richardson Community Hospital in Barnard Castle but was disappointed that this issue had been raised at a subgroup five years previously with no action taken.

Mrs Hassoon informed the committee that she had attended a meeting on the national reduction of bed days programme and wanted to know if this would affect the proposals for integrating services.

The Director of Integrated Community Services notified the committee that if a hospital bed was in the best interests of the patient then they would have it. It was felt that it was easier to rehabilitate a patient in their own home if they didn't require acute care resulting in moves to reduce the number of patients in hospital beds.

The Head of Integrated Strategic Commissioning reiterated that the reduction in patients in hospital beds would offset costs across systems.

Councillor Crute in relation to costs requested to know how spends would be monitored and what Government systems were in place within the PCN and CCG structures to direct performance indicator figures.

The Director of Integrated Community Services stated that at present each statutory body was responsible for monitoring their own budgets and performance indicators. She noted that this created duplication. She added that to move forward professionally the Integrated Care Board (ICB) would be looked at sitting below the Health and Wellbeing board to act as the main point of contact, being responsible for both the budget and performance indicators. She added that the ICB did receive performance indicators and did oversee the broad budget but that there was a difference in overseeing and taking responsibility for them. She explained that Authority for this had not been dissolved to the ICB as yet.

Councillor Crute was concerned that if this was not carried out correctly then how would issues be highlighted or show if the process was working right.

The Chief Clinical Officer highlighted that this was an opportunity to do things right.

Councillor Robinson thought that this Committee should be overseeing the process and used to scrutinise the process to ensure it was done properly.

Councillor Temple commended the work relating to the reduction in delays at getting patients back into the community. He was surprised in the breakdown in the PCN numbers for his area. He wanted to know why Derwentside's population was summarised for each PCN.

The Chief Clinical Officer informed the committee that the Primary Care Network came together under the General Practices to work out skills. There were larger networks across the County than Derwentside which worked well but individuals had responsibility for smaller areas.

The Director of Integrated Community Services stated that in appendix four of the report that showed the summary of delayed transfers of care there was an error with the figure. She noted that it should read that "Between April – October 2019 County Durham, compared to all single tier and county councils was ranked 6 out of 151, on the overall rate of delayed days per 100,000 adults population across England" instead of 6 out of 15.

Councillor Quinn was concerned that the integration of systems was talked about 20 years ago and wanted to know if this was ever going to happen.

The Chief Clinical Officer agreed that integration had been implemented 20 years ago with GP services losing District Nurses and Health Visitors. He noted that integration was the way forward with professionals providing positive feedback with services coming together once more.

The Director of Integrated Community Services informed the committee that the integration of the Mental Health and Learning Disability services in 1998 had been successful and still remained in place to date. She thought there were no reasons why this could not be done again with primary care services.

The Chief Clinical Officer commented that Tees Esk and Wear Valleys NHS Trust had focussed on integration wrapping Mental Health services around Primary Care services. He added that it was proposed to extend this integrated model to North Durham to include Mental Health Services, and dentists along with voluntary services.

Councillor Robinson agreed that it worked successfully in the 1980's with nurses being based in Community centres with doctors referring patients to them.

Resolved

(i) That the report and the progress made to date in respect of integrated working in County Durham be noted.

(ii) That an update report be received in May 2020

8 Draft Joint Health and Wellbeing Strategy 2020-2025

The Committee received a joint report from the Corporate Director Adult and Health Services and the Director of Public Health that presented the draft Joint Health and Wellbeing Strategy (JHWS) 2020-2025 (for copy see file of Minutes).

The Strategic Manager confirmed that the draft Joint Health and Wellbeing Strategy (JHWS) 2020-2025 was a legal requirement under the Health and Social Care Act 2012 that was to be delivered by the Health and Wellbeing Board. She noted that the previous strategy ran until the end of 2019 and the vision 2035 for the next 15 years 'County Durham is a healthy place, where people live well for longer' had been signed off in September 2019 by the Cabinet. She added that the vision had three strategic ambitions and would be reviewed after a year to ensure that nothing had fallen through the gaps:

- More and better jobs
- People live long and independent lives
- Connected communities

To help enable the delivery of the vision the Strategic Manager noted that the Health and Wellbeing Board had three strategic priorities that set out areas to be focused on:

- Starting well – that looked at care provided before, during and after pregnancy ensuring children had the right start in life
- Living well – that looked at the provision of mental health and wellbeing care
- Ageing well – that looked at the quality of end of life care

Additionally, across the three strategic priorities were six objectives chosen that impacted on people's health and showed where the service wanted to be in 2025.

- Improve healthy life expectancy and reduce the gap within county Durham and between county Durham and England
- We will have a smoke free environment with over 95% of our residents not smoking and an ambition that no child will be born to a mother who smokes
- Close the gap in the employment rate between those living with a long-term health condition, learning disability in contact with secondary mental health services and the overall employment rate
- Over 90% of our children aged 4-5 years and 79% of children aged 10-11 years are of a health weight

- Improved self-reported wellbeing
- Increase the number of organisation's involved in better health at work award

The Strategic Manager notified the Committee that the strategy was out for consultation until 14 February 2020.

Councillor Jopling queried if the Area Action Partnerships had been involved in the consultation process.

The Strategic Manager reinforced that work was ongoing with both the Area Action Partnerships and Durham Community Action Group to promote the strategy.

In response to Councillor Batey's question the Strategic Manager responded that the consultation was online and a hyperlink that had been sent to Members in December 2019 would be recirculated.

Councillor Bell was concerned that figures in the report for the life expectancy and healthy life expectancy was lower for County Durham than in England resulting in 22 years of poor health in the later stages of life. He wanted to know what action was being taken within the strategy objectives to change people's behaviour to lead healthier lifestyles.

The Strategic Manager confirmed that changing people's behaviour towards a healthier lifestyle was a key area of work for the Public Health Team who promoted walking routes, cycling and other activities across partnerships and individuals, however it was the responsibility of the individual to want to change.

The Chief Clinical Officer stated that people were living longer but there was an increase in mental health illnesses. He noted that prosperity with the provision of better jobs and housing was the key to change as mental health illnesses were linked to poverty and deprivation within the population.

He acknowledged that deprived areas and affluent areas were different that linked into the plan with more integration with Health, Mental Health and the Acute Trust so that all plans were aligned across the board. The Chief Clinical Officer informed the committee that some changes had taken place that had made a difference with mortality rates reducing in County Durham to the rest of England.

Councillor Smith was concerned that funding for Public Health could be affected with the new Government and that they should be lobbied to prevent the loss of funding from happening.

Both the Strategic Manager and Councillor Hovvels confirmed that letters had and would continue to be sent to the Secretary of State for Health and Social Care objecting to any reductions in funding for Public Health.

The Strategic Manager acknowledged Councillor Crute's comment that in the report with regards to public transport it should state that people should actively travel via sustainable transport to factor in the implications on emissions and climate change.

Councillor Temple commended the work to reduce smoking in pregnant women but he wanted to know if there was a difference between the harms of smoking and vaping on the embryo.

Councillor Temple was also concerned with the figures in the report relating to a child's development and how the numbers reduced from 2 ½ years old to the end of reception class. He wanted to know if this tied into poverty and if the strategy addressed the issue. He was disturbed that obesity in young children increased as they got older.

Councillor Hovvells stated that figures in the report relating to a child's development tied in with two-year-old funding for nursery places. There was a difference across County Durham as some children would qualify and others would not. She added that those attending nurseries would develop further than those who did not.

The Strategic Manager agreed to investigate and circulate her findings. The Partnerships Team Manager informed the committee that this work linked in with the Children and Young People Strategy.

The Chief Clinical Officer notified the committee that all children started off the same but it was the environment around them that created changes.

Councillor Jopling agreed that it was a shame that learning was lost when children went to school. She felt that pre-school learning in nurseries was important.

Councillor Quinn informed the group that there may be a gap in a child's development when children started school because parents were reluctant to send their children to school.

Councillor Smith was surprised that children's developments had decreased by the time they went into reception class. She felt that as Chair this would be a topic that should be included in the work programme for the Children and Young Peoples Overview and Scrutiny Committee and that this would be followed up after the elections in 2021.

Councillor Reed explained that the decline in children's development may also be contributed to children living in care. Family break downs and trauma in a young child's life would affect their focus on education.

Councillor Batey stated that there may be a correlation between children and young people home schooled and children with special educational needs and disabilities (SEND) that may have caused the decline in children's development stages.

The Strategic Manager agreed to take all comments back to the service area.

Councillor Bell noted that there would be financial benefits to schools who had SEND children on their registers. He agreed that this should be included in the agenda for the Children and Young People's Overview and Scrutiny Committee.

Referring to the report Councillor Quinn informed the committee that loneliness could account for the high figures in elderly people falling and seeking medical help. She added loneliness was dangerous and falls may not always be accidental. She thought the figures may increase further round Christmas and holiday times.

Councillor Stephenson reiterated the comment made by Councillor Quinn around loneliness as the Local Government Association had illustrated loneliness as a major issue that needed to be addressed as it impacted on mental and physical health statistics.

Councillor Robinson commended all the hard work in preparing the report and the Committee endorsed the plan. He added that it should remain in the work programme for the future to track progress made.

Resolved

That the report and presentation be noted and the Committee's comments be submitted as a formal response to the Draft Health and Wellbeing strategy consultation.

9 Quarter 2 2019/20 Performance Management report

The Committee considered a report from the Corporate Director of Resources which presented progress towards achieving key outcomes of the Council's corporate performance framework aligned to the Adults, Wellbeing and Health Overview and Scrutiny Committee (for copy see file of Minutes).

The Strategy Team Leader informed the committee that following consultation a shared vision for the County had been developed that was structured around three externally focused ambitions which were:

- More and better jobs
- Long and independent lives
- Connected communities

She noted that work progressed around the ambitions with the stop smoking service that had awarded a contract for commissioning to ABC Health from 1 April 2020 that would run for three years.

A focus group had been established within Public Health to work with pregnant women who smoked or had previously smoked to see what prevented them from giving up. She added that this would give an insight into the journey of pregnant women who smoked. She announced that Durham and Darlington NHS had its smoke free status from 1 October 2019 to develop free tobacco dependency at the hospital.

Further work continued with AAP funding given to the Fit for Farming project to increase engagement within the farming community in partnership with public health and Upper Teesdale agricultural support services. Additionally, the Join the Dots initiative ran by Macmillan had engaged with several cancer patients and the family and carers to provide varying levels of support.

Resolved

That the report and overall position and direction of travel in relation to quarter two performance and the actions taken to address areas of underperformance be noted.

10 Budget Revenue and Capital Forecast Q2 2019/20

The Committee received a report from the Corporate Director of Resources that provided details of the forecast outturn budget positions for the Adult and Health Services (AHS) service grouping. A presentation was given by the Principal Accountant, Adults and Health (for copy of reports and slides, see file of Minutes).

The Principal Accountant referred members to the tables within the report regarding the forecast outturn by expenditure type that showed that there had been a £2.4 million underspend on a £116 million budget with a 2.1% variance. The tables showed the budget broken down by service area including the public health budgeted expenditure that had been requested by Members. The Principal Accountant added that savings had been made through careful management, control of vacancies and an early achievement of MTFP savings across the service that showed it to be a well-managed budget.

Councillor Robinson was concerned that the budget for Public Health should not be reduced, as it needed to be increased.

Councillor Temple thanked the Officer as the table showed the budget broken down by service area.

In response to Councillor Bell's question on what happened to the underspend within the budget the Principal Accountant responded that the money would be added to the reserves which at present was £10 million.

Councillor Hovvels replied to Mrs Hassoon's comment that the community had a right to a good public health by declaring that the Secretary of State for Health and Social Care had stated that there was a statutory responsibility for Local Authorities to provide a public health service and that there was no choice on what was delivered and what the budget was spent on.

Resolved

That the information in the report be noted.

11 Care Quality Commission Inspection Report

The Committee were given a presentation by the Chief Executive, County Durham and Darlington NHS Foundation Trust (CDDFT) relating to the Care Quality Commission Inspection Report that had taken place on the County Durham and Darlington NHS Foundation Trust (for copy see file of Minutes).

The Chief Executive (CDDFT) explained that the inspection had been based on the core services for the County Durham and Darlington NHS Foundation Trust based on Acute and Community services against 5 domains:

- Safe
- Effective
- Caring
- Responsive
- Well Led

The Chief Executive (CDDFT) informed the committee that the algorithms that were used by the CQC were complicated and only services available on the day of the inspection could be looked at. Previous inspections had been carried out in 2015 and 2017 but services such as the end of life care were not chosen until the inspection in 2019 where it received outstanding. The Surgical Service rated best both regionally and nationally.

She felt it was a shame that inspections were so strict as it was thought the paediatrician unit would have inspected well but unfortunately it was not fully operational on the day of the inspection.

Additionally, the A&E area that was undersized would have also rated well but Inspectors were not allowed to foresee the potential of a future service only those that were operational at the time of the inspection.

The Chief Executive (CDDFT) explained that the inspection had highlighted a few minor things that required action. An action plan had been drawn up to address the issues but the service already had a must do action list in place. She added that they were not obliged to have both.

Councillor Bell congratulated the service on a great achievement and wanted to know where quality of treatment sat.

The Chief Executive (CDDFT) informed the committee that quality was looked at through two lenses – one through the clinical outcome and the patients experience of the service and secondly through the Care Quality Commission (CQC) that categorised services into boxes. The two approaches were very different and did not use the same approach. She added that the approach taken by the CQC was not practical when measuring quality on a day to day basis. She noted that information from the CQC was available on their website that showed how they quantified services.

Councillor Bell was concerned that the categories used were not useful to the man on the street using the service and was not easily translated.

The Chief Executive (CDDFT) stated that as a regulator there was no control over how the CQC measured services. She added that information was displayed in entrances to hospitals but dates of when inspections took place could not be included so patients were unaware of when inspections took place.

Councillor Robinson wanted to know if the collapse of Carillion and the Government's decision to intervene with funding would affect funds being released for the improvements that had been proposed at the A&E at University Hospital North Durham.

The Chief Executive (CDDFT) could not speculate either way but there would be Capital funding across the NHS for infrastructure. As a region the priority for capital funding would include the A&E provision at University Hospital North Durham. She added that capital funding should be forthcoming but if not then the organisation would need to look for other ways to source finance for any developments.

In response to Councillor Robinson's offer of support to her by the committee the Chief Executive (CDDFT) replied that she had felt she had received a lot of support from the committee which she greatly appreciated.

The Committee agreed to Councillor Robinson's request to write out to the End of Life Care Team on behalf of the Committee to commend them on their achievement.

Resolved

That the presentation be noted.