

## **DURHAM COUNTY COUNCIL**

At a special meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Council Chamber - County Hall, Durham on **Tuesday 11 June 2019 at 9.30 am**

### **Present**

**Councillor J Robinson (Chair)**

### **Members of the Committee**

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

### **Co-opted Members**

Mrs R Hassoon

### **Also Present**

Mr C Cunningham Shore

## **1 Apologies**

Apologies for absence were received from Councillors J Chaplow, A Batey, C Kay and K Liddell

## **2 Substitute Members**

There were no substitute members.

## **3 Declarations of Interest**

There were no declarations of interest.

## **4 Any Items from Co-opted Members or Interested Parties**

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

## **5 Review of Extended and Enhanced Primary Care Access**

The Committee received a report and presentation from the Director of Commissioning, North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups that gave an update on the Review of Extended and Enhanced Primary Care Access (for copy see file of Minutes).

The Director of Commissioning was accompanied by the Head of Commissioning, ND&DDESCCG and the Director of Performance, County Durham and Darlington NHSFT.

The Director of Commissioning advised that the report included evidence that had been gathered during the consultation and supporting information from partners. The key points were summarised in the presentation as follows:-

- Why the change was proposed
- Consultation process
- Key Issues Identified & Considered:
  - Awareness of the NHS 111 Service
  - Services Patients were sent to after contacting NHS 111
  - If more patients used 111 why weren't the hubs busier
  - Were some hubs quiet as patients weren't directed there
  - Is usage increasing
  - Transport
  - Specific finding
- Findings and recommendations

Members were advised that the proposed new model of service delivery in respect of the service would be as follows:-

**Dales** – the service will operate 12 noon – 8 p.m. during the week and 10 a.m. – 2 p.m. on a weekend from one site at Bishop Auckland with better transport options, more booked appointments and enhanced frail/housebound services

**Sedgefield** – the service will operate 12 noon – 8 p.m. during the week as an overflow to practices from Newton Aycliffe with an additional service from Spennymoor 6 - 8 p.m. The service will operate weekends 10 a.m. – 2 p.m. weekends from Sedgefield, Newton Aycliffe and Spennymoor with better transport options, more booked appointments and enhanced frail/housebound services

**Easington** – the service will operate 12 noon – 8 p.m. during the week at Peterlee and from Seaham 6 – 8 a.m. and 8 a.m. – 1 p.m. on a weekend from Peterlee and Seaham with better transport options, more booked appointments and enhanced frail/housebound services

The Chair thanked the Director of Commissioning for her presentation and referred members to a letter received from Helen Goodman MP expressing her concerns in relation to the out of hours GP services at the Richardson Hospital being replaced by a taxi service to transport patients to the appropriate healthcare facility (for copy see file of Minutes). He asked the Director of Commissioning to respond to the point raised. She stressed that there was not a sole dependency of taxis in rural areas as other means of transport would also be utilised. The CCG were looking to join the taxi framework, the same as the local authority used. Providing taxis

during busy times and the use of 4x4 vehicles had not been a problem to date. The fleet of vehicles that NEAS provided would ensure that they were fit for purpose and disabled access and guide dogs would be catered for. She assured members that the taxi driver would ensure that the patient had been presented to the right place and would accompany the patient to the correct waiting area if required. With regards to cleaning she confirmed that the CCG would meet the cost if anyone was ill whilst travelling in a taxi. There was no requirement for taxi drivers to be first aid trained but if a patient was acutely unwell they would be travelling in an ambulance. The 111 service would ask if a patient had a means of transport when being referred for an appointment. The Director of Commissioning would send a written response to the MP and would provide a copy to the Chair for information.

Further to the points raised by the MP the Chair had received notification that a member of the public wished to express concerns. Ms Hackworth-Young informed the committee that the services available at the Richardson Hospital were not well advertised and that people were told it was closed when they rang the 111 Service. She believed that this was the reason it was not used, as people did not think it still existed. She asked if anyone had tried to get a taxi in the Dales, especially in Middleton-in-Teesdale and that these areas often had the most vulnerable people living in them. She said that should the services at the Richardson Hospital be promoted then they would be successful. She felt very let down by the service and did not feel that the news given today could be trusted. She echoed the concerns expressed by Helen Goodman, MP and asked that the CCG look at this again.

The Director of Commissioning explained that the issue of extended and enhanced primary care access was separate from the issue of the viability of the Richardson Hospital. She stressed that this hospital was a key part of the NHS services provided in the Dales and that there were no plans to change that as the CCG would not want patients to travel over 30 miles when there was a hospital on their doorstep. She pointed out that with all services the message was advertised as 'talk before you walk' whereby all patients were asked to ring the 111 service and they would be directed based on the level of need. Referring to the issues of people being informed that the Richardson Hospital was closed, the 111 service manager had confirmed that the directory of services remains unchanged and that on no occasion had people been informed of this. The Director of Commissioning went on to say that should calls could be listened to if people had the details of the date and time. With regards to transport she went on to explain that amendments had been made to the criteria used and this addressed elderly people living alone. She also advised of the work being carried out with Teams Around the Patient (TAPs) and that social workers and district nurses would also provide support to those elderly and vulnerable patients, bringing services to the patient. She reminded members that this review was not about those patients who were critically or acutely unwell and re-assured members that an ambulance would be sent for those patients.

The Head of Commissioning informed the committee that she had attended a meeting with the friends of Richardson Hospital and was informed that a GP practice hire a room at the hospital. This was often referred to as the Richardson out of hours service and when listening to some 111 calls people were often asking for the wrong facility.

Councillor Bell did not support the changes and he echoed the concerns raised by the local MP. He did not feel that this had been properly advertised and pointed out that 10% of people were mis-directed through the 111 service, a fact given in the presentation. He believed that the 111 service were clueless of the geography of the local areas and that the CCG had not set up this process to succeed and was concerned of the knock-on effect this would have on other services. He said that with opening hours of 12 – 8 p.m. this would encourage an overflow of patients and give the GP practices in the Bishop Auckland area a free ride. He asked how people would be encouraged to use their own GP practice first. With regards to transport he asked if the CCG could elaborate on the new criteria and he also had concerns if people could not drive themselves to an appointment.

On answering the point about geography, the Director of Commissioning confirmed that the 111 service use postcodes and if someone was ringing from a landline this information would show where the call was coming from on the system. With regards to advertising, she explained that this had been done the same way across the board. She said that it would be in no ones interest to set this review up not to succeed. She praised the staff who were very dedicated to the services that they provide. She went on to explain that the changes would mean a more effective way of meeting the needs of people including having the staff available to be able to go out and visit those elderly and vulnerable patients in their own home. Access to appointments though the 111 service would always look at the patient's own GP practice first to check on available appointments and if none available then the hub would be used as an overflow. She explained that if people were not physically fit to drive then part of the 111 service assessment would pick up that transport would need to be provided.

As the decisions looked to have been based mainly on usage, Councillor Crute asked if the CCG had capacity to react to any future changes and in particular plans for housing developments that could impact upon numbers in certain areas. He asked that the committee track progress against the recommendations over the next 6-12 months.

Councillor Jopling was concerned that the feedback on the consultation from such a small percentage of residents in the county has determined the decisions that had been made. She said that a meeting in Wolsingham had very poor attendance and again this would not capture the feelings of everyone in the county. She also expressed concerns about the 111 service and the knock-on effect of available appointments.

The Director of Commissioning explained that the CCG did monitor use and looked at demand as the population grew. They also had a forecast that looked at the number of elderly people and those people with long term conditions and the CCG plan for that. Figures on usage at individual GP practices and hubs were monitored on a weekly to monthly basis but she explained that the service would be able to better respond to demand from 3 hubs rather than from 9. She said that she would be happy to come back on the progress and demand at a future meeting.

Referencing the meeting at Wolsingham, the Director of Commissioning advised that they don't just rely on feedback from these events and that they had received over 700 responses to the survey and feedback from dedicated groups. She reminded members that this review was about enhancing and extending the hours already available at a GP practice and that by building on the capacity already available should reduce the number of patients attending A&E. She added that over 1.7 million people were seen by GPs in the DDES area each year and that this review would build in additional capacity on an evening and at weekends.

Councillor Grant felt that the name of the consultation is ingenuous as she believed this was about reducing access and not improving it. Even though a lot of information had been provided she said that important information such as the new transport criteria and the outreach service had not been provided. She wanted to know what this would mean in terms of how it impacted people accessing the service. She went on to say that people were still confused about the 111 service and that they avoided ringing it as they were often mis-directed. She praised the services that Hartlepool and Sunderland provided.

In response the Director of Commissioning said that the CCG did feel that access would be improved, and they would never send out a negative message in the title of a consultation. She said that this review would better meet the needs of patients and she said that they listened to the public and made adjustments during the consultation. With regards to transport and the outreach services she would provide detail on how these would work. For someone who was unable to leave their house, the outreach service would have the capacity to carry out more visits. She understood that the need to make communication more targeted for the 111 service. She explained that there were more clinicians and nurses available for people to be able to speak to and 111 would direct people according to need. If people chose to use out of area facilities, then they would have to be prepared to wait to be seen. Targeting of groups and communities would also be undertaken in order to spread the message of the 111 service.

Councillor Smith understood that the NHS had inadequate and limited resources but questioned if this was the best way to boost staff morale. With Stanhope and Barnard Castle no longer being available, she asked if Bishop Auckland would have sufficient capacity to deal with the increase in demand.

The Director of Commissioning advised that the federation of GP practices were aware of the activity and were looking at how best to staff appropriately together with being able to provide an outreach service. This would be closely monitored. With regards to people being diverted out of area she went on to explain that this would happen from time to time and advised that a joint piece of work with CDDFT was taking place to investigate this. She added that there would always be human error and staff training was provided. She confirmed that Bishop Auckland would have the capacity to see an increase in patients.

Referring to the consultation the Chair queried why this had been commissioned to Groundwork and the East Durham Trust for different parts of the CCG areas. He thought it would have been beneficial for comparison reasons if the same company had been used and queried why Healthwatch had not been asked to carry this out. He further asked how sustainable the services would be and how everyone could work together to get the message across about people having to ring 111.

In response the Director of Commissioning advised that a range of independent companies were the preferred choice to carry out the consultation and she confirmed that Healthwatch were already involved in the process, attending events and acting as a critical friend. She assured members that as the demand for services changes the services would need to adapt.

Councillor Savory was concerned for the people of Weardale, an isolated part of the county, especially in poor weather conditions. The Director of Commissioning assured members that appropriate transport would be provided from NEAS as they had to cope with all weather conditions in all parts of the county. Councillor Savory also expressed concern that people in the Weardale area would not always be able to get a taxi and was informed that this would not always be expected as NEAS commission services.

**Resolved:**

- (i) That the report and presentation be noted and the Committee consider the consultation process adopted by DDES CCG to have been robust.
- (ii) That the proposed changes be noted.
- (iii) That the changes to the transport criteria and outreach/ home visiting services be welcomed and that further details be provided to the Committee.
- (iv) That a post implementation update report be brought back to this Committee within 6 to 12 months.

## **6      Review of Peterlee Urgent Treatment Centre**

The Committee received a report and presentation from the Director of Commissioning, North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups that provided an update on the Review of Peterlee Urgent Treatment Centre (for copy see file of Minutes).

The Head of Commissioning appraised members about the proposed public engagement process over a four week period and would come back with the full details at the September meeting.

Councillor Grant was disappointed that there had been no engagement in the Wheatley Hill or Thornley areas and asked that the CCG look wider than the Peterlee area. She asked that further details be provided and that examples to show how the changes would work would be helpful.

The Chair also pointed out that this should be extended to areas of Sedgefield, Fishburn and the Trimdons.

The Head of Commissioning informed the committee that this was not a consultation exercise and that she would come back with the details in September. AAP meetings were also being attended in local areas.

Councillor Quinn was supportive of the proposed changes as had witnessed a home visit in action which had seen a positive outcome.

Councillor Crute said that members would be informed about the detail and findings in September and that this process is what had been requested previously to ensure that the voice of the public was heard.

**Resolved:**

That the report be noted.

## **7 Public Health responsibilities**

The Committee received a presentation from the Director of Public Health County Durham that gave an oversight on the Public Health responsibilities (for copy see file of Minutes).

The presentation highlighted the following:-

- Responsibilities and other priority interventions
- County Durham Joint Strategic Needs Assessment
- Background to public health funding
- Budget 2019/20
- Our priorities – the Taylor family
- Every child to have the best start in life
- 0-5 mandated contracts
- Excellent drug and alcohol provision
- Key priorities for the new contract
- Numbers in treatment (April 2018 – September 2018) taken from NDTMS

- Positive behaviour change
- Sexual health
- Sexual health services
- NHS healthchecks
- Reduction in smoking levels
- Supporting Healthy Weight in County Durham
- Active 30
- Mental Health at Scale
- Mental Health at Scale programme
- Public health grant proposals beyond 2020 and implications for County Durham
- The Taylor family – healthy life expectancy
- North east position
- Considerations and actions

Councillor Bell referred to the healthy life expectancy and the ACRA formula used with the potential for cuts and asked if the service had any contingency plans with a list of must dos. He also asked how the service balance their commitments. The Director of Public Health responded that behind the scenes the service have been looking at contingency plans for some time and how best to use the resources available, which had been built into the MTFP of the Council. The service were looking at where improvements could be made and where any wholesale changes would have to be made. For example, childhood obesity could be approached by looking at the environment in which the child lives rather than looking at one to one support however, a lot of work was being carried out on prioritisation.

Councillor Grant referred to recent communication from the Police, Crime and Victim's Commissioner (PCVC) to address drugs and alcohol concerns and she asked what the Council were doing to support this. The Director of Public health advised that the service work closely with the PCVC and they had agreed to carry out healthy needs assessments and what treatments were best for clients. She would share this detail with the committee and advised that currently there were 2000 long term clients that had both physical and mental health needs. Work had been commissioned to look at the mental health side and to look at recovery with a focus on dedicated women's provision. The Principal Overview and Scrutiny Officer advised members that scrutiny of the Drug and Alcohol service fell within the remit of the Safer and Stronger Communities OSC and that this area of work formed part of the work programme for that committee. He would suggest that when the matter was considered by that Committee then members of the Adults, Wellbeing and Health Overview and Scrutiny Committee be invited to attend.

Councillor Smith asked if there was any other way in which members could help to lobby about the funding issue. She had written to several newspapers about this and the Northern Echo had printed one of her letters.

Councillor Huntington was concerned that because of austerity and the high levels of poverty and deprivation in our county that this impacted on the kind of service we could be provided and was concerned about how we could meet that.

The Chair informed members that the committee would be looking at Adult Social Care as part of the work programme.

**Resolved:**

That the presentation be noted.