Adults, Wellbeing and Health Overview and Scrutiny Committee

Date	**Monday 1 October 2012**
Time	**10.00 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. Minutes of the Meeting held on 24 July 2012 and of the Special Meeting held on 13 August 2012 (Pages 1 - 12)

2. Declarations of Interest, if any

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

4. Information on Media Relations in relation to the agenda

5. Quality Legacy Project (Pages 13 - 18)

   Report and presentation by Rosemary Grainger, Project Director – County Durham and Tees Valley Acute Services Quality Legacy Project – NHS County Durham.

6. County Durham Local Involvement Network (LINk) Annual Report 2011/12 (Pages 19 - 22)

   Report of the Assistant Chief Executive and presentation by LINk representatives.

7. Quarter 1 2012/13 Performance Management Report (Pages 23 - 34)

   Report of Assistant Chief Executive.

8. Health and Social Care Act 2012 and the Implications for Health Overview and Scrutiny (Pages 35 - 40)

   Progress Report of the Assistant Chief Executive.

9. Department of Health Consultation - Local Authority Health Scrutiny (Pages 41 - 48)

   Report of Assistant Chief Executive.

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

Colette Longbottom
Head of Legal and Democratic Services

County Hall
Durham
21 September 2012

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

Councillor R Todd (Chair)
Councillor J Chaplow (Vice-Chair)

Councillors J Alvey, J Armstrong, J Bailey, A Barker, R Bell, B Brunskill, D Burn, A Cox, R Crute, K Davidson, P Gittins, M Potts, A Savory, A Shield, W Stelling, P Stradling, T Taylor, O Temple and A Wright

Co-opted Members:

Mrs H Gibbon, Mrs R Hassoon and Mr P Irving

Contact: Ian Croft **Tel: 0191 383 3489**

DURHAM COUNTY COUNCIL

ADULTS, WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2 - County Hall, Durham on **Tuesday 24 July 2012 at 11.00 am**

Present:

Councillor R Todd (Chair)

Members of the Committee:
Councillors J Chaplow, J Bailey, R Bell, J Brown, B Brunskill, P Stradling and O Temple

Co-opted Members:
Mrs R Hassoon and Mr P Irving

Apologies:
Apologies for absence were received from Councillors J Armstrong, D Burn, A Cox, R Crute, K Davidson, P Gittins, A Savory and Mrs H Gibbon

1 Minutes

The Minutes of the meetings held on 16 April, 25 May and 26 June 2012 were confirmed as a correct record and signed by the Chair, subject to the following amendments:

- 25 May 2012 – Councillors R Bell and B Brunskill being shown as in attendance.
- 26 June 2012 – apologies for absence from Councillor R Todd being recorded.

2 Declarations of Interest

There were no declarations of interest.

3 Items from Co-opted Members or Interested Parties

Cervical Screening Recalls
Mary Bewley, NHS County Durham provided the Committee with an update regarding the recall of patients of Bewick Crescent Surgery, Newton Aycliffe for cervical screening as follows:

- On 18 and 19 June 2012 935 letters were sent by the PCT inviting women who were registered patients to attend for a recall test. Of these, 5 women were pregnant and their letters informed them of the recall and the need to have a test carried out three months after giving birth.
- As at 13 July, 458 women had attended Bewick Crescent Surgery for a recall test, 73 had made contact with the practice or the PCT and made a decision not to have the test and 10 women had attended the practice did not require a recall test.

- The database was currently being updated to record tests taken since 13 July 2012 in preparation for reminder letters to be sent.
- There were currently no issues regarding the availability of appointments.
- All County Durham and Darlington and non-County Durham and Darlington practices that had a patient who could potentially require recall had been sent details of the recall and the patients who required review and possible recall. This included 17 women registered at a GP surgery in Darlington and 40 women registered at a GP surgery in County Durham. 52 women were no longer registered with NHS County Durham and Darlington and information had been sent via NHS net to practice managers.

Dental Sedation
The Principal Overview and Scrutiny Officer informed the Committee that Members had been circulated with copies of proposals by NHS Tees and NHS County Durham and Darlington to re-procure Dental Anxiety Management and Sedation Services.

Under the proposed re-commissioning the Service would be remodelled to provide 3 Tier 1 Sedation Services – 1 in Redcar/Middlesbrough, 1 in Hartlepool/Stockton and 1 in County Durham and Darlington, and 1 Tier 2 Service for the whole of NHS Tees and NHS County Durham and Darlington. Existing dental practices that provided these services as part of their core service would not be affected. A consultation and communications plan had been agreed by the Trusts.

The proposals had been discussed at the Tees Valley Joint Health Scrutiny Committee and were accepted by that body. The Chairman of the Adults, Wellbeing and Health Overview and Scrutiny Committee and Principal Overview and Scrutiny Officer had attended the meeting of the Tees Valley Joint Health Scrutiny Committee when the proposals were discussed.

The proposals would deliver geographic equity of service, improved choice in Tier 1 service, reduced waiting times, increased capacity for treatment and extended access and increased appointment times.

In response to a question from the Chairman of the Adults, Wellbeing and Health Overview and Scrutiny Committee regarding why Tier 2 services would need to remain concentrated in Stockton, advice given by commissioners was that a soft market testing exercise had been undertaken and no expressions of interest for these services were submitted from within Durham or Darlington. The reason given for this was that providers felt that the level of demand for these services was commercially unviable.

Although the deadline for comment had passed, the Principal Overview and Scrutiny Officer informed the Committee that NHS Tees had indicated their willingness to accept comments from the Committee by email.

Momentum Project
Mary Bewley, NHS County Durham provided the Committee with an update on the relocation of Outpatient Services from University Hospital Hartlepool to One Life Centre, Hartlepool.

Ms Bewley informed the Committee that NHS Hartlepool and Stockton on Tees CCG were postponing any plans to relocate outpatient services from te University Hospital of Hartlepool to One Life Hartlepool until through discussion had taken place with members of the public in Hartlepool and Hartlepool health Scrutiny Forum. NHS Durham Dales, Easington and Sedgefield CCG was working with NHS Tees, NHS Hartlepool and Stockton on Tees CCG and North Tees and Hartlepool NHS Foundation Trust to develop a planned and co-ordinated approach to engaging with communities in south and east Durham and in Hartlepool. The communications and engagement plan would be brought back to this Committee

In reply to a question from Councillor Stradling, Ms Bewley reported that details of the communications and engagement plan should be available around September.

Councillor Todd reported that previous joint working with Hartlepool Scrutiny had been on an ad hoc basis and that this should be more on a formal basis of a joint committee, to be convened when there were issues which overlapped both Hartlepool and south and east Durham areas. This was endorsed by Councillor Stradling. The Committee agreed that Councillor Todd write to the Chair of Hartlepool Health Scrutiny Forum regarding the establishment of a joint Health Scrutiny Committee involving Hartlepool Borough and Durham County Councillors.

Children's Occupational Therapy Services
Mary Bewley, NHS County Durham provided the Committee with an update on Occupational Therapy Services for children and young people provided by County Durham and Darlington Foundation Trust.

A review of Occupational Therapy services provided by all providers was carried out in December 2011. The review aimed to review the processes and systems of Occupational Therapy in order to determine how services could be provided which ensured the services provided gave value for money, were equitable and ensured patients were seen according to clinical need.

The results of the review identified a number of issues that needed to be resolved in order to achieve this. This included the capacity of the service to deal with a higher than expected volume of referrals and the impact this had on waiting times, diagnosis and interventions.

As a result, an agreement was made between the commissioners and CDDFT that from the 16th of April 2012 a temporary hold would be put on new referrals to OT pending implementation of new criteria for referrals to resolve the issues identified. 26 children and young people had their referral put on hold. This was an average of 13 referrals per months that were being put hold on hold. However the Head of the OT service indicated that referrals often increased at the end of school terms and expected to see an additional 20 referrals in July. This was an interim measure only, and was not a removal of the service.

This involved working closely with CDDFT to ensure the problem was overcome. As from the 1st August a revised service model would be in place and parents would start to receive information on the arrangements for their child.

Resolved:

1. That the information regarding Cervical screening recalls and Childrens' Occupational Therapy services be noted.
2. That the Adults Wellbeing and Health Overview and Scrutiny Committee welcome the proposed additional Tier 1 Dental sedation services to be re-procured by NHS Tees and NHS County Durham and Darlington and agree to the proposals for Tier 2 Dental sedation services.
3. That Councillor Todd write to the Chair of Hartlepool Health Scrutiny Forum proposing the establishment of a joint Health Scrutiny Committee involving Hartlepool Borough and Durham County Councillors

4 Media Relations

The Principal Overview and Scrutiny Officer showed examples of press articles relating to Adults, Wellbeing and Health which related to:

- Reductions in resource allocation for Public Health funding, at a level of approximately £20m for County Durham.
- An update regarding cervical cancer screening.
- The £10m development of Seaham Primary Care Centre.

Councillor Temple expressed concern at the ACRA report on Public Health funding. There was a need to respond around the methodology used in the funding formula rather than just complain about the proposed level of funding. There was a need for engagement at a political level to try to influence this funding, as well as by officers.

Peter Appleton, Head Of Planning and Service Strategy, Children and Adults Services informed the Committee that regional work on the issue of Public Health funding was ongoing and the Regional Director of Public Health was considering various formulas to propose as an alternative. The Head of Planning and service Strategy added that the issue of Public Health funding was being considered by Cabinet at its meeting today.

The Overview and Scrutiny Manager informed the Committee that responses to the ACRA proposals for Public Health funding were required by 14 August 2012 and suggested that a special meeting of the Committee be convened this deadline for a response from the Committee to be agreed.

Resolved:

4. That the media presentation be noted.
5. That a special meeting of the Committee be convened to agree a response to ACRA proposals for Public Health funding.

5 North East Ambulance Service - Reconfiguration of Emergency Ambulance Services

The Committee considered a report of and received a presentation from Mark Cotton, Assistant Director of Communications and Engagement, North East Ambulance Service on the reconfiguration of emergency ambulance services (for copy report and slides see file of Minutes).

Reference was made to the previous concerns on this issue expressed by the Adults Wellbeing and Health Overview and Scrutiny Committee at its meeting on 9 March 2012. At that time, assurances were sought that NEAS would engage fully and extensively within those localities that were to be affected by the proposed reconfiguration. To this end, the report detailed the extent of the engagement undertaken by NEAS particularly with the Council's Area Action Partnerships.

In respect of the arrangements for Durham Dales, Mr Cotton reported that in Weardale and Teesdale, the double-crewed ambulances were staffed by two paramedics. This is a consequence of a public consultation completed in 2009. NHS County Durham pay a supplement over and above the contract value to NEAS in excess of £600,000 to deliver the existing service in the Durham Dales.

He also indicated that these ambulance crews were "ring-fenced" to the Durham Dales area. Across the rest of the region NEAS employs a dynamic deployment protocol where vehicles move to stand-by points to be available for calls nearby. This does not happen in the Dales and frequently the Dales vehicles are unused while other vehicles across the region are busy and under pressure. This meant that service provision across the County Durham area is inequitable because at present double-crewed ambulances everywhere except Weardale and Teesdale were staffed by a paramedic or advanced technician and a support worker. Members were advised that the A&E review to be implemented in April 2013 proposes that every vehicle will be staffed by a paramedic and support worker, but the existing arrangements in the Dales would continue to remain in place as things stand at present as a consequence of having been agreed through a public consultation.

In considering the position within the Durham Dales, the Committee stressed that whilst NEAS might wish to consider amended these arrangements, this could only be done following an extensive full and formal public consultation exercise.

Berenice Groves, Programme Director NHS 111 Service North East and Deputy Director Unplanned Care NHS County Durham and Darlington reported that at a recent meeting Rural Ambulance Monitoring Group agreement was given to carry out a formal evaluation of the current Ambulance service provision in the Dales to evaluate the qualitative impact this project has had. This would supplement the existing monitoring arrangements around performance and any breaches as well as the implementation of the project to ensure staff were recruited and trained to carry out roles which could integrate with primary and urgent care. It was reported that this evaluation would be undertaken by an independent body.

The Committee welcomed the proposed evaluation detailed above and suggested that this should be carried out in conjunction with and overseen by the Rural Ambulance Monitoring Group, who could then in turn report back to the Committee on this process.

Resolved:

1. That the feedback from the Area Action Partnerships and other organisations in relation to the reconfiguration of Accident and Emergency Ambulance services within the region be noted;
2. That the Committee support North East Ambulance Service in implementing the proposed changes by April 2013 to maintain ambulance performance standards

and to begin to bring the county up to the same level of performance as other parts of the North East;
3. That the Committee support the proposed evaluation of current Ambulance service provision that has been commissioned by NHS County Durham, and that this should be carried out in conjunction with and overseen by the Rural Ambulance Monitoring Group, who will report back to the Committee on this process .
4. That the Committee note that the future of the provision of ambulance services within County Durham, including the skill mix of crews and the ring fencing of resources currently in place for Weardale and Teesdale may be subject to further consideration, following the conclusion of the proposed evaluation process referred to in (3) above;
5. Notwithstanding (4) above, the Committee stresses that no changes will be made to existing Ambulance service provision within the Durham Dales Area without first being subject to an extensive and robust public consultation exercise.

6 Review of Hyper Acute Stroke Services - Update

The Committee received a presentation from Edmund Lovell, Assistant Director of Communications and Dr Bernard Esisi, Consultant Physician, County Durham and Darlington NHS Foundation Trust which provided an update following the review of Hyper Acute Stroke Services in County Durham and Darlington (for copy of slides see file of Minutes).

The Committee was informed that following the reconfiguration of the Hyper Acute Stroke Service to a single site at UHND there had been significant improvements in performance relating to access to CT scans and the stroke unit, thrombolysis and therapy which had contributed to a reduction in the length of stay at UNHD, improved patient experience and staff morale.

Councillor Todd welcomed the presentation and the progress made in Hyper Acute Stroke Service provision and requested that a further update be presented to the Committee in another 12 months. Councillor Bell, while welcoming the update, requested that future updates include a breakdown of figures for those patients from the Darlington area.

Resolved:
1. That the update presentation be noted
2. That a further update be brought to Committee in 12 months time
3. That future updates include a breakdown of figures for those patients from the Darlington area.

7 NHS Quality Accounts 2011/12

The Committee considered a report of the Assistant Chief Executive which provided information on the responses made on behalf of the Committee in respect of NHS Partners' Draft Quality Accounts 2011/12 (for copy see file of Minutes).

Resolved:
That the report be noted and the responses to NHS Organisations draft Quality Accounts be endorsed.

8 Quarter 4 2011/12 Performance Management Report

The Committee considered a report of the Assistant Chief Executive that presented progress against the Council's corporate basket of performance indicators and reported other significant performance issues for the fourth quarter of 2011/12 for the Altogether Healthier theme (for copy see file of Minutes).

Resolved:
That the report be noted.

9 Forecast of Revenue Outturn Report - 2011/12

The Committee considered a report of the Head of Finance, Financial Services which provided details of the Adults, Wellbeing and Health revenue and capital outturn for 2011/12 both at a service expenditure analysis and a Head of Service level (for copy see file of Minutes).

Councillor Temple expressed concern that Forecast of Revenue Outturn Reports were often placed towards the end of the Committee's agenda which did not allow for full and in-depth scrutiny of items contained within them. Councillor Stradling replied that while he appreciated the point raised by Councillor Temple, some reports would always be lower down the agenda than others. He suggested that for one or two meetings each year, this report be placed higher on the agenda which would allow for greater scrutiny of items contained within it. Mr Irving agreed with both Councillors Stradling and Temple that the information contained in the report needed time for consideration.

It was suggested that a session be organised for Members of the Committee at which the issues of strategic finance and budget management/outturn expenditure could be fully discussed. This would both provide clarity to members around these issues and would also allow for increased scrutiny to take place.

Resolved:
That the report be noted and a session to be organised to discuss the issues of strategic finance and budget management/outturn expenditure.

10 Council Plan 2012/2016 - Refresh of Work Programme for Adults, Wellbeing and Health Overview and Scrutiny Committee

The Committee considered a report of the Assistant Chief Executive that provided an updated work programme for the Committee for 2012-13 (for copy see file of Minutes).

The Principal Overview and Scrutiny Officer informed the Committee that the work programme items were shown at Appendix 2 to the report. He further reported that a

consultation paper on Local Authority Health Scrutiny had been received on 19 July 2012 and recommended that a special meeting of the Committee be convened to consider a response to this consultation.

Resolved:
That the new work programme be agreed, and a special meeting of the Committee be convened to consider the Department of Health consultation paper on Local Authority Health Scrutiny with a view to formulating a response to the paper.

DURHAM COUNTY COUNCIL

ADULTS, WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2 - County Hall, Durham on **Monday 13 August 2012 at 10.00 am**

Present:

Councillor R Todd (Chair)

Members of the Committee:
Councillors J Chaplow, J Alvey, J Armstrong, J Bailey, R Bell, P Gittins, A Savory, P Stradling and A Wright

Co-opted Members:
Mrs H Gibbon and Mrs R Hassoon

Apologies:
Apologies for absence were received from Councillors D Burn, A Cox, R Crute, K Davidson, T Taylor, O Temple and Mr P Irving

1 Declarations of Interest

Mrs H Gibbon declared an interest as an officer of Age UK who received funding to deliver public health functions.

2 'Healthy Lives, Healthy People:Update on Public Health Funding"

The Committee considered a report of the Assistant Chief Executive which provided an update on progress in producing a response to the Department of Health report “Healthy Lives, Health People : Update of Public Health Funding”(for copy see file of Minutes). The Committee also received a joint presentation from Paul Darby, Head of Finance (Financial Services), Durham County Council, Claire Sullivan, Consultant in Public Health, Primary Care Trust and Julie Young – Public Health Accountant on the “Healthy Lives, Healthy People: Update on Public Health Funding” (for copy of slides see file of minutes).

The deadline for receipt of responses was 14 August 2012. The Head of Finance advised Members that the draft response was currently with the Chief Executive and that the Primary Care Trust and Department of Public Health would be submitting their own response. He also advised Members that the membership of the Advisory Committee and Resource Allocation was not known but it was believed that there was no representation from Local Government.

Councillor Todd advised Members that he and the Overview and Scrutiny Manager had attended a regional meeting in Sunderland at which Professor Kelly had talked about the proposed new formula and its' financial impact on Durham.

Councillor R Bell informed the Committee that the focus of the response should be to concentrate on flaws in the proposed ACRA formula, especially around the issue of how the issue of deprivation was being factored in to any funding formula. The Head of Finance responded that the proposed ACRA formula used SMR's to rank areas.

Councillor Armstrong expressed his disappointment that the consultation was being brought to Committee the day before the deadline for a response to the ACRA proposals, and asked whether the author of the ACRA proposals was known. The proposed reduction of funding for Public Health would impact on jobs, housing and wellbeing and cross party support was needed to oppose these reductions.

Councillor Todd informed the Committee that the Public Health prevention strategy, in which so much had been invested in County Durham, would suffer if the proposed reductions in Public Health funding were implemented. He indicated that any formula needed to reflect the health needs of the communities and asked that the Committee support the Authority's response.

Councillor Bell suggested that,as well as a response from the Authority, a separate response from this Committee could be made.

Resolved:

1. That the Committee note the information contained within the presentation and comments upon the work being undertaken to respond to the Department of Health "Healthy Lives, Healthy People : Update on Public Health Funding" publication and the recommendations of the ACRA detailed therein.
2. That the Overview and Scrutiny Manager discuss with the Chair of the Committee a response of the Committee and that this response be shared with Members in due course.

3 Health and Social Care Act 2012 and the implications for Health Overview and Scrutiny

The Committee considered a report of the Assistant Chief Executive that examined the implications for Health Overview and Scrutiny of NHS Reforms presented in the Health and Social Care Act 2012.

The report explained how Health Scrutiny had developed in County Durham and invited consideration of how relationships could be developed between the Adults Wellbeing and Health Overview and Scrutiny Committee and the emerging Clinical Commissioning Groups, the shadow Health and Wellbeing Board and local HealthWatch as well as wider NHS and Social Care providers (for copy see file of minutes).

Councillor Todd informed the Committee that there was going to be a lot of work ahead, adding that in the past there was a single PCT but in future would be 2 Clinical Commissioning Groups to work with within County Durham.

Resolved: That the report be noted and the following recommendations be progressed:-

(a) That Durham County Council discharge its powers of review and scrutiny on such matters as designated within the Health and Social Care Act 2012, which may be subject to Regulation and Guidance from the Department of Health, through the Adults Wellbeing and Health Overview and Scrutiny Committee.

(b) Arrangements be made for an information sharing presentation to be given to the Clinical Commissioning Groups and the shadow Health and Wellbeing Board detailing the role, function approach and work programme of the County Council's Adults Wellbeing and Health Overview and Scrutiny Committee and how this contributes to the Health agenda in County Durham.

(c) Clinical Commissioning Groups be invited to share their draft "Clear and Credible Plans "for future commissioning arrangements with the Adults Wellbeing and Health Overview and Scrutiny Committee at the earliest opportunity.

(d) each Clinical Commissioning Group be asked to identify a nominated representative to act as liaison officer with the Council's Adults Wellbeing and Health Overview and Scrutiny Committee.

(e) the Shadow Health and Wellbeing Board be invited to share the refreshed JSNA and the ongoing work in developing the Joint Health and Wellbeing strategy with the Adults Wellbeing and Health Overview and Scrutiny Committee.

(f) examples of good practice in respect of the Partnerships approach to Health scrutiny shown by the County Council and NHS Partners be used as the foundation for future health scrutiny arrangements following NHS reform.

(g) Those Public Health services that are transferred across to the Council as part of the NHS/Public Health reforms be subject to existing Overview and Scrutiny arrangements that apply to Council services and that the Adults Wellbeing and Health Overview and Scrutiny Committee have responsibility for this function, while recognising that the Public Health service is a cross-cutting service and may be required to input into other Overview and Scrutiny activity.

(h) A protocol for working together be developed between the Adults Wellbeing and Health Overview and Scrutiny Committee and key stakeholders, including the National Commissioning Board, Health and Wellbeing Board, Clinical Commissioning Groups, HealthWatch, NHS Partners and the Adults Wellbeing and Health service grouping. The protocol could include information sharing, communication, engagement reporting mechanisms and organisational liaison.

(i) Arrangements be made for a special meeting of the Adults Wellbeing and Health Overview and Scrutiny Committee to consider the Department of Health

consultation on Local Authority Health Scrutiny as referred to in paragraph 27 of the report.

4 Department of Health Consultation - Local Authority Health Scrutiny

The Committee considered a report of the Assistant Chief Executive which outlined the main provisions of the Department of Health consultation paper on local authority health scrutiny (for copy see file of Minutes).

The Overview and Scrutiny Manager informed the Committee that the consultation period ended on 7 September 2012 and that he required comments by the end of the week.

Councillor Stradling referred to the first referral stage to the NHSCB and felt that Scrutiny should refer to the Secretary of State and not full Council. Councillor Armstrong agreed with Councillor Stradling.

Councillor Wright asked if all Members were responsible for raising concerns how this would be achieved if they were not a Member of Scrutiny. The Overview and Scrutiny Manager responded that the consultation element was an open meeting and all Members were able to attend.

The Chairman indicated that they needed to engage with the new groups. Councillor Armstrong responded that they had worked hard to have a good working relationship with the NHS and they needed to build on this. The Overview and Scrutiny Manager advised Members that this would be done.

The Head of Policy, Planning and Performance referred to Financial Sustainability of Services and indicated that this was a big area for Scrutiny which was to carry out an executive role which was a role conflict with Scrutiny

Councillor Todd advised Members that a Special Meeting of the Committee would be arranged to consider further information as and when it was made available.

Resolved:

That a corporate response to the consultation, based upon the views and comments of the Committee be made and submitted by the deadline (7 September 2012), and that this response is shared with the Adults, Wellbeing and Health Overview and Scrutiny Committee for information.

Adults Wellbeing and Health
Overview and Scrutiny Committee

1st October 2012

Quality Legacy Project

Report of Rosemary Granger, Project Director

Purpose of Report

1. The purpose of this report is to provide the Overview and Scrutiny Committee with a Project Brief and presentation on the Quality Legacy Project.

Background

2. A Quality Legacy Project briefing paper is attached, outlining the project which is underway across County Durham and Tees Valley that will support and enhance the commissioning of acute hospital services as Primary Care Trusts transfer their commissioning responsibilities to Clinical Commissioning Groups over the next year.

3. The Quality Legacy Project was discussed by the County Durham Shadow Health and Wellbeing Board on 5th September 2012.

Recommendation

4. It is recommended that the Overview and Scrutiny Committee note the contents of the Project Brief and presentation.

Contact: Rosemary Granger, Project Director

NHS Tees

NHS County Durham and Darlington

County Durham and Tees Valley Acute Services Quality Legacy Project

Briefing

Introduction

The purpose of this briefing is to inform colleagues and stakeholder organisations about a significant project that is underway across County Durham and Tees Valley that will support and enhance the commissioning of acute hospital services as Primary Care Trusts transfer their commissioning responsibilities to Clinical Commissioning Groups over the next year.

The overall objective of the project is to reach consensus on the quality standards in acute services we want to achieve, using levels of national best practice. We will identify opportunities for meeting these standards and assess the financial environment and workforce constraints in which such improvements may take place.

There are three main reasons for the project being initiated at this time:

- To support the transition of commissioning responsibility from Primary Care Trusts to Clinical Commissioning Groups
- To inform the commissioning and contracting intentions process for the 2013/14 financial year.
- In preparation for the publication of the Francis 2 inquiry report into Mid-Staffordshire NHS Foundation Trust, due in October 2012.

1. **Project scope**: within the scope of the project are the secondary and tertiary care elements of:
   - County Durham and Darlington FT
   - North Tees and Hartlepool FT
   - South Tees Hospitals FT

Out of scope:

- Mental Health
- Ambulance services
- Neighbouring acute hospital services
- Primary Care Services
- Community services

2. **The project will deliver**, by November 2012, a quality legacy report for acute hospital services in County Durham and Tees Valley. This will include: a quality, economic, and workforce assessment based on the assumptions agreed across the two health economies and recommendations for implementing agreed quality standards based on the findings from this work. The Clinical Commissioning Groups will pick up the recommendations to feed into commissioning intentions going forward.

3. Key interfaces:

The work will feed into:

- The PCT cluster legacy documents
- Tees Valley Strategic Forum
- CCG commissioning intentions and “Clear and Credible” Plans

4. Communication and Engagement

Objectives: To ensure there is a shared understanding of the project objectives and that partners and wider stakeholders are informed of and engaged appropriately in the project. We must ensure the project benefits from the contributions and comments of partners and stakeholders and that there is ownership of the project outcomes by those partners directly involved.

The approach to communication and engagement will be to tailor engagement appropriately: for key partners who are directly involved in the project and ensure they are kept informed and involved in order to optimise their input and ownership of the project outcomes; for stakeholders who need to be kept informed and engaged and ensure they are provided with opportunities to receive information about the project and its progress and for wider stakeholders who need to be kept informed of project progress and outcomes.

5. Project workstreams

There are three workstreams within the project and each member of the project team is responsible for leading a workstream and ensuring that their work takes account of the implications of the other workstreams.

The three workstreams are:

- Clinical assessment
- Workforce assessment
- Economic assessment

Clinical Assessment workstream objectives:
To establish a clinical consensus of the quality standards that should be aimed for in the five areas below and to produce an evidence base on current levels of hospital activity and trends over the past 3 years; modelling future activity based on impact of demographic change and impact of changes in disease prevalence eg cardio vascular disease, diabetes etc and activity growth due to changes in demand, technology, clinical practice. The evidence base will also look at the quality of services – looking specifically at wide and unexplained variation and outcomes benchmarked against national/regional standards.

There will be five clinically-led groups (Clinical Advisory Groups) covering:

- acute paediatrics and maternity services
- acute care
- planned care
- long term conditions
- end of life care

The clinical advisory groups (CAGs) for each of the clinical areas described above, have been asked to reach consensus on the following questions:

- What are the current issues facing your service?
- What does best practice look like?
- What are the barriers to achieving best practice?
- What can be done to overcome those barriers to achieve best practice?

Workforce assessment workstream objectives:
To identify the main workforce risks and opportunities for the future from an analysis of local and national workforce intelligence and to describe what good looks like using best practice and latest evidence for the design of the shape of the workforce to optimise productivity and the agreed quality standards and outcomes.

Key features of this workstream will be to use demand modelling to produce scenarios to highlight the potential future workforce risks for individual specialities and the delivery of specialist services. It will be based on the agreed quality standards, factors effecting future workforce supply such as demographics, retirements and affordability.

Economic workstream objectives:
To try and establish a consensus on the main financial assumptions on a range of financial information covering both the commissioning and provision of acute activity forecast over the next ten years

Key features of this workstream will be to establish the range of scenarios on allocations and the impact of demography for the commissioning of acute care and establish the impact of efficiency assumptions on providers and the implications for the workforce in future years

6. What do we mean by standards and what might this mean in practice?

The quality standards that have been considered by the Clinical Advisory Groups (CAGs) have been drawn from a range of national and regional documents and reports, for example Standards for Maternity Care (RCOG 2008) and Clinical Negligence Scheme for Trusts Maternity Standards 2012/13, and outputs from the North East Clinical Innovation Teams.

Initially, the project team considered all relevant standards. In the case of acute paediatrics and maternity care for example, this amounted to over 490 standards. The team filtered these down to those standards that would have the biggest impact on clinical quality and the greatest implications for the sustainability of services. Information on all the standards will be made available to the CCGs. It is anticipated that many of these standards could be implemented through the usual commissioning and contracting processes and should therefore result in improved quality of care and outcomtes within a relatively short period of time.

Each CAG has reviewed the draft standards, and accepted, revised, rejected or referred them for further discussion. They have also identified standards they would propose to add to the list. CAG members also carried out an informal self assessment against the standards in order to gather views about whether the

standards are met currently or how challenging it would be for organisations to meet the standards in the short or medium term. It is proposed that where it is not possible to reach agreement on a particular standard, this would be referred for external review to the regional Clinical Innovation Teams (soon expected to become clinical senates or regional strategic clinical networks) or to commissioners in due course for a commissioning decision.

To provide stakeholders with a sense of the standards under discussion by the CAGs, the acute paediatrics and maternity CAG is considering a standard that would state that all obstetric units should provide 168 hour (ie 24 hours per day, 7 days a week) consultant obstetrician presence on each labour ward and each woman should receive 1:1 midwifery care during established labour. Currently there is variation across the health economy in the level of consultant obstetrician presence and 1:1 midwifery care on labour wards. The group is also looking at the best way to approach minimising variation in clinical practice, since consultant presence on the labour ward is not of itself enough to secure better outcomes for women in labour and their babies.

The next meetings of the groups will debate the potential implications of meeting the standards agreed within each CAG across the health economy of County Durham and Tees Valley in the context of economic and workforce constraints.

7. Process and timescales

The project is governed by a Project Board chaired jointly by the Chief Executive of NHS Tees and the Chief Executive of NHS County Durham and Darlington. Project Board membership includes the Chief Executives of the three NHS Foundation Trusts listed above, Clinical Commissioning Group representatives, and two Local Authority Chief Executives. The Project Board has met twice and will meet again in early October and mid November 2012.

The outcome of the Acute Services Quality Legacy Project will be a synthesised set of analysis and clinical recommendations, supported by wider workforce and economic modelling that will help inform CCGs as they develop their commissioning plans and contracting intentions for the 2013/14 financial year and onwards. This will help ensure that the focus on sustainable, high-quality care remains the key driver for all organisations commissioning or providing secondary care for the patients of County Durham, Darlington and Tees as the next phase of NHS reform begins. The report will also describe the next steps and the process for taking forward the recommendations.

Rosemary Granger
Project Director

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Adults Wellbeing and Health Overview and Scrutiny Committee

1 October 2012

County Durham Local Involvement Network (LINk) Annual Report 2011/12

Report of Lorraine O'Donnell, Assistant Chief Executive

Purpose of the Report

1 To provide Members of the Adults Wellbeing and Health Overview and Scrutiny Committee with information in advance of a presentation from County Durham Local Involvement Network (LINk) on their Annual Report for 2011/12.

Background

2 County Durham Local Involvement Network (LINk) is a group of individuals, organisations and associated members whose main aim is to help people have more say about their health and social care and make improvements where needed.

3. Since the establishment of the LINk, the County Council's Adults Wellbeing and Health Overview and Scrutiny Committee have enjoyed a positive relationship in ensuring the key issues of members of the public have been highlighted in respect of Health and Social Care services.

4. The LINk Annual report for 2011/12 highlights:-

(a) The LINk's Governance arrangements;
(b) Enter and View visits that have been undertaken by LINk representatives;
(c) The results of an independent evaluation in the LINk;
(d) The work undertaken with Durham County Council in developing Local HealthWatch arrangements;
(e) Financial Reports.

5. Copies of the LINk Annual report have been placed in the Members Resource Centre, and can be accessed via the following link. http://linkcountydurham.co.uk/downloads/reports/Final%20Annual%20Report%202011-12.pdf

Recommendations

6. That the Members of the Adults Wellbeing and Health Overview and Scrutiny Committee note the information provided in the presentation and receive the County Durham LINk Annual Report 2011/12.

Background Papers
None

Contact:	**Feisal Jassat**	**Tel:03000 268139**
Author:	**Stephen Gwillym**	**Tel:03000 268140**

Appendix 1: Implications

Finance - None

Staffing - None

Risk - None

Equality and Diversity –None.

Accommodation - None.

Crime and Disorder -None.

Human Rights - None.

Consultation – None

Procurement -None.

Disability Issues -None.

Legal Implications -None.

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Adults, Wellbeing and Health Overview and Scrutiny Committee

1 October 2012

Quarter 1 2012/13 Performance Management Report

Report of Corporate Management Team
Lorraine O'Donnell, Assistant Chief Executive
Councillor Simon Henig, Leader

Purpose of the Report

1. To present progress against the council's corporate basket of performance indicators (PIs) and report other significant performance issues for the first quarter of 2012/13.

Background

2. This is the first quarterly corporate performance report of 2012/13 for the council highlighting performance for the period April to June 2012. The report contains information on key performance indicators, risks and Council Plan progress.

3. The report sets out an overview of performance and progress by Altogether priority theme. Key performance indicator progress is reported against two indicator types which comprise of:
   a. Key target indicators – targets are set for indicators where improvements can be measured regularly and where improvement can be actively influenced by the council and its partners; and
   b. Key tracker indicators – performance will be tracked but no targets are set for indicators which are long-term and/or which the council and its partners only partially influence.

4. A summary of key performance indicators is provided at Appendix 3. More detailed performance information and Altogether theme analyses are available on request from performance@durham.gov.uk.

Developments since last quarter

5. Extensive work has been undertaken by all services to develop a new 2012/13 corporate set of indicators as set out in Appendix 3. This set of indicators is based around our six 'Altogether' priority themes and will be used to measure the performance of both the council and the County Durham Partnership.

6. Changes have also been made to the way service plans are monitored. For 2012/13 all actions within each service plan will be monitored corporately instead of the set of key actions identified last year. Monitoring will be undertaken on an exception basis using the following system:

   - **Red** - Not on track (i.e. the deadline has passed and the action has not been achieved or the deadline is in the future but it is known that it will not be achieved by that date)

- **Green** - On target to be completed by the deadline
- **White** - Completed by or prior to the deadline

Altogether Healthier: Overview

Performance indicators				
	Red	Amber	Green	N/A
Direction of travel	3 (23%)	1 (8%)	9 (69%)	5
Performance against target	2 (13%)	1 (6%)	13 (81%)	2

Actions				
	Red	Green	White	Deleted actions
Performance against target	1 (2%)	37 (84%)	5 (12%)	1 (2%)

Council Performance

7. Key achievements this quarter include:

   a. In 2011/12 the Stop Smoking Service helped 5,523 people to stop smoking, which equates to 1,308 per 100,000 population. This has achieved the 2011/12 target of 1,242 per 100,000 and has also increased from 1,165 per 100,000 in 2010/11. The rate is better than regional and national four week smoking quitter rates and has been supported by increased commissioning of stop smoking service providers and more access points to stop smoking support. This includes groups, drop-ins and one to ones in places such as GP surgeries, community centres, pharmacies, children centres, hospitals and leisure centres. A dedicated stop smoking service within secondary care (hospitals) was developed in 2011.

   b. The percentage of the total eligible population screened for bowel cancer has increased from 57.5% in the period October to December 2011 to 66.8% in the period January to March 2012. This has achieved the target of 60%. A recent national campaign around bowel cancer has been supported throughout County Durham. The initiative was aimed at raising awareness around the signs and symptoms of bowel cancer and encouraging individuals to visit their GP. Early evaluation has shown an increase in awareness, and presentation of symptoms. Work has also continued to promote bowel cancer screening through the community based cancer information service.

   c. The number of permanent admissions of people aged 65 and over to residential and nursing care in the first quarter of 2012/13 has reduced by 38 to 162. This equates to a 12 month equivalent rate of 711.6 per 100,000. In the first quarter of 2011/12 the equivalent number was 200 (879 per 100,000). This is a significant performance improvement in this quarter. The impact of strategies to maintain people's independence can be evidenced through the average age at admission to residential care rising from 84.9 in 2007/8 to 86.4 in 2011/12. Additionally, the average length of stay for a permanent residential admission has reduced from 547 days in 2010/11 to 487 in 2011/12. The service is also looking at high performing authorities to examine admission practices and identify areas for improvement in County Durham. Across County Durham the rate ranges from 585.6 in the Dales Health Network to 835.6 in the Easington Health Network.

   d. Feedback from service users and carers is an increasingly important aspect in understanding the quality of outcomes being delivered to service users in County Durham. Latest feedback from surveys highlights the following:

      - The overall satisfaction rating for services users with their adult social care assessments is 92%. This is achieving the annual target (92%);
      - 94% of service users reported that the help and support they receive has made their quality of life "much" or a "little" better. This has exceeded the target of 92%;
      - Overall Carer satisfaction with their care and support is 81%, achieving the target of 81%.

8. The key performance improvement issues for this theme are:

    a. Prevalence of breastfeeding 6 - 8 weeks after birth has reduced and is significantly below the annual target. Between April and June 2012, 355 out of 1,360 babies that were due their 6-8 week check were recorded as totally or partially breastfed, which represents 26.1% against a target of 30.3%. This has decreased slightly from 27.6% in the same period in 2011/12. Performance is also significantly below the average national performance of 46.9%. Work is continuing with the main acute providers to increase and sustain rates through to six to eight weeks. Continued roll out of the National Childbirth Trust peer support service is taking place across County Durham and Darlington. This incorporates the Breastfeeding Baby Café and Baby Café local which has been set up in two locations, Seaham and Peterlee. The Baby Café will also be rolled out to a further three locations in East Durham. A similar model is to be implemented across the rest of County Durham. Other actions being taken to improve performance include the identification of breastfeeding leads in each of the three One Point Service Areas and the establishment of working groups in each area to focus on operational issues. Membership of the breastfeeding groups will include community midwives, hospital based midwifery, paediatrics, and health visitors and family workers from the One Point Service.

    b. Delayed transfers of care per 100,000 have increased. In the 3 sample weeks between April and June there were 146 delays which equates to a rate of 12 delays per 100,000. This is an increase from 1.89 in the same period last year and from the final outturn for 2011/12 (4.9).This increase is primarily due to the inclusion of health delays in community hospital beds in the calculation. Significantly, only 3 of the 146 delays were attributable to Adult Social Care only.

    c. There is one council plan action in this theme behind target. A review of the provision of in-house day services following the re-procurement of independent sector day services was due to take place by June 2013. This action has been delayed until September 2013 due to a delay with the re-procurement of independent sector day services. The action to implement this in County Durham which is included in the Adults, Wellbeing and Health (AWH) Service Plan has been delayed from June 2012 to September 2012 due to work being re-allocated to in house day care services review and re-design.

9. A council plan action proposed to be deleted is working with partners and clinical commissioning groups to review the joint commissioning strategy on long term conditions for County Durham, to ensure it is fit for purpose and designed to achieve strategic health and wellbeing outcomes for local people. This was due to be completed by March 2014 but the implementation of the strategy has been put on hold as no detailed action plan has been developed by NHS County Durham.

10. A key action in the Neighbourhood Services Service Plan is to review and refresh a Sport and Leisure Strategy by April 2012. The deadline has been delayed until January 2013 as the service is currently undertaking a process to integrate and refresh cultural, heritage and library strategies into the Sport and Leisure Strategy, as a result of the transfer of these services from the Adults, Wellbeing and Health service to Neighbourhood services.

11. Further performance issues relate to:

    a. Results of the first Subjective Wellbeing Annual Population Survey were released in late July. The survey includes four measures collected by the following questions:

        - Overall, how satisfied are you with your life nowadays?
        - Overall, how happy did you feel yesterday?

- Overall, how anxious did you feel yesterday?
- Overall, to what extent do you feel the things you do in your life are worthwhile?

Initial analysis indicates that residents of County Durham have relatively low levels of subjective wellbeing compared to national averages. However, further work is required to better understand the survey methodology employed and to make more detailed comparisons.

b. The Department of Health recently published their County Durham Health Profile 2012 which provides a health summary for County Durham. The range of results highlights a number of health indicators which potentially could inform the council's health outcomes within the Altogether Healthier council plan priorities. These include:

   i. Smoking in pregnancy – which measures the percentage of mothers smoking in pregnancy where status is known and refers to 2010/11 data. 22.9% (1,292) of mothers were recorded as smoking in pregnancy, which is worse than the England average of 13.7%.

   ii. Adult obesity – which measures the percentage of adults recorded as obese, modelled on an estimate using the Health Survey for England 2006-2008. 28.6% of adults were recorded as obese which is worse than the England average of 24.2%.

   iii. Excess winter deaths – which measures the ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) for the 3 year period August 2007 to July 2010. The ratio of excess winter deaths was recorded as 19.8% (327) which is in line with the England average.

The above data from the County Durham Health Profile has been considered and reflected in development of the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

12. The key risk to successfully delivering the objectives of this theme is A deterioration in public *health services resulting from the transfer of public health responsibilities to the Local Authority and the impact of future funding proposals.* The impact of this risk has been reassessed and is now considered to be critical, because it has emerged that future funding proposals may result in a significant budget reduction. A transition programme is in place to manage the risks surrounding these changes.

Recommendation

13. That the Adults, Wellbeing and Health Overview and Scrutiny Committee receive the report and consider any performance issues arising there from.

Appendix 1: Implications

Finance

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

Staffing

Performance against a number of relevant corporate health PIs has been included to monitor staffing levels and absence rates.

Risk

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

Equality and Diversity

Corporate health PIs and key actions relating to equality and diversity issues are monitored as part of the performance monitoring process.

Accommodation

Not applicable

Crime and Disorder

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

Human Rights

Not applicable

Consultation

Not applicable

Procurement

Not applicable

Disability

Corporate health PIs and key actions relating to accessibility issues and employees with a disability are monitored as part of the performance monitoring process.

Legal Implications

Not applicable

Appendix 2: Key to symbols used within the report

Where icons appear in this report, they have been applied to the most recently available information.

Direction of travel		Performance against target
Latest reported data has improved from comparable period	GREEN	Performance better than target
Latest reported data remains the same as comparable period	AMBER	Getting there - performance approaching target (within 2%)
Latest reported data has deteriorated from comparable period	RED	Performance >2% behind target

Actions

WHITE	Complete. (Action achieved by deadline/achieved ahead of deadline)
GREEN	Action on track to be achieved by the deadline
RED	Action not achieved by the deadline/unlikely to be achieved by the deadline

Benchmarking

GREEN	Performance better than other authorities based on latest benchmarking information available
AMBER	Performance in line with other authorities based on latest benchmarking information available
RED	Performance worse than other authorities based on latest benchmarking information available

Appendix 3: Summary of Key Performance Indicators
Table 1: Key Target Indicators

Ref	Description	Latest data	Period covered	Period target	Current performance to target	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
Altogether Healthier										
26	Four week smoking quitters per 100,000 population (former NI 123)	1,308	2011/12	1,242	GREEN	1,165	GREEN	911 GREEN	1225* GREEN	2010/11
27	Number of eligible people who have received an NHS health check	20,939	2011/12	24,400	RED	35,598	RED			
28	Prevalence of breastfeeding 6-8 weeks after birth	26.1%	Apr - Jun 2012	30.3%	RED	27.6%	RED	46.9% RED	30.1%* RED	Q4 11/12
29	Number of adult community health checks/health appraisals completed	1159	Apr - Jun 2012	625	GREEN	New indicator	N/A			
30	Number of people in treatment with the Community Alcohol Service (CAS) as a percentage of the estimated drinking population **Also in Altogether Safer**	9.3%	2011/12	Not set for 2011/12	N/A	New indicator	N/A			
31	% of all exits from alcohol treatment that are planned discharges **Also in Altogether Safer**	64%	2011/12	65%	AMBER	52%	GREEN	58% GREEN		2011/12
32	% of service users reporting that the help and support they receive has made their life “much” or “a little” better.	94.0%	2011/12	90%	GREEN	90.6%	GREEN			
33	Overall satisfaction rating of social care users	92.0%	2011/12	90%	GREEN	92.6%	AMBER	90% GREEN	91%** GREEN	2010/11

Ref	Description	Latest data	Period covered	Period target	Current performance to target	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
34	Adults in contact with secondary mental health services in paid employment (former NI 150)	10.7%	Jul 11 - Jun 12	9.0%	GREEN	9.5%	GREEN	9.0% GREEN		2010/11
35	Overall satisfaction rate of carers	81.0%	Oct 11 - Apr 12	81.0%	GREEN	New indicator	N/A	83% RED		2009/10
36	Adults aged 18-64 per 100,000 population admitted on a permanent basis in the year to residential or nursing care	7.5	Apr - Jun 12 (projected to year end)	10	GREEN	10.3	GREEN			
37	Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care	711.6	Apr - Jun 12 (projected to year end)	879	GREEN	879	GREEN			
38	% of service users that have had care needs reviewed	95.3%	Jul 2011 - Jun 2012	92%	GREEN	91.1%	GREEN			
39	Social care service users offered self-directed support (direct payments and individual budgets) (former NI 130)	52.6%	Jul 11 - Jun 12	50.0%	GREEN	45.1%	GREEN	30.1% GREEN		2010/11
40	% of older people who were still at home 91 days after discharge from hospital into reablement / rehabilitation services (former NI 125)	88.1%	Jan - Mar 2012	85%	GREEN	89.6%	RED	83.1% GREEN	80%** GREEN	2010/11
41	Overall satisfaction rating for intermediate care services	95.0%	2011/12	95%	GREEN	Definition changed	N/A			
42	% of people completing reablement who had achieved their goals (regional indicator)	76.4%	2011/12	70%	GREEN	61%	GREEN			

Ref	Description	Latest data	Period covered	Period target	Current performance to target	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
43	Successful completions as a percentage of total number in drug treatment **Also in Altogether Safer**	11.0%	2011/12	Not set for 2011/12	N/A	New indicator	N/A	15%	13-20%*	2011/12

Table 2: Key Tracker Indicators

Ref	Description	Latest data	Period covered	Previous period data	Performance compared to previous period	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
Altogether Healthier										
140	Standardised under 75 mortality rate for all circulatory diseases per 100,000 population (Former NI 121)	71.6	2010	76	GREEN	76	GREEN	64.67 RED	70.95* AMBER	2010
141	Standardised under 75 mortality rate for all cancers per 100,000 population (Former NI 122)	115.62	2010	123.6	GREEN	123.6	GREEN	108.05 RED	123.04* GREEN	2010
142	% of the total eligible population screened for bowel cancer	66.8%	Jan - Mar 2012	57.5%	GREEN	58.6%	GREEN			
143	% of the total eligible population screened for cervical cancer	81.1%	Jan - Mar 2012	81%	GREEN	80.7%	GREEN	78.60% GREEN	79.5%* GREEN	2010/11
144	Male life expectancy at birth (years)	77	2008-10	76.9	GREEN	76.9	GREEN	78.58 RED	77.2* AMBER	2008-10
145	Female life expectancy at birth (years)	81	2008-10	80.7	GREEN	80.7	GREEN	82.57 RED	81.2* AMBER	2008-10
146	Alcohol related hospital admissions per 100,000 population	2486	2010/11	2286	RED	2286	RED	1895 RED	2597** GREEN	2010/11
147	% respondents who feel that their health in general is good	67.4%	2009	69.2%	RED	69.2%	RED	75.8% RED	70.4%* RED	2008

Ref	Description	Latest data	Period covered	Previous period data	Performance compared to previous period	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
148	% of the adult population participating in at least 30 minutes sport and active recreation of at least moderate intensity on at least 3 days a week (Active People Survey) (former NI 8)	23.6%	April 2010 - April 2012	23.3%	RED	23.3%	RED	22.30% GREEN	21.5%* GREEN	2011
149	Delayed transfers of care from hospital and those which are attributable to adult social care (former NI 131)	12	Apr - Jun 2012	4.9 [1]	RED	1.89	RED	10.11		2011/12

[1] Figure refreshed

Adults Wellbeing and Health Overview and Scrutiny Committee

1 October 2012

Health and Social Care Act 2012 and the implications for Health Overview and Scrutiny – Update Report

Report of Assistant Chief Executive

Purpose of the Report

1 This report details the progress made in implementing the recommendations of the Health and Social Care Act 2012 and the implications for Health Overview and Scrutiny report considered by the AWH Overview and Scrutiny Committee at its special meeting held on 13 August 2012.

Background

2 At its meeting held on 13 August 2012, the AWH Overview and Scrutiny Committee considered a report which:-

(a) examined the implications for Health Overview and Scrutiny of NHS Reforms presented in the Health and Social Care Act 2012;

(b) explained how Health Scrutiny has developed in County Durham, and

(c) invited consideration of how relationships can be developed between the Adults Wellbeing and Health Overview and Scrutiny Committee (AWH OSC) and the emerging Clinical Commissioning Groups, the shadow Health and Wellbeing Board and local HealthWatch as well as wider NHS and Social Care providers

3 In agreeing the report, members of the Committee recommended that Durham County Council discharge its powers of review and scrutiny on such matters designated within the Health and Social Care Act 2012 and which may be subject to Regulation and Guidance from the Department of Health through the Adults Wellbeing and Health Overview and Scrutiny Committee and that :-

(a) arrangements be made for an information sharing presentation to be given to the Clinical Commissioning Groups and the shadow Health and Wellbeing Board detailing the role, function approach and work programme of the County Council's Adults Wellbeing and Health Overview and Scrutiny Committee and how this contributes to the Health agenda in County Durham.

(b) Clinical Commissioning Groups be invited to share their draft "Clear and Credible Plans "for future commissioning arrangements with the Adults Wellbeing and Health Overview and Scrutiny Committee at the earliest opportunity.

(c) the Council ask that each Clinical Commissioning Group identify a nominated representative to act as liaison officer with the Council's Adults Wellbeing and Health Overview and Scrutiny Committee.

(d) the Shadow Health and Wellbeing Board be invited to share the refreshed JSNA and the ongoing work in developing the Joint Health and Wellbeing strategy with the Adults Wellbeing and Health Overview and Scrutiny Committee.

(e) the examples of good practice detailed within this report in respect of the Partnerships approach to Health scrutiny shown by the County Council and NHS Partners be used as the foundation for future health scrutiny arrangements following NHS reform.

(f) those Public Health services that are transferred across to the Council as part of the NHS/Public Health reforms are subject to existing Overview and Scrutiny arrangements that apply to Council services and that the Adults Wellbeing and Health Overview and Scrutiny Committee will have responsibility for this function, recognising that the Public Health service is a cross-cutting service and may be required to input into other Overview and Scrutiny activity.

(g) a protocol for working together be developed between the Adults Wellbeing and Health Overview and Scrutiny Committee and key stakeholders including the National Commissioning Board, Health and Wellbeing Board, Clinical Commissioning Groups, HealthWatch, NHS Partners and the Adults Wellbeing and Health service grouping – the protocol could include information sharing, communication, engagement reporting mechanisms and organisational liaison.

(h) arrangements for a special meeting of the Adults Wellbeing and Health Overview and Scrutiny Committee to consider the Department of Health consultation on Local authority Health scrutiny be noted and agreed.

Progress made against recommendations

4 Initial meetings between officers within the Overview and Scrutiny team and representatives from the Durham Dales, Easington and Sedgefield and North Durham Clinical Commissioning Groups are being arranged to discuss the best forums to deliver the proposed information sharing presentation to CCGs on the role, function approach and work programme of the County Council's Adults Wellbeing and Health Overview and Scrutiny Committee and how this contributes to the Health agenda in County Durham. It is anticipated that these presentations will have been delivered by the end of October 2012.

5 The Health and Social Care Act 2012 and the implications for Health Overview and Scrutiny report has been considered by the Shadow Health and Wellbeing Board. Members will recall that this report contained a significant amount of information on how Health Scrutiny has developed in County Durham, giving specific examples of partnership working between the Council's AWH OSC and NHS partners. It is proposed that a further presentation outlining the Work programme issues that have been identified for the Committee to be shared with the Shadow Health and Wellbeing Board.

6 In respect of CCG's Clear and Credible Plans, Members will recall that at a special meeting of the AWH Overview and Scrutiny Committee held on 25 May 2012, a detailed presentation was given by Dr Stewart Findlay, Interim Accountable Officer for the NHS Durham Dales, Easington and Sedgefield CCG and Dr Neill O'Brien, Interim Accountable Officer for the NHS North Durham CCG which set out the parameters within which the CCGs had been set up as well as the initial key aims of both CCG's Clear and Credible plans. Whilst this initial presentation proved informative, Scrutiny officers are arranging for the CCG's final Clear and Credible plans to be formally presented to the Adults Wellbeing and Health Overview and Scrutiny Committee. It is envisaged that this will be to a special meeting of the Committee in early November subject to CCG agreement.

7 The CCGs have identified lead officers within their organisations to act as Overview and Scrutiny Liaison leads. The officers are:-

NHS Durham Dales, Easington and Sedgefield CCG – Dr Joseph Chandy

NHS North Durham CCG – TBC

8 The refreshed Joint Strategic Needs Assessment (JSNA) has been considered by the Adults Wellbeing and Health OSC at its meeting held on 16TH April 2012. Representatives of the Committee were invited to participate in a "Big Tent" engagement event which sought views upon County Durham's first Joint Health and Wellbeing Strategy, in particular the draft strategic objectives from the following perspectives:

(a) Carers
(b) Children and families
(c) Wider factors relating to health and wellbeing
(d) Families
(e) People with learning disabilities
(f) Mental health problems
(g) Older people
(h) People with sensory or physical disabilities
(i) Veterans and ex-service personnel

9 The County Durham shadow Health and Wellbeing Board is currently consulting upon the Draft Health and Wellbeing Strategy and comments are invited by Friday 19 October 2012. A report on the draft document and the consultation process will be considered by the Adults Wellbeing and Health Overview and Scrutiny Committee on 15 October 2012 and members will be

invited to comment on this with a response to be submitted within the identified deadlines.

10 The Adults Wellbeing and Health Overview and Scrutiny Committee has received regular update reports informing them of progress in respect of the transfer of certain Public Health services/functions from NHS County Durham to Durham County Council. A detailed presentation on this process was considered by members at a special meeting held on 26 June 2012 and the latest update report will be submitted to a special meeting of the Committee on 15 October 2012.

11 Work has commenced on the development of a protocol for working together be developed between the Adults Wellbeing and Health Overview and Scrutiny Committee and key stakeholders including the National Commissioning Board, Health and Wellbeing Board, Clinical Commissioning Groups, HealthWatch, NHS Partners and the Adults Wellbeing and Health service grouping. The basis of the protocol will be around information sharing, communication, engagement reporting mechanisms and organisational liaison. The starting point for the development of this protocol has been the Consultation and Engagement protocol previously developed between NHS County Durham, County Durham Local Involvement Network and Durham County Council (Led jointly by the Council's Adults Wellbeing and Health service grouping and the Assistant Chief Executive's service (Overview and Scrutiny). It is anticipated that a draft protocol will be available in mid-November 2012.

12 The Adults Wellbeing and Health considered a report at its special meeting on 13 August 2012 which detailed the Department of Health Consultation on "Local Authority Health Scrutiny". The Committee raised a number of issues regarding the consultation proposals and subsequently submitted a formal response on 7 September 2012. A further report inviting endorsement of the response has been submitted for consideration to today's meeting.

Recommendation

13 The Adults Wellbeing and Health Overview and Scrutiny Committee is asked to receive this report and note the progress made in implementing the recommendations previously agreed in respect of the implications for Health Overview and Scrutiny of NHS Reforms presented in the Health and Social Care Act 2012.

Background papers

(a) Joint Strategic Needs Assessment – Presentation by and Report of Head of Planning and Performance, Adults Wellbeing and Health to AWH Overview and Scrutiny Committee 16 April 2012

(b) Minutes of the AWH Overview and Scrutiny Committee – 25 May, 26 June, 13 August 2012

(c) Health and Social Care Act 2012 and the implications for Health Overview and Scrutiny – Report of Assistant Chief Executive to AWH Overview and Scrutiny Committee 13 August 2012

(d) Department of Health Consultation – Local Authority Health Scrutiny – Report of Assistant Chief Executive to AWH Overview and Scrutiny Committee 13 August 2012

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Appendix 1: Implications

Finance - None

Staffing - None

Risk – The proposals outlined within this report are aimed at mitigating any potential risks to the Council's Health Overview and Scrutiny function by ensuring that a robust network of relationships are developed between the Adults Wellbeing and Health Overview and Scrutiny Committee and existing NHS Partners and those bodies newly established under the terms of the Health and Social Care Act 2012.

Equality and Diversity / Public Sector Equality Duty - None

Accommodation - None

Crime and Disorder - None

Human Rights - None

Consultation – The report details the work of the Adults Wellbeing and Health Overview and Scrutiny Committee in responding to the Department of Health Consultation on Local Authority Health Scrutiny.

Procurement - None

Disability Issues - None

Legal Implications – None

Adults Wellbeing and Health Overview and Scrutiny Committee

1 October 2012

Department of Health Consultation – Local Authority Health Scrutiny

Report of Lorraine O'Donnell, Assistant Chief Executive

Purpose of the Report

1. This report details the Council's response to the Department of Health consultation paper on local authority health scrutiny (see Appendix 2).

Background

2. The Committee considered a report at its special meeting held on 13 August 2012 highlighting proposals to update local accountability put forward as part of a Department of Health consultation launched on 12 July 2012 on regulations governing local authority health scrutiny under the auspices of the Health and Social Care Act 2012.

Department of Health consultation – "Local Authority Health Scrutiny"

3. Members will recall that the consultation invited comments around:-

   (a) proposals for publication of timescales regarding proposed changes to health services as well as the local authority's proposed timescales on examining such proposals and the potential to challenge such proposals by way of referral to the Secretary of State for Health;

   (b) proposals that regulations would make the provision that local authorities would need to have regard to financial and resource considerations when deciding whether a proposal is in the best interests of the local health service;

   (c) proposals to introduce a new power of referral to the NHS Commissioning Board as an intermediate step, either formally or informally;

   (d) proposals to require referrals to be made by full Council rather than the Health OSC as currently happens;

   (e) proposals relating to the establishment of Joint ealth Overview and Scrutiny Committees where changes to health services may impact on two or more local authorities.

Proposed response to Consultation

4. Following consideration of the proposals and to reflect comments made by members at the meeting held on 13 August 2012, a corporate response to the consultation paper was drafted and agreed with the Chair of the Adults

Wellbeing and Health Overview and Scrutiny Committee to allow a response to be made by the deadline of 7Th September 2012. A copy of the response is attached to this report (see appendix 2).

Recommendations

5. It is recommended that the Adults Wellbeing and Health Overview and Scrutiny Committee receive this report and endorse the corporate response to the consultation appended hereto.

Background papers

Department of Health consultation paper – Local Authority Health Scrutiny

Report of Assistant Chief Executive - Department of Health consultation paper - Local Authority Health Scrutiny – Special Adults Wellbeing and Health Overview and Scrutiny Committee held on 13 August 2012

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Appendix 1: Implications

Finance - None

Staffing - None

Risk - None

Equality and Diversity / Public Sector Equality Duty - None

Accommodation - None

Crime and Disorder - None

Human Rights - None

Consultation – The deadline for responding to the consultation is 7 September 2012

Procurement - None

Disability Issues - None

Legal Implications – The proposed response to the consultation has been shared with the Council's Head of Legal and Democratic Services.

APPENDIX 2

Department of Health consultation – "Local Authority Health Scrutiny"

Response by Durham County Council
August 2012

General Comments

We have addressed your questions in turn below, although there are a number of comments we would like to submit that do not neatly fit into any of the question areas below.

Firstly, we would like to comment on the proposals to assign the Health Scrutiny power to the local authority, as opposed to Overview & Scrutiny specifically. We believe that by having the role as the named scrutiny committee, responsible for Health Scrutiny, it has developed a certain level of experience, expertise and respect in the local health and social care economy. It is able to call upon past experience and the accumulated knowledge when considering a new topic. We can see no logical reason for the power to be instead granted to the wider local authority. In addition to that, we can not see a realistic alternative for local authorities to carry out health scrutiny, other than how they do now, with non-executive councillors in a committee type environment. Any system which saw Executive Councillors becoming directly involved with the performing of Health Scrutiny would raise the very real prospect of a conflict of interest.

The second point we would like to make is that the Department of Health seems to be under the impression that the bulk of Health Scrutiny's work is in responding to service reconfigurations and, therefore, being somewhat reactive. It is noted that the entire consultation document on the proposals centres on such reconfiguration debates. Durham County Councils Adult Well-being and Health Scrutiny committee, (like most local authorities) has developed a high profile role in proactively considering and investigating topics that it sees as important, rather similar to a Parliamentary Select Committee. It does not plan its entire business around the issues that the local NHS raises with it. We suggest that the Department of Health make more reference to this in its documents on the topic.

Consultation Questions

Q1. Do you consider that it would be helpful for regulations to place a requirement on the NHS and local authorities to publish clear timescales? Please give reasons:-

We note that under existing regulations the HOSC can decide to refer a reconfiguration proposal to the Secretary of State at any point during the planning or development of that proposal; in practice this is generally done when the NHS has finished its consultation and decided on its preferred option. When HOSCs have referred earlier in this process, the Independent Reconfiguration Panel has usually

advised that the NHS and HOSC should maintain an ongoing dialogue while options are developed.

The Scrutiny process (and indeed decision making processes) will often have to be tailored to the particular issue under consideration, taking into account the weight of evidence to support the decision/recommendation. It is quite appropriate at times to consider secondary evidence and further consultation/information. We believe the issue of publishing timescales potential could place constraints on the effectiveness of scrutiny process to this end. Indeed it could equally hamper the reconsideration of proposals by commissioners and providers in efforts to ensure quality, safety and financial sustainability.

Our experience has demonstrated that agreement and ongoing dialogue between the commissioners and overview and scrutiny in relation to the timescale associated with a consultation and a decision making schedule is essential. Local discussion between both parties to agree the timescale for the issue in hand is fundamental and is very much in line with the advice from IRP. We are not convinced publishing timescales for referral purposes is helpful.

Q2. Would you welcome indicative timescales being provided in guidance? What would be the likely benefits and disadvantages of this?

Please see above

Q3. Do you consider it appropriate that financial considerations should form part of local authority referrals? Please give reasons for your view.

We note that regulations would make the provision that local authorities would need to have regard to financial and resource considerations when deciding whether a proposal is in the best interests of the local health service. Local authorities will need support and information to make this assessment and the regulations will enable them to require relevant information to be provided by NHS bodies and providers. Furthermore, we note that where local authorities are not assured that plans are in the best interests of the local health services and believe that alternative proposals should be considered that are viable within the same financial envelope as available to local commissioners, they should offer alternatives to the NHS.

In the current economic climate with significant constraints on resource availability we believe the principle of financial considerations as part of a referral seems the right thing to do.

However, we believe it is inappropriate for a scrutiny committee to become experts in terms of financial planning offering an alternative business case for consideration. The value that overview and scrutiny brings is the community leadership and lay perspective. The critical friend and challenge role must remain and should take into account (as we do currently) business case options for any proposed changes. We believe strongly that it is entirely up to commissioners and providers to assure overview and scrutiny that there is a sound business case and that these are financially sustainable proposals. The accountability chain here could become extremely confused were scrutiny to provide assurance and or offer alternative financial proposals in this respect.

Q4. Given the new system landscape and the proposed role of the NHS Commissioning Board, do you consider it helpful that there should be a first referral stage to the NHS Commissioning Board?

We note that the government is not proposing to remove the ultimate right to refer to the SoS, however it is considering whether to introduce an intermediate referral stage in which the initial referral is made to the NHSCB (except for services commissioned directly by the NHSCB). The Board would be required to take action, such as working with local commissioners to try to address the local authority's concerns, and would have to respond to the local authority with any action it intended to take. If the local authority still wished to pursue a referral, it would identify how the Board's actions did not address its concerns.

We believe there is probably some merit in this but there are issues with regard to potential conflicts of interest with NHSCB themselves in a commissioner role commissioning for example offender health programmes or specialised services. However, we do think in an intermediary phase perhaps some sort of mediation might be usefully exercised by the NHS Commissioning Board.

Q5. Would there be any additional benefits and drawbacks of establishing this intermediate referral?

See above

Q6. In what other ways might the referral process be made to more accurately reflect the autonomy in the new commissioning system and emphasise the local resolution of disputes?

Comments needed.

Q7. Do you consider it would be helpful for referrals to have to be made by the full council? Please give reasons for your view.

We note that currently HOSCs make the decision to refer to the SoS. The consultation paper indicates that referral signals a breakdown in dialogue between local authorities and the NHS and should be regarded as the last resort with all discussion exhausted; the decision should be open to debate. Given the enhanced leadership role for local authorities in health and social care the government believes that it is right that the full council should support any decision to refer a proposed service change, and that the council should not be able to delegate this to a committee. It is likely to be undesirable for one part of the council – the health and wellbeing board – to be working with the NHS on a joint strategic framework while another part – the HOSC – has the power of referral.

We do not support the proposal that Full Council should be required to make a referral.

Overview and scrutiny by its nature is about capturing the evidence and focussed on outcomes that will lead to policy development, policy review or service improvement. The scrutiny process itself is an educative process with members developing a better understanding of the issues and constraints; reflecting on the consultation to hear

what local people have to say about the issue in hand. Full Council will reach and agree resolutions without going into the detail that overview and scrutiny can offer.

That said we believe that Overview and Scrutiny Committees should be provided with clear criteria for referral, some of which could involve a series of tests to be answered. As the local authority (as proposed) is given the power to confer its scrutiny responsibility to a "method of choice" (we believe that our existing arrangements are the best fit for health scrutiny delivery) the responsibility for referral should be allocated accordingly. What we mean by this is that if Durham County Council confers the function to the Adult Well-being and Health Overview and Scrutiny committee, the committee should also have responsibility for referral. Clearly as part of the process of referral the committee will share its evidence/case for referral with the Health and Wellbeing Board, Cabinet and Council.

We agree that referral should be the last resort. With the executive and scrutiny split, scrutiny holds the executive to account and in our opinion as a last resort will "call-in" a decision of the executive. A last resort because we invest in pre decision scrutiny so that scrutiny members are aware of the proposals as early as is possible. We are not convinced by government's suggestion that "…..it is likely to be undesirable for one part of the council – the health and wellbeing board – to be working with the NHS on a joint strategic framework while another part – the HOSC – has the power of referral……". Why not? Overview and Scrutiny is about independent, constructive challenge providing community voice for our communities.

Notwithstanding this, within Durham County Council in order to ensure that the expertise of relevant Cabinet portfolio holders can be utilised, both formally via the AWH OSC and informally, a number of methods of engagement have been developed including:-

(a) Cabinet Portfolio holders for Adults Services and Safer and Healthier Communities are invited to AWH OSC to share their experience and knowledge on NHS/Public Health/Social Care services and to contribute to the Committee's evidence gathering process;

(b) Regular Executive/Non-Executive meetings to allow a two way exchange of information between Cabinet members and Overview and Scrutiny regarding the AWH OSC Work Programme, the Forward Plan of Key decisions and NHS partner issues;

(c) 6 monthly meetings held between the Chairs of NHS Partner organisations, Cabinet Portfolio holders for Adults Services and Safer and Healthier Communities, the Chair and Vice Chair of the AWH OSC and Health Scrutiny officers to allow a more informed discussion to take place between the Council and NHS partners regarding Health issues and the impacts upon social care services;

(d) Findings of all Scrutiny review activity including that related to health matters are reported through to the County Durham Partnership's (LSP) thematic sub groups as appropriate. This partnership working is being developed to include the newly established Shadow Health and Wellbeing Board and the Clinical Commissioning Groups.

We note that the consultation document refers to the fact that by ensuring Full Council has a role to play in deciding upon a proposal being referred:

"will also bring health oversight and scrutiny functions in line with other local authority scrutiny functions, which also require the agreement of full council"[1].

We are not aware of any instances where Overview and Scrutiny Committees seek determination or agreement of reports/recommendations by Full Council other than in receiving its Annual Report. We would welcome any examples of such practices that the Department of Health could provide.

Rather, we would suggest that by following agreed lines of enquiry and engaging with relevant partners/bodies i.e HWB/CCG NHS providers as well as patients and local communities, the Health OSC will build a robust evidence base upon which the case for referral can by justified..

Q8. Do you agree that the formation of joint overview and scrutiny arrangements should be incorporated into regulations for substantial service developments or variations where more than one local authority is consulted? If not, why not?

Yes.

Q9. Are there additional equalities issues with these proposals that we have not identified? Will any groups be at a disadvantage?

As part of the scrutiny process an area of challenge focuses upon the need for an equality impact assessment of proposals under consideration or out to consultation so that the needs of communities with protected characteristics are taken into account.

Q10. For each of the proposals, can you provide any additional reasons that support the proposed approach or reasons that support the current position? Have you suggestions for an alternative approach, with reasons?

No further comments.

Q11. What other issues relevant to the proposals we have set out should we be considering as part of this consultation? Is there anything that should be included that isn't?

The proactive role that health overview and scrutiny has taken in contributing to policy development, policy review and service improvement.

[1] Para 72, page 19.