

## **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 **Wednesday 3 July 2013 at 9.30 am**

#### **Present:**

**Councillor J Chaplow (Chairman)**

#### **Members of the Committee:**

Councillors R Bell, A Bonner, S Forster, O Gunn, D Hall, K Hopper, E Huntington, L Pounder, W Stelling and P Stradling

#### **Co-opted Members:**

Mrs B Carr, Mrs H Gibbon, Mrs R Hassoon and Mrs M Thompson

#### **Also Present:**

Councillor M Nicholls

#### **1 Apologies for Absence**

Apologies for absence were received from Councillors J Armstrong, P Brookes, J Charlton, H Liddle, O Milburn, A Savory, O Temple and R Todd.

#### **2 Substitute Members**

There were no substitute Members in attendance.

#### **3 Minutes**

The Minutes of the meetings held on 28 January and 15 April 2013 were conformed a s a correct record and signed by the Chairman.

#### **4 Minutes, for information**

The Committee noted the Minutes of the Special Joint meeting of the Safer and Stronger Communities, Adults, Wellbeing and Health and Children and Young People's Overview and Scrutiny Committee held on 29 January 2013.

## **5 Declarations of Interest**

There were no declarations of interest.

## **6 Items from Co-opted Members or Interested Parties**

### **Sedgefield Mental Health Task Group**

Mrs Hassoon expressed concerns that, in a period of increasing suicide rates, the Mental Health Task Group for the Sedgefield area had been abolished.

The Principal Overview and Scrutiny Officer informed the Committee that he had raised this issue with Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG) and had received a detailed response which would be circulated to all Committee Members. The Mental Health Task Group had been established in the Sedgefield locality by the Primary Care Trust, which ceased to exist after 31 March 2013. Dr Dinah Roy, the Mental Health Lead at DDES CCG, was in the process of carrying a review of governance arrangements for the CCG to ensure Mental Health Task Groups reflected all localities within the CCG. Funding was in place to reconvene the Task Groups in the near future, and in the meantime, any issues could be raised through the Sedgefield Stakeholders Group.

Mrs Hassoon thanked the Principal Overview and Scrutiny Officer for clarifying the issue, adding that if service users had been informed of the CCG's intentions, their concerns may not have arisen.

### **County Durham and Darlington NHS Foundation Trust Update**

Mr E Lovell, Associate Director of Marketing and Communications, County Durham and Darlington NHS Foundation Trust, provided the Committee with the following updates:

- The opening last week of a new Chemotherapy Unit at Shotley Bridge Hospital, which would bring chemotherapy treatment closer to home for patients.
- The opening of a new rapid access clinic for women requiring gynaecological consultations, diagnostics and treatments at Chester-le-Street Community Hospital. This provided care outside of the hospital environment and closer to home for patients.
- It was anticipated there would be some disruption to maternity services at the University Hospital of North Durham during the introduction of a vascular intervention theatre and the co-location of the two units. Discussions would take place with women due to be delivering around the time the works were planned.
- Referring to winter planning, there was a need to schedule into future meetings of the Committee unscheduled care issues. The Principal Overview and Scrutiny Officer replied that this could be considered at Agenda Item No. 12 of today's meeting.

## **7 NHS England: Durham Darlington and Tees Area Team**

The Committee considered a report of the Assistant Chief Executive and received a presentation from Ben Clark, Assistant Director of Clinical Strategy, NHS England – Durham, Darlington and Tees Valley Team (DDTVT) which provided details of the role

and function of the DDTVT as the local presence for NHS England (for copy of report and slides see file of Minutes).

The Assistant Director of Clinical Strategy, NHS England informed the Committee that NHS England was a patient-focussed, clinically-led organisation which had the culture, style and leadership to improve outcomes for patients. It allocated resources to Clinical Commissioning Groups (CCG's), provided support to CCG's to commission services on behalf of their patients, as well as having direct responsibility for commissioning some services.

The aims of NHS England were to improve health outcomes as defined by the NHS Outcomes Framework and to ensure that NHS bodies operated within resource limits. This would enable patients and the public to have more choice and control over their care and services, clinicians to have greater freedom to innovate to shape services around the needs and choices of patients and the promotion of equality and the reduction of inequality in access to healthcare.

The structure of NHS England was as follows:

- A national support centre in Leeds and a presence in London
- Four regions - providing clinical and professional leadership, co-ordinating planning, operational management and emergency preparedness and undertaking direct commissioning functions and processes within a single operating model
- 27 Area teams – commissioning high quality primary care services, supporting and developing CCGs, assessing and assuring performance, direct and specialised commissioning, managing and cultivating local partnerships and stakeholder relationships, including representation on health and wellbeing boards

**Resolved:**

That the role and function of NHS England be noted.

## **8 Securing Quality in Health Services**

The Committee considered a report of the Assistant Chief Executive, which provided Members with details of progress of the Securing Quality in Health Services Project, (formerly the Acute Services Quality Legacy Project) (for copy see file of Minutes).

Rosemary Grainger, Project Director, NHS Darlington Clinical Commissioning Group informed the Committee that the Project, which was to enhance the commissioning of acute hospital services by reaching a consensus on the key clinical quality standards in acute hospital care that should be commissioned by CCG's, was completed and reported to the final meetings of the PCT clusters in March 2013.

The Project Director provided the Committee with a summary of key messages and recommendations contained within the Project report.

The Project Director informed the Committee that CCGs had agreed to build on the legacy work of the Project and would take this work forward in line with the duty placed upon them to commission high quality sustainable services. It had been agreed that this work would continue to be a commissioning led process and as such, Darlington CCG would

lead the work on behalf of the six CCGs across County Durham, Darlington, Tees and Hambleton, Richmondshire and Whitby, with the latter CCG being involved due to the scale of their patient flows into the Tees Valley area. The Project would also feed into, and be supported by, the work of the Area Team of NHS England.

The objectives for the next phase of work, which was expected to be complete by the end of the summer 2013, were to assess the feasibility of, and options for, implementing the standards and progressing implementation.

Councillor Straddling informed the Committee that a further report should be brought to Committee once the next phase of work had been completed.

**Resolved:**

- 1) That the report be noted
- 2) That further update reports on the project be brought to the Committee as part of its Work Programme.

**9 Reconfiguration of Emergency Medical and Critical Care Services at North Tees and Hartlepool NHS Foundation Trust**

The Committee considered a report of the Assistant Chief Executive which provided details of proposals by Hartlepool and Stockton on Tees Clinical Commissioning Group, Durham Dales, Easington and Sedgefield Clinical Commissioning Group and North Tees to consult upon the reconfiguration of emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust (for copy see file of Minutes).

The Principal Overview and Scrutiny Officer informed the Committee that a report of the National Clinical Advisory Team (NCAT) into the proposed reconfiguration was attached to the report at Appendix 2.

As a result of the findings of the NCAT report, a public consultation was launched on 20 May 2013 by Hartlepool and Stockton on Tees Clinical Commissioning Group and Durham Dales, Easington and Sedgefield Clinical Commissioning Group upon the proposed reconfiguration of emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust. Details of the consultation, which runs until 11 August 2013, were detailed in the report and the consultation document attached at Appendix 3.

The Principal Overview and Scrutiny Officer informed the Committee that The Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013 required the formation of a joint scrutiny arrangement, where an NHS body or relevant health service provider consulted more than one local authority on proposals to make substantial variations or developments to services. They provided that all the local authorities whose residents received such services must participate in the joint scrutiny arrangement for the purpose of responding to the consultation, using the method most appropriate to the areas and issues being considered. Only the joint scrutiny arrangement could then make a report and recommendations back to the organisation proposing the change. It was therefore proposed to establish a joint Health Scrutiny Committee which would consist of representatives of Hartlepool Borough Council,

Stockton-upon- Tees Borough Council and Durham County Council comprising equal representation from each Council. In accordance with the Regulations the Joint Committee would be the vehicle through which the respective Local Authorities would respond to the consultation. It would be for Durham County Council's Adults Wellbeing and Health Overview and Scrutiny Committee to provide information and representations in respect of the consultation as it impacted upon the residents of County Durham to its nominated representatives.

A protocol and Terms of Reference for the proposed Joint Health Scrutiny Committee had been drafted and were attached at Appendices 5 and 6 of the report. The protocol proposed the nomination of three representatives from each constituent authority and, having taken advice from the Monitoring Officer, this representation from Durham County Council should be politically balanced which would result in 2 Labour representatives and 1 representative from the Durham Independents Group being required.

Notwithstanding the appointment of a joint Health Scrutiny Committee to oversee the production of a response to the Consultation, it was proposed that a special meeting of the County Council's Adults Wellbeing and Health Overview and Scrutiny Committee be held on 23 July 2013, to receive evidence from representatives of the Hartlepool and Stockton CCG and Durham Dales, Easington and Sedgefield CCG and North Tees and Hartlepool NHS Foundation Trust in respect of proposals and also to enable members of the Committee to identify their concerns to be fed into the Joint Committees final consultation response.

Councillor Stradling suggested that two of the representatives to the Joint Committee be from the south of Durham/Easington areas.

**Resolved:**

That:

- (i) the proposed consultation by Hartlepool and Stockton on Tees Clinical Commissioning Group, Durham Dales and Easington and Sedgefield Clinical Commissioning Group and North Tees to upon the reconfiguration of emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust be noted.
- (ii) the proposed protocol and Terms of Reference for the Joint Health Scrutiny Committee detailed at Appendices 5 and 6 be agreed;
- (iii) Councillors R Todd, L Pounder and W Stelling be appointed to sit on the Joint Health Scrutiny Committee;
- (iv) the proposed arrangements for a special meeting of the Adults Wellbeing and Health Overview and Scrutiny Committee on 23 July 2013 be noted
- (v) any representations and key issues which Councillors wish to be raised as part of the Consultation exercise be directed through this Committee's nominated representatives to the Joint Health Scrutiny Committee.

## **10 NHS Quality Accounts 2012/13**

The Committee considered a report of the Assistant Chief Executive which provided details of the responses made on behalf of the Committee in respect of NHS Partners' Draft Quality Accounts for 2012/13 (for copy see file of Minutes).

### **Resolved:**

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

## **11 Quarter 4 2012/13 Performance Management Report**

The Committee considered a report of the Assistant Chief Executive which presented progress against the Council's corporate basket of performance indicators for the Altogether Healthier theme and reported other significant performance issues for 2012/13 (for copy see file of Minutes).

Councillor Stradling referred to the increase in the under-75 mortality rate from all cancers and asked that a more detailed report be provided when further information was available.

### **Resolved:**

That the report be noted and a report on the increase in the under-75 mortality rate from all cancers be provided when further information was available.

## **12 Council Plan 2013/2017 - Refresh of Work Programme for Adults Wellbeing and Health Overview and Scrutiny Committee**

The Committee considered a report of the Assistant Chief Executive which presented an updated work programme for the Committee for 2013-14 (for copy see file of Minutes).

Councillor Hall referred to the Suicide Prevention Strategy, which was shown as TBC in the work programme and asked when this would be produced. The Principal Overview and Scrutiny Officer replied that suicide prevention had been identified as a key issue and potential priority in the Council Plan 2012-2016. The work programme proposed an overview report to Committee, from which more focussed work would be undertaken. Discussions on the Suicide Prevention Strategy needed to take place with the Director of Public Health, following which the work programme would be updated.

Mrs Thompson queried why safeguarding children was not included on the work programme. The Principal Overview and Scrutiny Officer replied that this fell within the remit of the Children and Young People's Overview and Scrutiny Committee's work programme and details could be forwarded to Mrs Thompson when this was being considered by that Committee.

Councillor Gunn informed the Committee that, in light of current welfare reform and rising unemployment, the Suicide Prevention Strategy should be a priority in any future work programme. The Principal Overview and Scrutiny Officer replied that the impact of

welfare reform may fall within the remit of other Scrutiny Committees as well as this one, for example, Children and Young People's and Economy and Enterprise.

Councillor Stradling informed the Committee that the work programme was an informed guide for the forthcoming year, and could change as the year progressed depending upon emerging priorities and initiatives.

**Resolved:**

That the work programme be approved.