

## **DURHAM COUNTY COUNCIL**

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Wednesday 4 November 2015 at 9.30 am**

### **Present:**

**Councillor J Robinson (Chairman)**

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

Councillors J Armstrong, R Bell, J Chaplow, P Crathorne, M Davinson, S Forster, K Hopper, P Lawton, J Lindsay, O Milburn, P Stradling and O Temple

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

Mrs B Carr, Mrs R Hassoon and Murthy

### **Also Present:**

Councillors L Hovvels and M Williams

## **1 Apologies**

Apologies for absence were received from Councillors P Brookes, E Huntington, H Liddle, M Nicholls, L Pounder, A Savory and W Stelling

## **2 Substitute Members**

There were no substitute Members in attendance.

## **3 Minutes**

The minutes of the meeting held on 9 October 2015 were confirmed as a correct record and signed by the Chairman.

## **4 Declarations of Interest, if any**

There were no declarations of interest.

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

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

## **6 Media Issues**

The Principal Scrutiny Officer provided the Committee with details of the following items which had appeared in the press:-

- Health bosses warn of GP shortage in North East thanks to immigration rules – Evening Chronicle 19/10/15  
The Government's refusal to fast-track visas for medical students is contributing to a shortage of GPs in the North East. DDES CCG had launched a scheme offering funding and mentoring to GPs who choose to work in the region - at least one of the GPs offered a place on this scheme was forced to pull out because they could not get a visa.
- Easing winter pressures: Bringing healthcare to homes – BBC Website 16/10/15  
Improvements of community health services would help to alleviate winter pressures on health services. Health services in the community and in people's own homes will have a vital role to play, not only in the coming years, but this winter too - as a part of the solution to ease pressure on A&E and the wider NHS.
- Chancellor urged not to cut vital health fund – BBC Website 23/10/15  
This links to an item later on the agenda. The Chancellor unveiled plans to cut the £2.8bn public health budget by £200m from January. This would have a significant impact on County Durham.  
A total of 11 groups, including the Academy of Medical Royal Colleges, Royal College of Nursing, NHS Confederation and Faculty of Public Health, have put their names to a letter to George Osborne asking him to reconsider the plans.
- North East Ambulance Service plea for 999 'life threatening' calls only – The Journal 01/11/15  
Pressures placed on NEAS as the service was stretched to its limits this weekend after receiving 622 calls to 999 service since midnight on Saturday.

The Chairman informed Councillor R Bell that the issue relating to Richardson Hospital would be brought up later on the agenda.

## **7 Quality Accounts Updates - County Durham and Darlington NHS FT; Tees Esk and Wear Valleys NHS FT and North East Ambulance Service NHS FT**

The Committee noted a report of the Assistant Chief Executive that set out progress made against the 2015/16 Quality Accounts for :-

- Tees, Esk and Wear Valleys NHS Foundation Trust
- County Durham and Darlington NHS Foundation Trust
- North East Ambulance Service NHS Foundation Trust

The Committee received presentations from the following organisations, setting out their six monthly progress report in respect of delivery of the 2015/16 priorities and performance targets (for copy of report and slides of all presentations see file of Minutes). The Principal Overview and Scrutiny Officer advised that in advance of the meeting, the Trusts had been asked to include within their presentation those steps that they were making to address the recruitment, training and retention of staff within their respective organisations. All three presentations set out this information.

### **(i) Tees, Esk and Wear Valleys NHS Foundation Trust**

The Committee received a presentation from Sharon Pickering, Director of Planning and Performance, Tees, Esk and Wear Valleys NHS Foundation Trust, regarding the performance against quality priorities and metrics and outlining early thinking around

priorities for 2015/16. Ms Pickering said that she would send out the full quarter 2 progress report when available.

The Chairman thanked Ms Pickering for her presentation.

Mrs R Hassoon asked if the PARIS upgrade would make information available out of the area. Ms Pickering advised that the Trust needed to ensure as much information was on the electronic system so that if a call was received out of area, the information would be to hand. She advised that PARIS would enable GPs systems to link with each other and would issue discharge letters automatically.

Dr L Murthy expressed concern that there was only a 29% response rate from the survey carried out. He asked if anything was being done to improve this. He was advised that the Trust had little control over the CQC survey but that they did carry out their own survey that receives much better coverage.

Referring to staffing, Councillor M Davinson asked how many vacancies are filled from one band to another and asked if it was easier to recruit if staff were promoted. Ms Pickering advised that the grade 7 role held more managerial responsibilities and therefore could be more difficult to recruit to. She added that they do have internal movements and they ensured that staff were given opportunities to progress throughout the authority.

## **(ii) County Durham and Darlington NHS Foundation Trust**

The Committee received a presentation from Joanne Todd, Associate Director of Nursing (Patient Safety and Governance), County Durham and Darlington NHS Foundation Trust, regarding the progress made against priorities for improvements for the 2015/16 period.

The Chairman thanked for Ms Todd presentation.

Councillor J Lindsay referred to the Emergency Department indicators and asked whether more detailed information could be provided which would identify performance breakdowns comparisons between peak times and other times of the day in respect of the Time to initial assessment and Time to treat decision.

Members were advised that this information would be fed back to them.

Referring to recruitment, Councillor M Davinson asked if courses were aligned to this organisation and was advised that the Trust work with students throughout the duration of the course offering support and spending time in the universities.

## **(iii) North East Ambulance Service NHS FT**

The Committee received a presentation from Mark Cotton, Assistant Director, Communications & Engagement, North East Ambulance Service NHS FT regarding the progress made against priorities for improvements for the 2015/16 period.

The Chairman thanked Mr Cotton for his presentation.

Councillor O Temple referred to 75% of the 8 minute response time target being met, but requested whether a “heat map” or some indication of the performance within those areas where the target response times were not being met.

In response to a question from Dr L Murthy about joined up thinking between the emergency department, Mr Cotton said that the introduction of the “flight map” system within the NEAS Control centre meant that hospital staff could see when an ambulance was expected and the condition of the patient but also ambulance movement could be managed to ensure that potential ambulance stacking at A&E Departments could be avoided.

**Resolved:-**

That the updates be received and the requests for further information made by the Committee be sent to each respective Trust.

**8 North Durham CCG and Durham Dales, Easington and Sedgfield CCG Clear and Credible Plans Updates**

The Committee received a joint presentation by Sarah Burns, Director of Commissioning, Durham Dales, Easington and Sedgfield CCG and Michael Houghton, North Durham CCG regarding Health Commissioning Intentions (for copy see file of Minutes).

The Director of Commissioning highlighted the timelines, national priorities, the continuation of CCG priority programmes and information relating to identifying priorities. She advised that she would come to Committee in March 2016 with feedback and in the summer with the Strategic Plan.

Councillor J Chaplow expressed concern about where the learning disability service had moved to, and was advised that this was a national plan with a huge amount of work being carried out to ensure the appropriate level of care was given to each individual. This would mean changes to people being hospitalised and would be changed to the offer of community beds, alleviating people being institutionalised. The Chairman added that this area was a priority for the North East Regional Joint Scrutiny Committee.

**Resolved:**

That the presentation be noted.

**9 Matters arising from the Minutes of the Adults Wellbeing and Health Overview and Scrutiny Committee held on 9 October 2015 - Temporary closure of a Ward at The Richardson Hospital, Barnard Castle**

The Chairman asked the Chief Executive, County Durham and Darlington NHS Foundation Trust to comment on the recent temporary closure of a ward at Richardson Hospital, further to concerns raised by Councillor R Bell at the last meeting of the Committee.

The Chief Executive acknowledged the communications failure with the Committee on this matter and assured the Committee that the Trust would ensure that communication is improved. She advised that Darlington CCG had secured inpatient bed provision within

the Darlington area utilising nursing homes to enable those patients wishing to access care closer to home via community services to do so. Rather than seeing it as a closure the Trust felt that more people would be seen in their homes or in the local community and that people were found to do better from this kind of rehabilitation setting. Work was ongoing with GPs in DDES CCG to see how to make better use of Richardson Hospital and how to use the resource to the best effect.

The Chairman said that concerns had been raised about the future of the hospital.

Debbie Anderson, Associate Chief Officer for care closer to home, CDD FT, advised that staff at Shotley Bridge Hospital had faced similar rumours about a closure following a leaflet drop by a local developer and that the Trust had taken steps to reassure staff that this was not the case. Members were again assured that the long term focus for Richardson Hospital was that it would remain and provide the best model for the facility.

Councillor R Bell said that a written report on the future of the Richardson Hospital would be helpful and an acknowledgement that any changes in respect of service changes would be brought to this Committee.

The Chief Executive informed the Committee that the review began at the beginning of the year looking at the level of demand and explained that there would always be operational changes to make during the year. She agreed that they would look at how the Trust communicates in future.

The Chairman thanked the Chief Executive of CDD NHS Foundation Trust for her comments and said that it had been a learning curve for all.

**Resolved:**

That the report of the Chief Executive, County Durham Foundation Trust be noted and a request be made that a further update report on the future plans in respect of the Richardson Hospital be provided to a future meeting.

**10 County Durham and Darlington NHS Foundation Trust - Care Quality Commission Inspection Report**

The Committee received a report of the Assistant Chief Executive that provided background information in respect of the Care Quality Commission (CQC) inspection of County Durham and Darlington NHS Foundation Trust (for copy see file of Minutes)

Sue Jacques, Chief Executive, County Durham and Darlington NHS Foundation Trust gave a detailed presentation and highlighted the following points:-

- The Trust and CQC assessments – overall rating requires improvement
- Darlington Memorial Hospital – overall rating requires improvement
- University Hospital of North Durham – overall rating requires improvement
- Community Services – overall good
- Summary of indicators and key themes identified for improvement – should do and must do, with some actions complete
- Areas of good practice – celebrated with staff
- Ratings Distribution

- Target – short & long term

The Chief Executive, CDD NHS FT referred members attention specifically to the detailed action plan that had been drawn up by the Trust to address those issues identified within the CQC Inspection and reported that a number of these actions had already been implemented. Reference was also made to the CQC Ratings distribution information within the presentation which demonstrated how close that the Trust was in meeting a “Good “assessment. The Chief Executive stressed that whilst Good was an achievable short term objective, the Trust has agreed to its own stretch targets to be outstanding within 2 years.

The Chairman asked for further information about end of life care at Darlington. The Chief Executive CDD NHS FT informed the Committee that there were significant improvements to make with regards to end of life care and that a strategy had been introduced. She advised that the service were under pressure in relation to training and that they had under provision in terms of clinical support. There had been fundamental issues around staffing and it was recognised that it was difficult to recruit A&E consultants. The Trust had been commissioned to build a new A&E building at Durham as the old building had been built to deal with half the number of attendees that are now received. The Committee were informed that the Trust’s own clinical strategy was critical in terms of ensuring that the Trust provides hospital, urgent and emergency care in the County.

Councillor P Lawton informed the Committee that the staff at the University Hospital of North Durham had been brilliant in dealing with end of life care for a family member.

The Chief Executive CDD NHS FT said that they do carry out surveys and agreed that they do have excellent staff and that very good services are provided.

**Resolved:**

- (i) That the contents of this report be noted
- (ii) That the information provided within the presentation in respect of the CQC Inspection of County Durham and Darlington NHS Foundation Trust be noted.

## **11 Public Health Update Report**

The Committee received a report of the Director of Public Health, County Durham that provided an update on national, regional and local public health developments and demonstrates delivery of the Public Health Pledge signed by the Council in February 2014 (for copy see file of Minutes).

The Director of Public Health advised of the in-year reduction to local authorities’ Public Health grant announced in June 2015 by the Treasury, and although no confirmation had been received, a 6.2% cut to Durham County Council’s grant of £3.1m was expected. She advised that the bigger and longer term picture was the proposed change in the funding formula from 2016 onwards which had been developed by the Advisory Committee for Resource Allocation (ACRA) and which was currently out to consultation. A response to the consultation was being prepared by the Council. If the Government was to accept the proposals by ACRA, there could be a potential cut for DCC of £19.6m, and the North East as a whole could lose £43.5m.

Previous investment into County Durham by the former NHS County Durham and Darlington ( the “PCT”) had been significant and specifically sought to address Public Health need and tackling health inequalities and deprivation in County Durham.

The Director of Public Health had written to MPs, CCGs, North East CCG forum and had drafted a response however accepted that the decision lay with ministers.

The Chairman expressed concern at the potential £23m loss especially when other areas such as Surrey and Kent were gaining additional funding.

Councillor O Temple said that as this was a complex issue it would be helpful to have sight of the response. The Director of Public Health advised that paper copies were available for members to take away with them.

Councillor R Bell suggested that it was important for all members to respond to this and to lobby their local MPs.

**Resolved:**

- (i) That the contents of the report be noted.
- (ii) That to receive annual updates in relation to the transformation of the Public Health Service be agreed.