

DURHAM COUNTY COUNCIL

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Tuesday 19 January 2016 at 9.30 am**

Present:

Councillor J Robinson (Chairman)

Members of the Committee:

Councillors J Armstrong, R Bell, P Brookes, S Forster, K Hopper, H Liddle, J Lindsay, M Nicholls, A Savory and O Temple

Co-opted Members:

Mrs B Carr, Mrs R Hassoon and Murthy

Also Present:

Councillor L Hovvels

1 Apologies

Apologies for absence were received from Councillors J Chaplow, P Crathorne, M Davinson, E Huntington, P Lawton, O Milburn, L Pounder, W Stelling and P Stradling

2 Substitute Members

There were no substitute Members in attendance.

3 Minutes

The minutes of the meeting held on 4 November 2015 and of the special meeting held on 14 December 2015 were confirmed as a correct record and signed by the Chairman.

The Principal Overview and Scrutiny Officer referred to the Minutes of 4 November 2015 and gave updates as follows:-

- Item 7 (ii) – Emergency Department indicators had been received and circulated to the Committee on 8 January 2016.
- Item 9 – a written report had been received about Richardson Hospital and circulated to the Committee on 21 December 2015.
- Item 11 – the in-year reduction of the Public Health grant had been confirmed for 2015/16. The future Public Health funding consultation by the Advisory Committee for Resource Allocation had been concluded although the results were not yet known. However, he reported that within the recent MTFP 6 Cabinet report, there was an anticipated reduction in Public Health Grant totalling £8.9m across the next 4 years.

With reference to the 14 December 2015 minutes, he advised of the following update in respect of the TEWV/CCG Consultation on proposed reconfiguration of Organic Inpatient Wards serving County Durham and Darlington:-

- The formal consultation process included three engagement events in County Durham – Consett on 5 February, Bishop Auckland on 9 February and Murton on 29 February. Details would be circulated to the committee.

4 Declarations of Interest

Councillor S Forster declared an interest as former Chair of Malborough Patient Reference Group.

5 Media Issues

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

- English GP surgeries reach new patient 'breaking point' – BBC Website 6 January 2016
Hundreds of GP surgeries in England have stopped taking on new patients or have applied to do so, a BBC investigation has found. The British Medical Association (BMA) says many are at "breaking point" as they struggle to fill staff vacancies. At least 100 surgeries applied to NHS England to stop accepting new patients in 2014-15, a Freedom of Information request revealed. This issue of GP Capacity is a real concern in respect of the URGENT Care proposals by DDES and something that members referenced in considering the Urgent Care Strategy.
- North East patients who call 999 for an ambulance could soon be treated by firefighters – Evening Chronicle 6 January 2016
THE North-East's four fire and rescue services are to start providing emergency medical care as part of a six-month trial. The North East Ambulance Service (NEAS) says the scheme is need after demand on the ambulance service increased by nearly 20 per cent since 2007. At the same time firefighters nationally have been attending fewer fires, thanks to their successful programmes of community safety work. The trial is part of a review of the terms and conditions of firefighters by the National Joint Council for Local Authority Fire and Rescue Services, looking at the current and future demands on the service and profession. This links to the IRMP Item currently out for consultation by County Durham and Darlington Fire and Rescue Service
- Proposed changes to dementia services at two County Durham hospitals – Northern Echo 6 January 2016
TEWV/DDES CCG Consultation commenced on 4 January 2016 as reported to the Committee's special meeting held on 14 December 2015. The issues raised by the Committee in respect of the consultation plan have been addressed in the revised document including the addition of an extra engagement session at Glebe Centre, Murton as well as inclusion within the consultation document of financial implications attached to the options.
- NHS could be facing a winter crisis – Northern Echo 12 December 2015

Hard-pressed hospitals may be unable to cope with a sudden cold snap this winter after new figures showed the NHS is already missing key targets. Only 92.3 per cent of patients attending emergency departments were seen within four hours in October against a target of 95 per cent - the lowest figure for the month since current records began in 2010 – A report on Winter pressures would be reported to the next meeting on 1 March 2016.

6 Any Items from Co-opted Members or Interested Parties

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

7 Durham Dales, Easington and Sedgefield CCG - Review of Urgent Care Strategy

The Committee received a report of the Assistant Chief Executive and presentation from the Chief Clinical Officer and Director of Commissioning, Durham Dales Easington and Sedgefield Clinical Commissioning Group (DDES CCG) that gave an update about the development of the Urgent Care Strategy within it's locality (for copy see file of Minutes).

The Chief Clinical Officer, DDES CCG informed the Committee that as contracts had lapsed there was a need to re-procure services. This action had been endorsed by this Committee and the Health and Wellbeing Board. It was necessary to improve access to general practices and provide more local services. Patients would be encouraged to use their GP practices and the 111 service. He advised that the CCG had to save £150m over the next few years and as it cost £86 per consultation at present for urgent care services compared to £35 across the region, it would be a more appropriate use of money.

The Director of Commissioning, DDES CCG gave a detailed presentation that highlighted the following:-

- Why have we reviewed urgent care services?
- What are Urgent and Emergency Care Services? Definitions:-
 - Accident and Emergency
 - Emergency Admission
 - Urgent Care Centre/ Walk in Centre
 - Minor Injuries Unit
 - GP Out of Hours Service
- Current Services:-
 - Three Urgent Care Centres and one Walk in Centre
 - No A&E Department in DDES
- Profiles for Bishop Auckland, Peterlee, Seaham and Healthworks
- Engagement with patients and other stakeholders
- Background – view of patients
- Further work to understand use
- Summary of Issues

The Director of Commissioning invited GPs from the Easington, Sedgefield and Durham Dales areas to discuss the potential future services within DDES.

The Committee received information from Dr Robin Armstrong, Dr Winny Jose and Dr Stewart Findlay in relation to in hours care, 6-8 p.m. care, weekends, out of hours and minor injuries for each area.

The Director of Commissioning went on to present information relating to:-

- Impact on provider sustainability
- Next steps and timelines

She concluded that there were work pressures in DDES with GPs taking on the additional demand. A recent workforce recruitment programme had been successful in recruiting 7 GPs. She said that the new proposals were about having services in the right place in an integrated way for Primary Care.

The Chief Clinical Officer advised that North Durham CCG would start the process shortly.

The Chairman said that he was surprised that 70% of patients could have had GP appointments. He asked if there had been an audit carried out at GP practices to ascertain why people did not go to their GP. The Director of Commissioning stated that this was looked at and GP practices were asked how many spare appointments they had had on a particular day. The Chief Clinical Officer added that patients want to be seen as soon as possible and therefore turn up at urgent care centres and many don't try to get a GP appointment first.

Councillor S Forster referred to a steering group set up in Seaham in the 1990s to establish a 24/7 building that would include X-ray facilities, dentist, doctor and a consulting room. This did not happen and the people of Seaham have to attend a confusing system of having a walk in centre and GP surgeries in the same building. She said that the X-ray facility was only available on a Tuesday and Friday and outside of that people could have up to three journeys to make, from Seaham to Peterlee to Sunderland. She agreed that patients information should be shared and available to all services. She referred to a system used at Malborough whereby a doctor rings a patient back to determine whether they need an appointment and who with. She had wrote a letter on behalf of Malborough PRG about the consultation as there were concerns about no cover at night or weekends. The Director of Commissioning said that this could be used as an example as to why there needed to be a change. There needed to be a robust triage in place where people could be directed to the right service.

Following on from that Councillor Forster reiterated her point that there was no weekend or night time opening, hence the reason that people go to the walk in centre. The Director of Commissioning said that the model proposed by Easington would address that as there was an understanding that longer hours and weekend provision was required.

Councillor J Armstrong thanked the representatives for their presentation but did have concerns that they would need to convince the general public of their plans, especially as people prefer to use walk in centre and urgent care. He was critical of the availability of GPs over an extended number of hours, as pointed out that they also needed time off. He looked forward to a follow up report coming back to Committee in March.

Councillor P Brookes welcomed the consultation. As Chair of the Sedgefield PRG he commented that no urgent care or walk in centres were available in the Sedgefield area which gave people a lot of travelling to do. He said that people go to urgent care due to the quality of their own GP service and added that patients struggled to get appointment to see their own GP. He hoped that any financial benefits to GP practices would be audited to ensure a quality of service, otherwise he feared that the pressure would transfer to A&E departments.

Councillor H Liddle referred to GPs in North Durham and informed Members that it was often problematic to get an appointment as reception staff were difficult at times. People would need to remember to ring before certain time to be able to get an appointment and therefore would use walk in centres instead. She added that people do not often have confidence in their GP as they use their computers for a diagnosis.

Referring to access to GPs, the Director of Commissioning said that this was measured nationally and that DDES perform well on this. She welcomed feedback about problems and access to GP appointments as they could be dealt with. She said that it was important to get the message across to patients about available appointments. She also recognised that people were unlikely to see their own GP but by seeing a GP at your own practice would ensure that your personal records were available.

In relation to funding, the Director of Commissioning advised that any service put in place would be robustly evaluated and if found not to be working right it would be changed.

The Chief Clinical Officer said that walk in centres and urgent care centres were vastly more expensive to run than a GP practice and evidence had shown that there was no impact on people visiting A&E departments. The opening of these centres in effect just created somewhere else for people to go.

Councillor R Bell referred to his own GP practice and the lack of available appointments. He said that there was nothing in the surgery about where you should go and for what, and added that if this was his perception then others may have the same view. The Chief Clinical Officer said that the surgery in Middleton-in-Teesdale provided a very good service including a minor injuries unit. He said that he was happy to talk through any issues with the surgery.

Referring to communication and technology, Councillor K Hopper said that the main issues were about what was available. She added that it was also frustrating when people did not turn up for appointments and time was wasted for the GP.

Councillor A Savory was interested in the appointments available that were not taken up and asked if a breakdown could be provided. The Chief Clinical Officer said that he would be happy to provide this information.

Dr L Murthy commented that the system was broken and not fit for purpose. He advised that the CCG should take into account and make sure they know what patients want. He suggested that the views of Patient Reference Groups be taken into account as they represent what people want and how services could be provided. He said that we should be proud to have a service that had this approach to its care.

The Chairman thanked the representatives for their presentation and would welcome a further report in March.

Resolved:

- (i) That the report be received.
- (ii) That those comments made by the Committee be fed back in respect of the proposed review of Urgent Care services within the DDES CCG locality.
- (iii) That a further report be brought back to Committee in March 2016 detailing the proposed models for Urgent Care services within DDES and the associated consultation and engagement plan.

8 NHS England and DDES CCG- Review of APMS Contract - Easington Healthworks

The Committee received a report from the Assistant Chief Executive that gave an update about a recent consultation exercise carried out by NHS England and Durham Dales Easington and Sedgefield Clinical Commissioning Group (DDES CCG) in respect of a review of the Easington Healthwork's Alternative Provider Medical Services Contract (for copy see file of Minutes).

The Chief Operating Officer, DDES CCG gave an update on the consultation. She advised that the initial contract had been awarded in 2009 to Intrahealth and had been extended twice. Therefore as part of managing the end of time-limit contracts for primary medical services, the CCG propose to offer the service as a branch of an existing contract for the 1585 registered patients. She referred to the report from NHS England that sets out the community and engagement process and she informed the Committee that a further report would be brought back.

Councillor J Armstrong said that the consultation was comprehensive and he was pleased to see that other people had been added into it, including councillors.

The Chief Operating Officer confirmed that this would be shared with AAPs, following a question asked by Councillor P Brookes.

The Principal Overview and Scrutiny Officer informed the Committee that feedback had been given to NHS England around local councillors and parish councils being included in the consultation, and acknowledged that Easington Colliery Parish Council had been added as a consultee.

Dr L Murthy asked why weekends had been excluded and was informed by the Chief Operating Officer that this consultation was about the basic GP core service. She added that the hub model would provide weekend working.

Resolved:-

- (i) That the report be received.
- (ii) That comments be fed back to NHS England.
- (iii) That a further report be brought back to Committee at the conclusion of the engagement exercise highlighting the decision of NHS England.

9 Integrated Risk Management Plan (IRMP) Action Plan 2016/17 Consultation

The Committee received a report from the Chief Fire Officer, County Durham and Darlington Fire and Rescue Authority that set out background to the Fire Authority's IRMP Action Plan consultation for 2016/17 (for copy see file of Minutes).

The Station Manager gave a detailed presentation that highlighted the following key points:-

- What is the IRMP consultation? – the process used by fire services nationally to ensure that risk to people and property was identified and reduced through the efficient use of available resources.
- Background and the current situation
- Where savings have already been made

He went on to explain about the 2016/17 consultation and the timeline involved:-

- Proposal one – strategic review of fire control
- Proposal two – extend the role of firefighters to assist public health services
- Proposal three – expand the emergency medical response (EMR) scheme
- Proposal four – explore further collaboration in the areas of support services, estates and fire stations
- Proposal five – extend the Young Firefighters' Association (YFA) and Fire cadets' schemes

Councillor J Armstrong fully endorsed the consultation and would welcome the feedback.

On answering a question from Dr L Murthy about what happened to the data collected from the safe and wellbeing forms, the Station Manager explained that their admin team receive them and send to the appropriate team. A disclaimer form was sent with it so that consent was given for any safeguarding issues that arose.

Resolved:

- (i) That the report be noted.
- (ii) That the Adults Wellbeing and Health OSC feedback on those health related issues identified within the IRMP consultation, namely proposals 2 and 3.

10 Joint Health and Wellbeing Strategy refresh

The Committee considered a joint report of the Corporate Director of Children and Adults Services and Director of Public Health which provided the key messages from the Joint Strategic Needs Assessment and information relating to the refresh of the Joint Health and Wellbeing Strategy 2016-19 (for copy of report see file of Minutes).

The Strategic Manager, Policy Planning and Partnerships gave a detailed presentation that covered the following key points:-

- National Context
- Engagement Process
- JSNA Key Messages
 - Demographics

- Health
- Social Care
- Proposed additional outcomes
- Strategic Objectives
- Next steps
- Consultation Questions

The Head of Planning and Service Strategy added that this was a top strategy that sought direction through an inclusive process, with appropriate input from Committee and the wider public. He informed the Committee that the direction of travel tied all agencies together. He was pleased to see the focus on mental health.

Councillor J Armstrong confirmed that Children and Young People's Overview and Scrutiny Committee had fully endorsed the report at their recent meeting.

Councillor P Brookes asked why there was nothing specifically relating to child sexual exploitation. The Head of Planning and Service Strategy advised that this report focused on health implications and would pick up on any health related issues relating to child sexual exploitation. He said that child sexual exploitation was being covered by a number of other bodies including the Safe Durham Partnership and the Local Safeguarding Children's Board

The Chairman thanked the Strategic Manager, Policy, Planning and Partnerships for her presentation and informed the Committee that any comments on the JSNA or the JHWS should be forwarded to the Principal Overview and Scrutiny Officer by 3 February 2016.

Resolved:-

That the reports be received and the comments made by the Committee be included in a response to the JSNA and draft Joint Health and Wellbeing Strategy, such response to be fed into the Health and Wellbeing Board meeting on 8 March 2016.

11 2015/16 Quarter 2 Performance Management Report

The Committee considered a report of the Assistant Chief Executive, presented by the Head of Planning and Service Strategy, Children and Adults Services, that updated on progress against the Council's corporate basket of performance indicators for the Altogether Healthier theme and reported other significant performance issues for 2015/16 covering the period July to September 2015 (for copy see file of Minutes).

The Head of Planning and Service Strategy highlighted that the NHS health check figures had shown an improvement although there was still a variation between GP practices. He added that the data for Lifeline was not available and targets for drug and alcohol treatment referred to the previous provider. The first official Lifeline data on drug treatment would be available in early 2016.

Resolved:

That the report be received.

12 Review of the Council Plan and Service Plans

The Committee considered a report of the Assistant Chief Executive which provided information contained within the Council Plan 2016-2019, relevant to the work of the Adults, Wellbeing and Health Overview and Scrutiny Committee, reflecting the four objectives and subsequent actions within the Council Plan for the Council's "Altogether Healthier" priority theme (for copy see file of Minutes).

The Corporate Scrutiny & Performance Manager highlighted the priorities within the current plan and the proposed changes, including the addition of a new outcome on 'Better Mental Health'.

Councillor Armstrong informed the Committee that a meeting with all Scrutiny Chairs and Vice Chairs would be held to discuss all of the performance indicators and trackers at the end of February/ early March.

The Chairman said that he was delighted to see the addition of better mental health but expressed concerns at the proposal to delete the three cancer performance indicators. Councillor Armstrong suggested that this could be discussed at the Chairs/Vice Chairs meeting.

Resolved:

- (i) That the updated position on the development of the Council Plan and the corporate performance indicator set be noted.
- (ii) That the draft objectives and outcomes framework be noted.
- (iii) That the draft performance indicators proposed for 2015/16 for the Altogether Healthier priority theme be noted.

13 Forecast of Revenue Outturn Quarter 2, 2015/16

The Committee considered a joint report of the Head of Finance, Financial Services, which provided details of the updated forecast outturn position for the Children and Adults Services (CAS) service grouping, covering both revenue and capital budgets and highlighting major variances in comparison with the budget, based on spending to the end of September 2015. The Committee received a presentation regarding the Revenue and Capital Outturn Forecast for Quarter 2 of 2015/16 from the Finance Manager (for copy of report and slides see file of Minutes).

Councillor Armstrong congratulated the Finance Manager on presenting a clear, precise and concise report.

The Head of Planning and Service Strategy suggested that as the Member who had requested the presentation on the Consistent Application of Eligibility Criteria had left the meeting that it be deferred until the next meeting.

Resolved:

- (i) That the financial forecasts included in the report, summarised in Quarter 2 of the forecast of outturn report to Cabinet in November, be noted.
- (ii) That the presentation on the Consistent Application of Eligibility Criteria be deferred to the next meeting.