

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 1 March 2016 at 9.30 am**

Present:

Councillor J Robinson (Chairman)

Members of the Committee:

Councillors J Armstrong, R Bell, P Brookes, J Chaplow, P Crathorne, M Davinson, S Forster, K Hopper, E Huntington, H Liddle, J Lindsay, L Pounder, P Stradling and O Temple

Co-opted Members:

Mrs R Hassoon and Murthy

1 Apologies

Apologies for absence were received from Councillors P Lawton, O Milburn, M Nicholls, A Savory, W Stelling and Mrs B Carr

2 Substitute Members

There were no substitute members in attendance.

3 Minutes

The minutes of the meeting held on 19 January 2016 were confirmed as a correct record and signed by the Chairman.

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:-

- Family of toddler whose life was saved after visiting urgent care centre express importance of keeping facility open – Northern Echo – 10 February 2016

In July 2014, a child aged 2 from Spennymoor, in County Durham, was taken to the unit on a Sunday evening, where she was diagnosed with severe croup and admitted to the children's ward at Darlington Memorial Hospital. Less than an hour later, whilst waiting to be seen by a ward duty doctor, the child started showing signs of breathing difficulties and her lips turned blue, triggering an emergency response from medical staff in seconds and a full team within minutes.

- Durham A&E departments struggling as patients turn up at hospitals with 'ear ache' - Evening Chronicle 10 February 2016

After patients in Northumberland arrived at A&E with splinters, Durham health bosses say people are now turning up with ear ache

Patients are turning up with ear ache at the region's A&E departments as medics struggle to cope with genuine emergencies. NHS bosses in Durham have today issued a warning after figures revealed they are currently receiving more than 1,000 extra A&E patients compared to this time last year. Just days ago, medics at the new £95m Cramlington hospital urged patients to use services correctly after someone turned up to A&E with a splinter in their finger. The North East's emergency departments are under considerable pressure and health leaders say "inappropriate" attendances are only adding fuel to the fire. Sarah Clarke, matron for the Emergency Department at University Hospital of North Durham, said: "In recent weeks we've had a significant number of people attending our ED departments with sore throats, earache, coughs and colds, all of which can be managed with the guidance of a pharmacist. "Many pharmacists are open until midnight and offer private consultations where symptoms and remedies can be discussed. "Similarly, long standing, chronic conditions benefit from continuity of care, either from a GP or specialist and would not usually be treated as emergencies."

- Shortage forces hospital trust to go abroad to recruits nurses from Italy – Northern Echo – 24 February 2016

THE Royal College of Nurses (RCN) has set out a three-step plan to cure a shortage of qualified nurses – as one hospital trust welcomes 19 new recruits from Italy. Bosses at County Durham and Darlington NHS Foundation Trust undertook an international recruitment drive in a bid to help fill nearly 200 nursing vacancies. Nineteen nurses from Italy have now started an intensive four week induction programme with the trust

6 Any Items from Co-opted Members or Interested Parties

Dr L Murthy informed the Committee that the North East Combined Authority had set up a commission to report on Health and Social Care Integration. He was concerned that the membership excluded representation from members or experts from the North East. A briefing note from the Combined Authority explained the reasoning behind this was that they wanted 'fresh eyes' on it.

The Chairman also expressed his concerns at this news and asked that the Principal Overview and Scrutiny Officer investigate the matter and report back to Members.

Councillor J Armstrong said that he would take this forward at the next Overview and Scrutiny Committee meeting of the Combined Authority.

7 Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG) - Consultation in respect of a proposed review of Urgent Care Services

The Committee considered a Joint Report of the Assistant Chief Executive and Chief Clinical Officer, Durham Dales, Easington and Sedgefield CCG that provided details of the three proposed options for Urgent Care Services in Durham Dales, Easington and Sedgefield (DDES) from April 2017, together with details of the proposed consultation and engagement process (for copy see file of Minutes).

The Director of Commissioning, DDES CCG referred to queries raised at the last meeting in January, a letter received by the Chairman of the Committee had been responded to (copy attached to the report). Members were informed that the availability of GP appointments was not an indicator of how good or bad a service was at a practice but focused upon whether there had been spare appointments on a particular day. In 50% of cases there had been spare appointments available – this averaged out at 60% in the Dales and 45% in Easington. For those appointments that had been for minor ailments 78% of appointments were available.

Councillor R Bell referred to the figure of 78% across DDES of those people who could have been seen in GP practices and felt that this was a worrying statistic. He believed that most patients were unaware that GP practices dealt with urgent care.

Councillor P Brookes commented that part of the strategy was to improve the accessibility to GPs and give a clearer understanding about the ways in which to improve access to the service. Bearing this in mind, he referred to the announcement of the cut to Pharmacy Services by £70m and as they are one of the first ports of call for a patient this would have an impact on the service.

Mrs R Hassoon said that if GP appointments were available how would those people without transport be able to access them. She felt that this information would not help the elderly or frail. The Director of Commissioning said that there was an urgent care transport service that would take people to and from an appointment and she confirmed that there were no plans to change that provision. She also added that there was a voluntary driver service targeted around the frail and vulnerable patients.

The Director of Commissioning informed the Committee that having appointments and getting an appointment were two separate issues and the service recognised the need to find a better way of using the available capacity. They would be looking at how and who to contact people and an audit would be carried out across practices to ascertain the best practice and what offers the best outcomes for the patient.

The Chairman said that if 78% of appointments were available on a given day it was a worrying statistic for GP practices to answer to. He felt that the GP practices should be asking why they were failing. The Director of Commissioning said that they were not blaming any service but were instead looking for solutions on how best to use public money. She said that some GPs were feeling very frustrated that their own patients were going to urgent care centres to be treated and there was a recognition that access to some practices needs to be improved. At present there was a duplication of services and funding.

Councillor J Armstrong said that the public would need to be convinced that any changes would be beneficial for them.

Councillor P Crathorne was also concerned about the funding for the Pharmacy Service as a local pharmacist offered blood pressure checks, taking some of the pressure off GPs.

Referring to transport, Councillor J Chaplow said that this service was often full and therefore there could still be potential problems in accessing GP appointments.

Councillor K Hopper asked if it would be possible to receive a breakdown of GP practices. She commented that she was aware of the shortage of GPs and the problems faced with recruitment and attracting GPs to the area.

The Director of Commissioning said that Members had had sight of the Communications and Engagement Plan and were aware of the three options being considered. Members were further advised that a public consultation would commence and regular updates on progress would be reported back to the Committee.

The Principal Overview and Scrutiny Officer advised that a special meeting would be arranged in May that would examine the detailed proposals that were being consulted upon. He added that the Committee had received assurances that events would be held in the correct places to ensure as much participation as possible.

The Chairman asked if information about extended practices and GP hubs could be provided in terms of the role. He referred to the distinct gap in the Sedgefield and Teesdale areas and pointed out that there was no mention to improve this. The Director of Commissioning explained that the new model of care would cover the whole of DDES area with everyone getting some access and capacity through the local hub. She explained in more detail about the options being considered and how the Bishop Auckland and Peterlee hub areas could remain as the existing buildings were in place with the right facilities.

Councillor S Forster asked about what would happen with the building at Seaham, as had the capacity and rooms available. She expressed concerns about how the doctors would cope with the additional working hours. The Director of Commissioning said that one of the hubs could run out of the Seaham building but that they would listen to the public first to gain their views. She added that the CCG had tried very hard to fill the Seaham Centre and that it was in their best interests to do so.

Dr Murthy asked how people would find out about enhanced services, and was advised that it was all about getting people access to primary care when needed. The message would be delivered via the consultation in the first instance.

Referring to the consultation and publicity Councillor Brookes asked if GPs would distribute information to individual patients. The Director of Commissioning advised that there was a commitment to undertake 3 consultation in each of the DDES localities, and asked that Members come forward with any suggestions. She said that Councillor Savory had pointed out that no identifiable site had been suggested in the Weardale area, and that Easington Healthworks had pointed out that there was nothing identified for Easington.

Councillor P Stradling said that the main objective of the consultation was to ensure people had a say about what they wanted. He said that this Committee needed to ensure that the consultation was considered as far and wide as possible.

With reference to the consultation document, Councillor M Davinson suggested that the information circulated should be clearer as some abbreviations were not explained throughout the consultation document. He suggested that the information be as clear and precise as possible, and the information should be thoroughly checked before it goes out.

Councillor Bell referred to the Dales area and asked how many hubs would be available and went on to talk about the duplication of costs. He suggested that the funding be taken out of GP practices as people clearly preferred to use urgent care centres then the money should be distributed into them. He felt that people would be surprised to hear that GP practices offer urgent care. The Director of Commissioning explained that money to GP Practices was part of a national contract and that the funding could not be removed from them. She reiterated the point that GPs were frustrated and the aim was to provide the right services to people.

The Chairman asked how people were going to find out about the consultation. The Director of Primary Care, Partnerships and Engagement advised that the consultation plan would be available electronically on their website and that hard copies would be available in various locations, including GP practices. He said that there would be a number of drop in sessions and mail drops. The next update that the Committee would receive would contain further information about the activities that would be undertaken. He advised that additional meetings had been planned with town and parish councils and that they would be flexible in their approach to assure members of the public. One consultation document would be produced with a clear message about what was being consulted upon.

Councillor Brookes said that there had been rumours about centres closing and services closing. He asked that it was made clear within the consultation document about what would be retained.

Councillor Crathorne mentioned the Care Link Service and suggested that the CCG link into this as a consultation tool whereby people received the information in their own homes.

Referring to Patient Reference Groups, Councillor Forster was assured that they had been included in the consultation and that they had been approached about hosting some of the events. The Director of Primary Care, Partnerships and Engagement said that they would ensure that the events held would meet the needs of the local constituents. The Director of Commissioning added that there would be a presentation at each event explaining what was not changing, what would be retained and what the changes and impact of those changes would be. This would be followed by a question and answer session, apart from in the Dales area where this part of the event would come first in the running order.

The Chairman thanked the officers for their report and suggested that the AAPs be used as a tool for communication. He reminded Members that a special meeting would be called to consider the next steps and advised that this would be held in May.

Resolved:

- (i) That the report be received;
- (ii) That comments on the documents, including the consultation and engagement plan and the consultation materials be noted;
- (iii) That an additional special meeting of the AWH OSC be held during May to allow for full consideration of the consultation documents to enable the Committee to respond to the proposals as part of the formal consultation process, and
- (iv) That a further meeting of the AWHOSC be held following the formal consultation process to consider the results and feedback from the consultation process prior to a final decision being taken by DDES CCG.

8 Better Health Programme (Formerly Securing Quality in Health Services SeQiHS)

The Committee considered a Report of the Assistant Chief Executive that provided background information regarding the Better Health Programme (formerly known as the Securing Quality in Health Services (SeQiHS) which included an indicative timeframe for statutory public consultation. The report also detailed suggested proposals to establish a Joint Health Scrutiny Committee under the provisions of the Health and Social Care Act 2012 involving all local authorities affected by the Better Health Programme and any associated service review proposals (for copy see file of Minutes).

Members received a detailed presentation from Dr Boleslaw Posmyk and Edmund Lovell, Better Health Programme office that highlighted:-

- The background to the Better Health Programme
- The access to services across Darlington, Durham and Tees
- Why we need a BHP – the clinical case for change
- Clinical Standards
- Key messages from clinicians
- Key messages from patients/ public

They summarised that the programme was about improving the quality of care and ensuring the right services were in the right place and that people knew how to access them.

Councillor Brookes asked about the financial situation for the BHP and was advised that there would be no extra money in the system but that the 5 CCGs were working together to ensure that the money in the system was working correctly. He was further advised that the Vanguard initiative demonstrated that the CCGs were working together and in collaboration with local authorities. This would put them in a better position to apply for additional funding.

Dr Murthy referred to the Standards and Models of Care that had been selected by the experts but asked if what the consumer wanted and needed had been considered.

Dr Posmyk informed the Committee that the Royal College of Radiologists had picked the list of standards to use and for the purposes of illustration today only a few had been selected. He advised that a proper consultation would be taking place and an appraisal of the options available. Specialists were looking at what standards were coming up for the future and the patients/ users opinions were valid. He went on to say that the input and representation from Healthwatch had been invited, however it had been found that the discussions at the meetings had been too technical. Healthwatch now receive an overview of discussions as requested.

Councillor Forster and Mrs Hassoon touched upon Mental Health and the problems faced with assessment and about bringing information down to an understandable level. Dr Posmyk said that Mental Health was taken very seriously and that they have a representative from the Mental Health Trust on the Programme Board. There was also a Mental Health clinician on the Clinical Reference Group. He thanked the Committee for the feedback on the terminology used and advised that the public packs and slides would be easier to understand. Mr Lovell added that the BHP would make it easier for people to be seen by the right person at the right place and ensure that the level of care was fit for purpose.

The Principal Overview and Scrutiny Officer referred to the establishment of a Joint Health Scrutiny Committee under the terms of the Health and Social Care Act 2012, and indicated that this would require the input of 6 local authorities. Each local authority would be protected and could refer matters to the Secretary of State should an agreement not be reached by all. The Committee would still receive updates and would need to nominate 3 Members to serve on the Joint Committee. The membership would be politically balanced.

Resolved:

- (i) That comments upon the information detailed within the report and accompanying presentation in respect of the Better Health Programme, be received;
- (ii) That the establishment of a joint Health Overview and Scrutiny Committee under the terms of the Health and Social Care Act 2012 as set out in this report, be agreed in principle;
- (iii) That a further report be brought back to the Adults Wellbeing and Health OSC detailing the proposed protocol, Terms of Reference and membership of the Joint Health Scrutiny Committee that will be set up to scrutinise the Better Health Programme and associated consultation and engagement plans.

9 Winter Plan and System Resilience

The Committee considered a Report of the Chief Clinical Officer, Durham Dales, Easington and Sedgefield CCG that provided an update on the management of winter pressures and how the County Durham and Darlington Systems Resilience Group was going to evaluate what the schemes funded over winter to inform planning for 2016/17 (for copy see file of Minutes).

The Director of Commissioning and Development, North Durham CCG highlighted the key point within the report and advised about the eight high impact interventions. He informed Members further about the daily reports which gave the status of health reports across the region and advised that the Director on call would receive copies of these every day.

Councillor M Davinson was advised that days were similar over the period from November to March further to a question about comparisons by day.

The Director of Commissioning and Development advised that there would be a final report issued in the summer relating to lessons learnt, further to a question raised by Councillor Armstrong.

Referring to delays experienced by NEAS Dr Murthy was advised that detailed plans were in place to deal with discharges and the hand over delays. This highlighted pressures in the system.

Resolved:

That the report be accepted for information.

10 Transformational Change of Adult Social Care - Eligibility Criteria

The Committee received a presentation from the Strategic Programme Manager, Care Act, Children and Adults Services about the Consistent Application of Eligibility Criteria (for copy see file of Minutes).

Members were advised of the transformational change of adult social care and figures for people receiving long term adult social care for the periods of 2013/14 and 2015 were highlighted. It was recognised that Durham were spending more on care compared to the national average. This was confirmed by an independent diagnostic report.

The Strategic Programme Manager shared 2 cases studies that highlighted the difference in pre- transformational change and post transformational change.

Councillor O Temple found the presentation informative but felt that the case studies were over simplified.

Councillor Forster was pleased to see a more holistic approach being made and that clients were being listened to.

Councillor Brookes agreed that the presentation was useful and showed some transitional changes. He referred to the figures that show there was a lot of money being spent on services and felt that the authority should be proud that this was still the case.

Referring to the number of assessments that had to be carried out, Mrs Hassoon asked if colleagues were working together to develop a joined up approach. She was advised that the Care Act pushed authorities to have a more joined up approach and permitted the opportunity to pull more information together. One of the changes was that the person requiring care would now be contacted for them to advise on what they needed, as the wellbeing for one person would be different to another. The culture was changing to move to a more engagement process.

Mrs Hassoon went on to ask if people would still need to go through a number of assessments and was informed that this area of work was still ongoing and therefore people would still need separate assessments. He added that there was a lot more work to carry out in terms of a joined up approach.

On answering a question from Dr Murthy about enhancing the quality of the service, the Strategic Programme Manager advised that crucial work was ongoing and that the service would tap into services already available. Information would be shared through the Wellbeing for Life Service, AAPs and the Prevention Agenda.

Referring to the age range of the case studies, Councillor Liddle suggested that it would be helpful to see an example of a younger person.

The Chairman agreed that this information could be circulated to Members by e-mail.

Resolved:

- (i) That the presentation be noted.
- (ii) That further case study examples be shared with the Committee

11 Regional Joint Health Scrutiny Committee Update

The Committee considered a Report of the Assistant Chief Executive on key issues that had been considered at the North East Regional Joint Health Overview and Scrutiny Committee (JHOSC) (for copy see file of Minutes).

The Principal Overview and Scrutiny Officer advised of two areas of work that the JHOSC had been engaged in that would have an impact across the region, and highlighted recommendations and proposals for each:-

- Review of Neonatal Services in the North East and Cumbria – Consultation;
- North East and Cumbria Learning Disability Fast Track Transformation Plan

The Chairman informed the Committee that both of these topics had been raised and led by Durham.

The Principal Overview and Scrutiny Officer advised that press coverage highlighting concerns about the Dowry fund for people with learning disabilities had been discussed. He said that this funding currently sits within NHS budgets and local authorities were asking for assurances that when there is a transfer into community care that the Dowry funding comes with the person. This would lessen the burden for local authorities. He advised that Lancashire County Council had announced that they would not accept transfers unless the funding came with the patient. The Committee were informed that the Head of Adult care was fully aware of the implications. The Chairman added that Dowry must be transferred to ensure quality of care and added that the £4m additional Osborne tax would not cover and pay for the additional beds required.

Referring to the Winterbourne Review, Councillor Brookes said that the main problems with care seemed to be staff training and wages. He added that reducing the number of beds was not the answer.

Resolved:

- (i) That the report be received
- (ii) That the information contained therein be noted.
- (iii) That further progress reports being brought back to the Committee as part of ongoing consultation and engagement activity be agreed.