

DURHAM COUNTY COUNCIL

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Friday 7 July 2017 at 9.30 am**

Present:

Councillor M Nicholls (Chairman)

Members of the Committee:

Councillors J Chaplow, A Bainbridge, R Bell, R Crute, G Darkes, M Davinson, E Huntington, K Liddell, L Mavin, A Patterson, S Quinn, J Robinson, A Savory, M Simmons, H Smith and O Temple

Co-opted Members:

Mrs B Carr and Mrs R Hassoon

1 Apologies

Apologies for absence were received from Councillors P Crathorne, C Kay, A Reed and L Taylor

2 Substitute Members

There were no substitute members.

3 Minutes

The Minutes of the meeting held on 3 April 2017 were agreed and signed by the Chairman as a correct record.

4 Declarations of Interest, if any

There were no declarations of interest.

5 Media Issues

The Principal Overview and Scrutiny Officer provided the Committee with a presentation of the following press articles which related to the remit of the Adults, Wellbeing and Health Overview and Scrutiny Committee;

- Plans to cut stroke support service will 'deprive vulnerable people of a lifeline', charity warns – Evening Chronicle - 03/04/17
Plans to cut support services for stroke survivors once they leave hospital would deprive vulnerable people of “a lifeline”, a charity had warned. Health commissioners had withdrawn funding for the Stroke Association’s Stroke Recovery and Communication Support services in County Durham and Darlington in a cost-saving measure. The Clinical Commissioning Groups (CCGs) for North Durham and Durham Dales, Easington and

Sedgefield are planning to cover the gap by expanding the existing community stroke team.

- Number of people smoking in North-East hits record low – Northern Echo – 18/06/17

Smoking rates in the North-East had hit a historic low, new figures showed. Smoking rates among adults in the North East fell from 18.7 per cent in 2015 to 17.2 per cent last year, NHS Digital said. There was also a slight fall in smoking rates during pregnancy, from 16.7 per cent to 16 per cent.

- Maternity services in Darlington, North Tees and Durham facing temporary closure amid doctor shortage fear – Northern Echo – 17/05/17

Campaigners spoke of their fears that plans to centralise maternity services were set to be brought forward due to a shortage of doctors. County Durham and Darlington NHS Foundation Trust has confirmed that changes would be implemented to services in hospitals serving Darlington, North Tees and Durham – but have reiterated that it is only a temporary measure. Campaigners believe that a meeting to decide the location would be made at the end of next month and implemented by the beginning of August – despite consultation on wide-sweeping NHS changes in the region not starting until the autumn.

The Chief Operating Officer, DDES and North Durham CCGs advised that the maternity services had never been closed, even temporarily. She confirmed that this remains part of the Better Health Programme.

Councillor Bell requested that a report be brought to a future meeting to give an update on maternity services. He said that a family member had been told that the service would be closing from August so it was not just the press that were misinformed and this concerned him.

The Clinical Director of DDES CCG explained that they had been working very closely with CDDFT to address staff shortages in this field and to maintain the service in Darlington. He advised that some consultants were carrying out their own jobs but also acting down and taking on the junior doctor role too.

The Chairman was concerned about the effect on patients and was informed that as long as shifts could be covered the service would continue.

Councillor Darkes asked if there was an action plan in place to remedy the situation. He was informed that they were dealing with a long term shortage of doctors. In the short term they were working hard with trusts around the North to work as a network and have a cross over of staff. The Clinical Director of DDES CCG added that the problem was not just faced in Darlington but was a fragile service across the region.

- Public urged to have a say in major shake-up of local NHS – Sunderland Echo 27/06/17

NHS England's blueprint for change, the Five Year Forward View, were hoping to tackle health service challenges with Sustainability and Transformation Plans (STP). NHS trusts around the country are taking long hard looks at what they are doing, in a bid to realign services to better meet local needs. This is about making better use of the staff and facilities the NHS already has. According to the South Tyneside and Sunderland Clinical

Commissioning Groups (CCG) and South Tyneside and City Hospitals Sunderland NHS Foundation Trusts, services need to be “future proofed”. To do so, they have launched a public consultation on their own STP, called The Path to Excellence. The plan focused on stroke, maternity, gynaecology and children and young people’s services and aims to improve the quality of care being offered across Tyneside and Sunderland. Clinical services would be reviewed and plans on how to improve them formulated. Consultation runs from 5 July to 17 October 2017.

Regarding Maternity services at Darlington Memorial Hospital, Councillor Robinson referred to the birth of his grandchild there and said that the care in Darlington was exemplary but that there was a fear across the unit and the service as a whole and that the recruitment problem was faced nationally.

Councillor Huntington added that recruitment had been a problem for a while and asked why something had not been done to address this years ago.

The Clinical Director of North Durham CCG said that planning to become a specialist could take ten years and that there was a crisis with a lack of A&E doctors. He said that the problem had increased as more people were working overseas or working part time. Councillor Huntington said that once trained staff should have to work for a minimum of five years before they could move on.

Councillor Davinson said that a similar problem was discussed a couple of years ago and a presentation was given at the Committee about recruitment problems. The Principal Overview and Scrutiny Officer said that this had been around paramedic recruitment.

The Chairman thanked everyone for their comments and said that this was a difficult time for the whole of the NHS.

6 Any Items from Co-opted Members or Interested Parties

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

7 NHS Commissioning Update

The Committee received a joint presentation by the Chief Clinical Officer, DDES CCG and the Chief Clinical Officer, North Durham CCG about NHS Commissioning Update (for copy see file of Minutes).

The Chief Clinical Officer, DDES CCG gave some background information including:-

- What are CCGs?
- Strategic Policy Drivers
- Key Officers
- Key Partners

The Chief Clinical Officer, North Durham CCG updated the Committee on:-

- Sustainability and Transformation Partnerships

The Director of Integration went on to inform about:-

- Strategic Context

Finally, the Director of Commissioning updated members on the current developments, including:-

- Ophthalmology services
- Physically disabled unit
- South Durham community in-patient beds
- Fertility services
- Day hospital services
- Dermatology services

The Chairman asked how joining up ophthalmology services would be effective. The Director of Commissioning said that the impact of any changes would be evaluated by asking patients about their own experiences.

Councillor Bell referred to inpatient beds at the Richardson hospital and the reduction from 24 to 16 beds, and asked for assurance that the service would continue. The Clinical Director of DDES CCG said that the Richardson hospital had been built when the NHS had no funding issues however it was not the best place for patients as the focus was on trying to get them back to their own homes. The reduction of beds was due to Darlington not using the hospital and therefore less beds were needed. He added that it was an excellent facility and the NHS needed to find a better use for it.

Councillor Bell accepted the point about people being in their own homes but felt that the hospital offered rehabilitation services that helped people get back on their feet. Therefore closing the service would leave those people not ready for home vulnerable. He was advised that the focus would remain to get people back home and to provide all services from home including all rehabilitation services. The need for beds had dropped although it was recognised that there was a surge during the winter months.

Referring to the local health and social care plan, Mrs Hassoon sought assurance that the budget was in place to meet the need for people to receive care in their own home. The Director of Integration confirmed that joint budgets were in place and the Better Care Fund was being utilised for this purpose. She added that moving forward there would need to be talks with partners about pooling funding and how best to utilise it.

Councillor Savory expressed concerns about a ward closure at Weardale hospital and she asked for guarantee of sustainability as there was a great fear in the community of the hospital closing. The Clinical Director of DDES CCG advised that they were looking at how to better use all hospitals and as medicine and practices changed services needed to be reviewed. The Director of Integration confirmed that engagement would take place with the local community.

Councillor Robinson said that he had been given assurances about the Sedgefield area however the GP surgery was closing and the building used could be better utilised. He expressed concerns about the footprint of the STPs and whether there would be a merger of the 2 STPs covering County Durham.

The Clinical Director of North Durham CCG explained that there had been talks of changing the titles of STPs but in essence they would remain to plan across a large

footprint of health care. He believed that one STP would be the best way forward for the people of County Durham. There were plans to merge the CCGs but at present having two CCGs helped to retain a significant influence regionally.

The Chairman said that this could have a knock on effect for services and funding and was concerned about the effects this would have on patients.

Councillor Temple asked if there were any positive improvements in the locality as the reports seemed to be about reductions and cuts. The Clinical Director of DDES CCG said that there was a focus on cuts but reported that there were a number of exciting developments in primary care. The development of “teams around the practice” would focus on the needs of patients within the community and the quality of care. Moving to community based care was one of the biggest successes and a move to one CCG would help maintain our services and have an influence on the local community.

Councillor Patterson asked for an explanation about why so much money was spent on dermatology services – was there more patients or were we paying too much to deliver services. The Clinical Director of North Durham CCG advised that the cost was higher but had a real effect in commissioning community services.

With reference to the Weardale hospital Councillor Patterson asked what pressure had been put on to the government from the CCG as there were concerns for the people in this rural area with transport. As it was difficult to get staff to cover palliative care in rural areas, especially in the winter months, she asked what was being done to extend services in these areas. The Clinical Director of North Durham CCG advised that the North Durham CCG Forum was part of an organisation that lobby the government on specific issues. The Director of Integration added that they do take into account rurality and would look at other uses for the community hospital by enhancing the community offer. Councillor Patterson further asked if there would be an alternative use for the hospital or if the service would be delivered in another location. The Director of Integration informed her that they would be a comprehensive review carried out and would look at all options. She added that there was no pre-empted outcome at this stage that the hospital would close.

The Clinical Director of DDES CCG commented that they were trying to provide services in different and more efficient ways. The health services needed to take into account that there were more elderly patients and therefore more dementia, diabetes and other ailments to treat. Although the budget was not growing at the same pace as the population more efficient use of resources would need to be delivered.

The Chairman commented that it was a good thing that people were living longer, especially coming from certain industry backgrounds. The Clinical Director agreed that this was a success story.

The Head of Planning and Service Strategy said that it was members of the public who wanted to see more integrated care and this was evidenced by community users of 30-40 year olds failing to see that integration. He added that it was important to evaluate from the service users perspective and to keep things as simple as possible to understand as services were always being told that systems were too complex.

The Principal Overview and Scrutiny suggested that briefing notes be circulated to the Committee to provide a level of detail on the verbal updates given in respect of the services referenced within the presentation.

The Chairman thanked officers for their presentation.

Resolved:

That the presentation be received and the CCGs prepare and submit briefing papers to the Committee on the service developments reported in respect of Ophthalmology services, the relocation of the physically disabled unit at Bishop Auckland Hospital, South Durham community in-patient beds, Fertility services, Day hospital services and Dermatology services.

8 Proposed De-commissioning of Stroke Support Services across County Durham

The Committee received a Joint Report of the Director of Transformation and Partnerships, Durham County Council and the Director of Commissioning, DDES CCG in respect of the proposed decommissioning of the stroke support service currently provided by the Stroke Association across County Durham and Darlington CCGs (for copy see file of Minutes).

The Director of Commissioning gave a presentation that highlighted the following:-

- How many people are affected by stroke?
- Services from the Local Authority
- Services from the CCGs
- Services from the voluntary sector
- Why the review of the service?
- Key Challenges to address
- Next Steps
- Communications

Members were reminded that at its meeting on 3 April 2017, the Committee had resolved that a further, more detailed report be brought back to the Committee which includes details of service user and carer engagement undertaken as part of the decommissioning process, the rationale behind the proposed change in service model including evidence from Stroke service practitioners and the impact assessment undertaken as part of the decommissioning process. As a consequence of this an extension to the Stroke Association contract had been given up to end July 2017.

The Director of Commissioning, DDES CCG indicated that following further discussions with the Stroke Association and Healthwatch Durham, a robust engagement process was to be undertaken in association with stroke patients, carers and their families which would include Durham Healthwatch to assess the service currently provided and to examine potential future service model options available which would enable performance standards to be improved.

As a result, the CCG had agreed to a further contract extension until 31 December 2017 and the Principal Overview and Scrutiny Officer requested that the results and findings of

the engagement exercise be brought back to a future meeting of this Committee prior to a decision being made on future service provision.

The Chairman invited Peter Moore, Regional Director - North East Stroke Association to give his views.

Mr Moore said that the relationship between the Stroke Association and the CCG had much improved since the last Committee meeting in April. The Stroke Association had campaigned for the best services to be provided for stroke survivors and he felt that this was now high on the agenda for the CCG. He referred to paragraph 14 of the CCG report and commented that the service had not been monitored properly before hence the reason for being in this position today.

The Director of Commissioning confirmed that they had been working constructively with the Stroke Association and communication had much improved.

Councillor Smith said that there was an important priority in terms of patient outcome for the Early Support Discharge Team however she recognised how complex the needs could be. She added that this would have a knock on effect for people staying in hospital. The Director of Commissioning said that they did recognise the importance of the service and they were looking at the way the service could be delivered in the best way for patients.

Dr Murthy confirmed that Healthwatch would help to co-ordinate public engagement around this issue, subject to their board approval on 27 July 2017. He asked for assurance that the consultation undertaken would be independent and would take on the views of all service users, carers and their families.

The Director of Commissioning confirmed that there was no intention to reduce funding for stroke services but would maximise the services available.

Dr Murthy commented that patients and carers were consulted upon so often that they need to know what the purpose was and if their views would be taken into account. He asked for assurance that the exercise would be meaningful.

The Director of Commissioning assured the Committee that all views would be taken into account.

Resolved:

That the report be received and a further report detailing the findings of the engagement process and options for future service provision be brought back to the November meeting of the Committee.

9 Director of Public Health Annual Report 2016/17

The Committee considered the Annual Report of the Director of Public Health that focused on the importance of good work with a specific emphasis on our mid-life population (age 40 -70 years) (for copy see file of minutes).

The Director of Public Health thanked Gill O'Neill for carrying out the report during her Interim role. She advised that a presentation would come to a future meeting focusing on the health needs and the future challenges and priorities.

Further to a question from Councillor Bell about what the figures on the bus ride diagrams indicated within the report, the Director of Public Health explained that they were an overall measure of how long people could live. This would depend upon the different conditions people may have and highlighted that there were many bumps in the road and that one size did not fit all. She offered to bring back an in depth review into these figures at a future meeting.

Referring to the support structures being championed, Councillor Darkes asked why the lack of stroke services had not been championed, as there was a lack of continuity of the service. The Director of Public Health advised that they were working very closely with colleagues in social care taking a look at how to prevent strokes. Councillor Darkes further asked if there was an action plan in place dealing with strokes and was advised that the care would be included in a pathway and was assured that the service were looking at this with colleagues in social care.

Councillor Smith asked how improving health at work was marketed to business, especially small businesses without occupational health. The Director of Public Health informed her that Business Durham were involved with this area and the link to small businesses would include better health at work. A report was being developed and would be utilised at the Big tent Event. She added that next year they would challenge how this had been implemented.

Resolved:

- (i) That the Annual Report of the Director of Public Health be received;
- (ii) That the recommendations within the report be endorsed and championed by the Committee.

10 Quarter 4 2016/17 Performance Management

The Committee considered a report of the Director of Transformation and Partnerships that presented progress against the councils corporate basket of performance indicators, Council Plan and service plan actions and other performance issues for the Altogether Healthier theme for the fourth quarter of 2016/17 financial year, covering the period January to March 2017 (for copy see file of minutes).

The Head of Planning and Service Strategy highlighted some positive elements of performance including that delayed transfers of care continued to improve however with the possible introduction of further performance targets this could hit the County hard. The number of smokers quitting had achieved target however the number using e-cigarettes had increased. He informed the Committee that there had been a number of issues with the Drugs and Alcohol provider but a new contract had been re-commissioned and figures would be brought back in the near future.

Councillor Huntington was pleased to see the cessation of smoking figures improving but she was concerned about people not being able to be discharged from care due to

equipment not being available. She said that this part of the service needed to be well managed to ensure rehabilitation at home could continue.

Mrs Hassoon agreed with those comments and said that an assessment plan should be in place when a patient was admitted and would cause less problems when discharged.

The Head of Planning and Service Strategy said that he would feed those comments back and would suggest a report comes back to Committee about community and hospital occupational therapy and the co-ordination behind that.

Resolved:

That the report be received and an item be included in the Committee's work programme in respect to hospital discharge planning and co-ordination with rehabilitation and reablement services.

11 Durham, Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee

The Committee considered a report of the Director of Transformation and Partnerships that proposed the establishment of a Joint Health Scrutiny Committee under the provisions of the Health and Social Care Act 2012 involving all local authorities affected by the Durham, Darlington and Teesside Hambleton Richmondshire and Whitby Sustainability and Transformation Plan and any associated service review proposals. The proposed Joint Committee would assume responsibility for those provisions and considerations previously undertaken by the "Better Health Programme Joint Health OSC" (for copy see file of Minutes).

The Principal Overview and Scrutiny Officer advised that it was proposed to extend the remit of the current Better Health Programme Joint Scrutiny Committee to consider the implications of the draft STP documents and any proposals as Better Health was only one element that affected the local authorities. The proposal would be considered by each affected local authority and he assured members that the power to refer to the Secretary of State remain with each local authority and not the Joint Committee.

Councillor Bell referred to the Southern STP and the intention to consult in September and asked if there was anything that the Committee needed to be aware of in terms of a formal consultation. The Principal Overview and Scrutiny Officer said that a Joint Committee meeting would be held on Monday 10 July 2017 and members were posing the same questions. The feedback from the latest round of engagement activity of maternity, paediatricians and womens services would be discussed together with an evaluation of the criteria used as part of the options appraisal process. The statutory consultation would be likely to commence in January 2018.

The Committee welcomed the proposals.

The Principal Overview and Scrutiny Officer referred to a presentation given to the Committee in March 2017 about establishing joint scrutiny arrangements for North Durham. The previous Chairman lobbied all affected local authorities to set up joint arrangements. Due to the purdah periods it was intended to bring a report to a special meeting of the Committee in September with proposals to mirror those of the south of the

county arrangements. It would be proposed to appoint three members to sit on the newly formed committee.

He advised the Committee that papers for the Better Health programme Joint Scrutiny Committee were available for inspection on the County Councils website.

Resolved:

- (i) That the report be received;
- (ii) That the establishment of a Durham, Darlington and Teesside, Hambleton Richmondshire and Whitby Joint Health Overview and Scrutiny Committee under the terms of the Health and Social Care Act 2012 as set out in the report be agreed;
- (iii) That the proposed protocol, Terms of Reference and membership of the Joint Health Scrutiny Committee that will be set up to scrutinise the Durham, Darlington and Teesside, Hambleton Richmondshire and Whitby STP and associated consultation and engagement plans be agreed.

12 NHS Foundation Trust 2016/17 Quality Accounts

The Committee considered a report of the Director of Transformation and partnerships that informed of the responses made in respect of NHS Foundation Trust Draft Quality Accounts 2016/17 (for copy see file of Minutes).

Resolved:

- (i) That the report be noted.
- (ii) That the responses to NHS Organisations' draft Quality Accounts be endorsed.

13 Council Plan 2016-19: Refresh of the Adults Wellbeing and Health Overview and Scrutiny Work Programme

The Committee considered a report of the Director of Transformation and Partnerships which invited Members to consider and agree an updated Work Programme for the Adults Wellbeing and Health Overview and Scrutiny Committee for 2017-18 (for copy see file of minutes).

Members were advised that the work programme was flexible and that the previous review on Suicide Rates and Mental Health and Wellbeing in County Durham would come back to Committee for endorsement prior to approval by Cabinet.

Resolved:

That the proposed work programme for 2017-18 for the Adults Wellbeing and Health OSC be agreed and a Review into be included therein.

14 Any Other Business

The Chairman placed on record his thanks and appreciation to Peter Appleton, the Head of Planning and Service Strategy who was due to retire after 43 years of service with the County Council. He would be a tremendous miss to the Committee and the Health and Wellbeing Board.

Mr Appleton said that it was always good to see how officers and members had an open dialogue discussing the important work of this Committee. He thanked the co-opted members Mrs Carr and Mrs Hassoon together with Councillors Bell and Huntington. He paid a special thanks to the Chairman for his fantastic support over the years.