

## **DURHAM COUNTY COUNCIL**

### **ADULTS, WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

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

#### **Present:**

**Councillor J Robinson (Chairman)**

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

Councillors A Bainbridge, R Bell, P Crathorne, R Crute, G Darkes, M Davinson, K Liddell, A Patterson, S Quinn, M Simmons and O Temple

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

Mrs R Hassoon

#### **1 Apologies**

Apologies for absence were received from Councillors J Chaplow, E Huntington, C Kay, A Reed, A Savory, H Smith and Mrs B Carr.

#### **2 Substitute Members**

There were no substitute members.

#### **3 Minutes**

The Minutes of the meeting held on 6 September 2017 were agreed and signed by the Chairman as a correct record.

#### **4 Declarations of Interest**

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;

- NHS bosses in County Durham defend vetting scheme to streamline GP referrals – Northern Echo 14/09/17

Health chiefs have defended a controversial policy of private companies vetting GP referrals for hospital appointments after a health trust member revealed his hernia consultation had been delayed by ten weeks.

Concerns over the scheme which requires GPs to go through third parties before patients can be referred to specialists include: the undermining of the doctor-patient relationship, decisions taken without full medical histories and the potential for operations to be restricted.

Delays in receiving care, rising workloads and bureaucracy for GPs were also raised at yesterday's County Durham and Darlington NHS Foundation Trust's annual general meeting.

- Fear after firefighter stop medical emergency cover – Hartlepool Mail 18/09/17

AN 18-Month pilot scheme which saw fire crews called to medical emergencies stopped yesterday after pay negotiations collapsed.

Now a senior councillor is seeking reassurances from the North East Ambulance Service (NEAS) that services to the public won't suffer after the Fire Brigade Union (FBU) decided to cease trials of the scheme, called the Emergency Medical Response.

Councillor Ray Martin-Wells, chair of the North East Joint Health Scrutiny Committee and a Hartlepool councillor, has written to NEAS Chief Executive Yvonne Ormston after the Fire Brides Union said it would cease the trials.

- Almost a quarter of North-East ambulance workers off sick due to stress – Northern Echo 20/09/17

Almost a quarter of ambulance staff in the North-East took time off work last year due to stress, new figures have revealed.

Research from the GMB Union shows that 22 per cent of North East Ambulance Service (NEAS) staff, including paramedics, were absent from work due to "stress, anxiety and related conditions" during the last financial year.

The figure is the second highest in the country, behind the East Midlands, and compares to just nine per cent of workers in Yorkshire.

- Nine in 10 GPs rated good or outstanding – BBC Website 22/09/17

Nine in 10 GP surgeries in England have been rated as good and outstanding by inspectors.

It means general practice is the highest performing sector in the NHS, according to the Care Quality Commission ratings, above hospitals, mental health and social care.

Patients across the North East region are more likely to see a good GP practice than anywhere else in the country according to a report on the quality of GP practices.

In the first performance review of its kind, The Care Quality Commission (CQC) scored more than 7,000 GP surgeries between 2014 and May this year against a series of indicators including whether they were effective, caring, safe and well-led.

The North East fared best, with seven per cent rated outstanding and 91 per cent good and one per cent both inadequate and requiring improvement.

- Partnership between Durham Police and mental health trust 'could free up' officers to attend other incidents – Northern Echo 15/09/17

Police officers attending incidents will be backed up by an on-call mental health team in a first for one force.

A new partnership between Durham Police and the Tees Esk and Wear Valleys NHS Foundation Trust will see a mental health practitioner based in the force control room and two others providing a mobile resource.

The seven day a week street triage service being provided aims to provide a better outcome for people with mental health difficulties who come into contact with police officers.

Councillor R Bell sought clarification if there was any further information on firefighter stopping medical emergency cover. The Assistant Director Communications and Engagement (North East Ambulance Service) advised Members that the scheme nationally came to an end on the 25 September 2017, with the exception of a small area within Cleveland for which local agreement was in operation.

**Resolved:**

That the presentation be noted.

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

Roberta Blackman-Woods, MP had asked to address the Committee in respect of the GP Specialist referral service implemented within North Durham CCG and indicated that the scheme was a referral system to a specialist via a private company which were based in the North West of the country. The company would agree the referral or offer another form of treatment. She had been advised of the new system 4 days before the commencement of the new contract. Her office had submitted Freedom of Information requests into every CCG in the Country. They had received a 92% response rate from CCGs using an SRO system and less than 5% were operating a similar scheme and 25% had an in house NHS scheme.

She stated that she had been contacted anonymously by local GPs stating their concerns that the scheme was compulsory. She then went on to talk about her own experience with the new referral service and stated that she was going to be reported to the CCG because she refused to give permission for her information to be shared. She attended a meeting

in August but no representative from the CCG was in attendance. She advised members that she wanted the CCG to come up with a revised scheme where her data was shared within the NHS and not involve a private company. The South of Durham were not adopting the scheme.

The Chairman indicated that a local member had brought a briefing letter to the attention of the Committee which had been discussed.

Dr Neil O'Brien, Chief Clinical Officer for North Durham CCG responded that the Rapid Specialist Opinion (RSP) was a process whereby GPs were encouraged to seek an SRO where alternative treatments might be more appropriate rather than an immediate referral to a consultant. Dr O'Brien stated that the scheme was not mandated. The CCG did monitor the number of practices that had taken up the new scheme and engaged with those who hadn't to find out if they had any concerns. The web based guidelines were developed over two and half years ago which is best national practice but in addition GPs sat in a room with local Durham consultants to go through a step by step guide. Dr O'Brien gave an example of acne treatment where the RSO might suggest that the patients GP try antibiotics before referral to a specialist. The system is coordinated by a private company but NHS consultants look at the data and they looked at primary treatments before a referral. The system does allow diversion of a referral to advanced primary care, it is a voluntary scheme but excludes all urgent referrals.

Dr O'Brien indicated that the CCG did not undertake a formal consultation but they had informed the Adults Wellbeing and Health Overview and Scrutiny by way of a briefing paper. The CCG had engaged with practices and talked to GPs, although Dr O'Brien conceded that the scheme was implemented quickly but they had not had any adverse incidents. They had undertaken a series of clinical audits to evaluate the SRO process which would be available at the end of November and they were happy to brief scrutiny on the outcome of the audit.

He also advised Members that there had been a 200% increase in accessing guidelines and there had been no adverse reports made back to the CCG from GPs regarding the RSO system. Dr O'Brien then explained the circumstances which had prevented either himself or the Chair of North Durham CCG from attending the meeting called by the MP.

Councillor Crathorne referred to the general public not being consulted as practise groups do not talk to members the public.

The Chief Clinical Officer for North Durham CCG indicated that they had taken advice and as it was not a service change they did not need to do a formal consultation. GPs could opt out of the system and some GPs had. If a patient was referred for secondary care and if acceptable to the patient they would be contacted and offered a range of acceptable appointments with different locations and waiting times.

Mrs Hassoon asked if the data was shared.

The Chief Clinical Officer for North Durham CCG responded that the information was safe and was only shared when an appointment had been booked.

Mrs Hassoon referred to some patients who would not understand the process and would just give consent without realising the consequences. In reply, Dr O'Brien stressed that if a GP feels that their patient is not fully aware of what is proposed under an SRO, then this should automatically flag that patient as being unsuitable for SRO. He again emphasised that the SRO process is not mandated.

Roberta Blackman-Woods, MP indicated that she had talked to every GP practice in her constituency and they had told her that they had to introduce the new SRO scheme. She remained concerned that the SRO system being used involved the sharing of data to a third party private company and that there were alternative processes available to the CCG for this service.

The Chief Clinical Officer for North Durham CCG responded that GPs all specialised in an area and he could call on a colleague in his practice but some surgeries were small and didn't have this facility.

Councillor Temple suggested that the Committee take up the offer of a review report from the CCG and that the introduction of the new SRO system had been badly handled by the CCG.

Councillor Bell indicated that the system sounded like it was compulsory and second check with GP referrals was a good idea but he didn't know why a private company was being used.

The MP indicated that she wanted no change to be introduced without consultation. A more open relationship was needed but at the meeting that she had called for, no CCG representative was present and all she had met was defensiveness.

The Director of Primary Care and Engagement for DDES CCG indicated that the membership of CCG was made up of GP practices and that CCG decisions were based upon the views of their practice members. He suggested that they ask GPs what they wanted to do and if they wanted specialist advice before a referral to a consultant.

The MP asked that a member from scrutiny be involved in a round table event to be held in November.

The Chairman responded that he would be in attendance at the round table event.

**Resolved:**

That the Adults, Wellbeing and Health Overview and Scrutiny Committee receive a report from the CCG on the audit of the Specialist referral service.

**7 Durham Dales, Easington and Sedgfield CCG Accident and Emergency Ambulance Service Review - Post Implementation update**

The Committee received a report of the Director of Partnership and Transformation that provided Members with a further update in respect of the implementation of the revised Accident and Emergency Ambulance Service by Durham Dales, Easington and Sedgfield CCG which commenced on 1 April 2016 (for copy of report, see file of minutes).

The Assistant Director gave a presentation that highlighted the following:-

- Staff who would recommend NEAS as a place to work
- Workforce – closing the vacancy gap
- Staff turnover and vacancies
- Transportation to A&E
- Sickness absence rates
- Handover delay
- Context – Reference costs and quality
- Income – National Audit office report – 2017
- Cost improvement plan
- Address the gap – progress to CQC Outstanding
- Red Response Performance
- Green and urgent response performance
- Conveyance to emergency department
- Positive direction of travel
- Current response time standards
- Ambulance performance standards
- Ambulance call volumes
- Performance
- Ambulance standards
- Arrival at a specialist heart or stroke centre

The Chairman thanked the Assistant Director for a very informative presentation and asked him to pass on the committee's thanks for all the work the ambulance service nationally had done during the terrorist attacks.

Councillor Bell referred to the funding discrepancies between NEAS and other ambulance services and asked what representations had been made, he also referred to the performance and was concerned that 25% of responses were not counted. Rural areas had longer wait times but the graph did not provide the responses in the Dales as the data included Crook, which was not a rural area.

The Assistant Director responded that a study of rural areas found that the response rates were seven minutes longer for rural areas but an ambulance on its way to a rural area would not get deflected elsewhere as was sometimes the case in urban areas.

Paul Liversidge, NEAS referred to national funding being an issue and as a service they were monitored trust wide on local point of view. Challenges in urban areas were different to rural areas. They needed to make sure they worked together with health professionals to manage patients in rural areas, in particular the Durham Dales.

Councillor Patterson asked for further information on incidents across County Durham particular figures rather than percentages.

The Assistant Director responded that he had an excel spreadsheet that contained all the figures and that he was happy to share with Members of the Committee. He also advised members that no ambulance service was measured on the new standards. With regard to

staffing they worked with universities and in the last 12 months they had recruited paramedics from Poland and other parts of the country.

Councillor Patterson sought clarification if it was 17,000 or 30,000 incidents a month. The Chief Operating Officer confirmed that it was 30,000 incidents in total as it was not just red incidents.

The Rural Ambulance Monitoring Group were in attendance and indicated that they hoped the standard would help improve response times in rural areas. The last figures for the Dales and Bishop Auckland was 64% and 44% which was a 20% difference. There were several rural areas around the County and they would like to see a further breakdown of the figures. The group was set up by the PCT to monitor rural performance which they had done for the last 12 years and the rural service was failing. They worked closely with the PCT but they had not been able to obtain the figures for Weardale and Teesdale localities and if they don't have the figures to see what is going wrong they can't put it right.

Councillor Bell referred to previous discussions held at this Committee when NEAS had indicated that the data for ambulance response performance could not be broken down to a more localised level as this would contravene data protection rules and possibly lead to the identification of individual incidents. He stated that he did not agree with this assertion and called for the figures to be broken down to a more localised level.

The Chairman indicated that he and Councillor Temple regularly attended meetings to talk about the ambulance performance across the Durham Dales and the rest of the County. If the Committee were so minded, the Chairman suggested that he again write to NEAS requesting that the ambulance performance data be broken down to a more localised level.

**Resolved:**

That the information contained in the report be noted and a request for the Ambulance performance information to be broken down into a more local level be made to NEAS.

## **8 Health and Wellbeing Board Annual Report 2016/17**

The Committee considered the report of the Director of Transformation and Partnerships that presented the Annual Report 2016/17, a copy of which had been circulated to Members prior to the meeting (for copy of report, see file of minutes).

The Strategic Manager, Policy, Planning and Partnerships was in attendance to present the report.

In referring to the achievements of the Board during 2016/17, the Chairman congratulated the team on the Health and Wellbeing Board being shortlisted for the 2016 Local Government Chronicle's "Effective Health and Wellbeing Board" award.

Councillor Temple referred to the oral health strategy for County Durham and sought clarification if the proposed extension of water fluoridation across County Durham was to be moved forward. The Strategic Manager, Policy, Planning and Partnerships responded

that this was in the Board's work programme but was not at the point of consultation as yet.

**Resolved:**

- (i) That the work undertaken in 2016/17 be noted.
- (ii) That the Annual Report 2016/17 be received for information.

**9 Durham Local Safeguarding Adults Board Annual Report 2016-17**

The Committee considered the report of the Independent Chair Durham Local Safeguarding Adults Board that presented the Local Safeguarding Adults Board Annual Report 2016-2017 and to provide information on the current position of the County Durham Safeguarding Adults Board and outline achievements during 2016/17 and plans for 2017/18. The Safeguarding Adults Board Business Manager was in attendance to present the report (for copy of report, see file of minutes).

**Resolved:**

That the annual report and achievements made in 2016/17 be noted.

**10 Adult and Health Services Update**

The Committee considered the report of the Corporate Director of Adult and Health Services that provided an update on developments across Adult and Health Services (for copy of report, see file of minutes).

The Interim Head of Adult Care was in attendance to present the report which highlighted several key issues including:-

- Work being undertaken to develop new integrated models of care as part of an accountable care network involving Durham County Council, North Durham and DDES CCGs, County Durham and Darlington NHS Foundation Trust and Tees, Esk and Wear Valleys NHS FT;
- The primary Care Home programme which focused on healthcare teams from primary, secondary and social care working together as a multi-disciplinary team;
- The development of 13 Teams around Patients covering 69 GP practices across County Durham;
- A more proactive approach across the County Durham Partnership to prevention;
- The North East and Cumbria Learning Disability Transformation programme;
- Commissioning developments including the Improved Better Care Fund plan, and
- The review of the County Council's Social Services Information Database (SSID).

During consideration of the report, Councillor Temple requested that further information be brought back to a future meeting of the Committee in respect of the Local Government Association Prevention at Scale offer and what this would be used for. He also referenced

the establishment of a Task and Finish Group by the Joint Commissioning Group for County Durham to examine the rise in the rate of emergency admissions in both falls and hip fractures in the over 65s during 2015/16. This was higher than the national average and the Task and Finish group would investigate this and report back to the Health and Wellbeing Board in March 2018. Councillor Temple suggested that this report should come to the Adults, Wellbeing and Health Overview and Scrutiny Committee also.

Reference was also made to the development of Teams around patients and the importance that the Community Health service would play in this integration. The role of mental health services within the TAP approach was also referenced and, given that the Community Health contract was currently being reviewed, members suggested that more information around this issue be brought back to a future meeting.

**Resolved:**

- (i) That the report be noted.
- (ii) That further information be brought back to a future meeting of the Committee regarding the LGA Prevention at Scale project; the Joint Commissioning Group Task and Finish work into the rate of emergency admissions in both falls and hip fractures in the over 65s and the TAP/Community Health service contract proposals.
- (iii) That the Adults, Wellbeing and Health Overview and Scrutiny Committee received further updates in relation to Adult and Health Service development on a six monthly basis.

## **11 Quarter One 2017/18 Performance Management Report**

The Committee considered a report of the Director of Transformation and Partnerships that presented progress against the Council's corporate performance framework for the Altogether Healthier priority theme for the first quarter of the 2017/18 financial year (for copy of report, see file of minutes).

The Corporate Scrutiny and Performance Manager presented the report.

Councillor Crathorne referred to smoking cessation and asked if people had just switched to e cigarettes rather than stopped smoking. The Corporate Scrutiny and Performance Manager advised that e-cigarettes are a new phenomenon and so the long-term effects of vaping may not fully understood. He advised that he would talk to Public Health colleagues to get a definitive answer on whether e-cigarettes are now seen as a legitimate part of an approach to smoking cessation and find out whether there is any research about the health effects of vaping.

Councillor Darkes referred to paragraph 16 of the report and the mortality rate for deaths related to drug misuse and the significant reduction in healthy life expectancy for the period 2014 to 2016 and if any action plans had been put into place. The Corporate Scrutiny and Performance Manager responded that the figures had just been released but he would speak to Public Health and report back.

Councillor Temple referred to Durham County Council's performance always been worse than the rest of England but better than the North East and asked if there was a trend. The Corporate Scrutiny and Performance Manager responded that the indicators were

chosen by the authority but they could look at trends to see if there are any significant trends regarding comparison between Durham and the North East region.

Councillor Davinson sought clarification if suicides could be broken down into areas to see if there were links with deprivation and if they need to target areas. A question was also asked as to whether there was any early evidence to suggest that suicides have increased as a result of the government's roll out of Universal Credit.

The Corporate Scrutiny and Performance Manager would look at the suicide figures to see if they could be broken down into areas.

**Resolved:**

That the report be noted.

**12 Adults and Health Services - Revenue and Capital Outturn 2016/17 and Quarter 1: Forecast of Revenue and Capital Outturn 2017/18**

**AHS – Revenue and Capital Outturn 2016/17**

The Committee considered the report of the Head of Finance (Financial Services) that provided details of the actual outturn budget position for the Adult and Health Services service grouping, highlighting major variances in comparison with the (revised) budget for the year, based on the final position at the yearend (31 March 2017) as reported to Cabinet in July 2017. The Finance Manager delivered a presentation on the Revenue and Capital Outturn 2016/17 (for copy of report, see file of minutes).

**Resolved:**

That the revenue and capital outturn included in the report be noted.

**Quarter 1: Forecast of Revenue and Capital Outturn 2017/18**

The Committee considered the report of the Head of Finance and Transactional Services that provided details of the forecast outturn budget position for the Adult and Health Services service grouping, highlighting major variances in comparison with the budget for the year, based on the position to the end of June 2017 as reported to Cabinet in September 2017. The Finance Manager delivered a presentation on the Forecast of Revenue and Capital Outturn 2017/18 (for copy of report, see file of minutes).

**Resolved:**

That the financial forecasts be noted.

**13 South Tyneside and Sunderland NHS Partnership - Path to Excellence Consultation - Proposed response by the Adults Wellbeing and Health OSC**

The Committee considered a report of the Director of Transformation and Partnership that invited Members of the Adults Wellbeing and Health Overview and Scrutiny Committee to consider and agree the proposed draft response to the Path to Excellence consultation currently being undertaken by South Tyneside and Sunderland NHS Partnership (for copy of report, see file of minutes).

**Resolved:**

- (i) That the report be noted.
- (ii) That the proposed response to the Path to Excellence Consultation attached as Appendix 2 be approved.
- (iii) That the Adults Wellbeing and Health Overview and Scrutiny Committee receive a further report detailing the feedback from the communication and engagement activity prior to a final decision being made by the CCGs in respect of the proposals.