

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 13 April 2018 at 9.30 am**

Present:

Councillor J Robinson (Chairman)

Members of the Committee:

Councillors J Chaplow, A Bainbridge, R Bell, P Crathorne, M Davinson, J Grant, E Huntington, L Mavin, A Patterson, S Quinn, M Simmons, L Taylor and O Temple

Co-opted Members:

Mrs R Hassoon

1 Apologies

Apologies for absence were received from Councillors R Crute, G Darkes, C Kay, K Liddell, 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 5 March 2018 were agreed and signed by the Chairman as a correct record.

The Principal Overview and Scrutiny Officer advised that in relation to the item on Winter Pressures, a special meeting of the Committee had been arranged to take place on 2 May 2018 to discuss the re-procurement of the Community Services contract and the review of Community Hospitals.

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 services explained: Where should North East patients go if you feel ill - hospital, GP, or walk-in centre? – Evening Chronicle - 10/04/18

The region's A&E departments are stretched after a tough winter.

Health bosses in the region say emergency departments are struggling to cope with high volumes of patients - including many who do not actually need emergency care.

In a bid to ease the pressure, efforts are under way to provide members of the public with information about where to go to treat different types of ailments.

- Councillors 'insulted' over response to concerns about moving hospital services from South Tyneside to Sunderland – Sunderland Echo – 11/04/18

Councillors say they were left feeling 'insulted' and 'disgusted' by the response to their concerns over proposed health reforms in Sunderland and South Tyneside. Health bosses say the plans - which involve some services being moved from South Tyneside District Hospital to Sunderland Royal Hospital - are necessary to improve care and cut costs. But members of the South Tyneside and Sunderland Joint Health Scrutiny Committee are unconvinced by the scheme, which they say could leave patients and health workers struggling to cope. They are to call on Health Secretary Jeremy Hunt to rule on the issue.

- People urged to be more open about mental health – Hartlepool Mail – 09/04/18

People in Hartlepool and East Durham are being urged to take advantage of a new national awareness campaign that encourages people to speak more openly about mental health – and to find safe, non-confrontational spaces to talk. The aim of the initiative, launched by Ford and partnered with "Time to Change", an established mental health campaign run by the mental health charities Mind and Rethink Mental Illness, aims to reduce the stigma surrounding discussions on mental health. Around one in four people in the UK experiences mental health problems, and young men in particular have been identified as vulnerable.

6 Any Items from Co-opted Members or Interested Parties - Proposed closure of Byers Green Branch Surgery

Following concerns raised to the Chairman of this Committee by local Spennymoor Councillors regarding the proposed closure of Byers Green Surgery at Spennymoor, a letter was sent to the surgery asking for the decision to be halted until consultations had been carried out and the Committee was apprised of the situation.

The Chairman welcomed the Practice Manager to the meeting. She advised that 6-8 patients used the surgery at Byers Green, which was a small surgery rented from Livin. There was no IT available at the surgery and they were unable to carry out full examinations or blood tests. Promotion was carried out to encourage people to use the surgery but to no avail. In the past year, 84 patients have been seen in the surgery, an average of 3 per week. Byers Green was a 15 minute drive from the main surgery at Spennymoor and travelling reduced the amount of time that patients could be seen at Spennymoor. The list size of patients at Byers Green had not gone up in the past year and patients over the age of 65 were 26% of the total number. The surgery in Spennymoor had recruited 4 young GPs however they were struggling with demand and not travelling to Byers Green would assist this situation. Public transport from Byers Green was once an hour with a 2 hour gap in the middle of the day. Two appointments

would be blocked each day to coincide with bus times. Spennymoor was a dispensing practice and this would not change as medication would still be delivered.

The Director of Primary Care, Partnerships and Engagement, North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups informed Members that the Primary Care Committee deferred this item until they had received assurances that full conversations had happened with stakeholders and patients. From a quality and safety point of view, he felt that it was unusual for a GP to see a patient without access to clinical records as this could limit the value of the consultation. He added that he needed to ensure that money invested into premises across the whole of the area should be fit for purpose and would be looked at on a case by case basis.

The Chairman reported that the local members had attended meetings with the Practice Manager and the messages received today had been reinforced.

The Principal Overview and Scrutiny Officer said that the lines of communication between the CCGs, NHS England and the local authority, where proposals to alter GP services needed to be clearer. There were two issues to consider – the proposed closure of Byers Green and the protocols in place for engagement with the local authority via the Adults Wellbeing and Health OSC and local Councillors. On behalf of the Committee he asked that advice and guidance was issued to individual practices about their duties and responsibilities to engage, inform and consult about any proposed changes. He would pass back any comments from the meeting today.

The Chairman thanked the Practice Manager and the Director of Primary Care for coming to the meeting to give an explanation and understanding of the current situation.

The Director of Primary Care said that he supported the Committee on behalf of the CCGs.

Resolved:-

- (i) That the report be received and the rationale for the proposed closure of Byers Green Branch Surgery be noted;
- (ii) That NHS England and the County Durham CCGs develop a protocol which ensures that the organisation responsible for commissioning of general practice services includes the County Council's Adults Wellbeing and Health Overview and Scrutiny Committee are included within the engagement processes where changes to services are proposed.

7 NHS England Review of Specialised Vascular Services

The Committee received a report of the Director of Transformation and Partnerships that provided information in respect of proposals to reconfigure specialised and some non-specialised vascular services in the North East England in advance of a presentation to be given to members by representatives of NHS England's North Region Specialised Commissioning Team on 1 June 2018 (for copy see file of Minutes).

The Principal Overview and Scrutiny Officer advised that concerns had been raised at the North East Regional Joint Health Scrutiny Committee regarding the proposals to reconfigure vascular services. The University Hospital North Durham was one of four

centres offering these services however, recommendations from the Northern England Strategic Clinical Network would see this option being removed. The Regional Team would be attending a special meeting of this Committee on 1 June 2018 to allow the Committee to give full consideration to the proposals.

The Chairman advised that an immediate objection had been lodged to these recommendations and that there was also a concern to the knock on effect to the Darlington Memorial Hospital and Bishop Auckland Hospitals.

Councillor Temple was concerned about the report and the clinical reasoning behind the proposed changes. In the report, he referred to Sunderland being geographically located in the centre of the region. This was particularly concerning as the STPs moved forward and there did not see to be an understanding of the geographical layout of County Durham. He added that there needed to be further understanding of the implications for the County and costs involved in making the changes. He believed that Members needed to make a case to protect the long term future of the area.

Councillor Bell agreed with those comments and asked how this fit into the plans of the STP process. He felt that County Durham would miss out everytime there were any proposal to streamline services at a regional level.

The Principal Overview and Scrutiny Officer advised that he would express these concerns to NHS England in advance of the meeting on 1 June 2018. He also advised that the Chief Executive of CDDFT would be attending the meeting with the Foundation Trusts lead vascular surgeon on 1 June 2018.

Resolved:

- (i) That the report be received;
- (ii) That comments on this report and the briefing paper provided by NHS England's North Region Specialised Commissioning Team in respect of the proposals to reconfigure specialised and some non-specialised vascular services in the North East and the associated communications and engagement plans be noted;
- (iii) That further detailed report be brought back to the Committee following the end of the 2018 local election purdah period be agreed.

8 Improved Access to Psychological Therapies Model Development

The Committee received a report of the Director of Corporate Programmes, Delivery and Operations that provided an update on the current developments in relation to the proposed expansion of the Improving Access to Psychological Therapies Model, the national strategic direction of travel and planned engagement on the proposed expanded model (for copy see file of Minutes).

The Chairman asked why no consultation was required and what the impact was for CDDFT with the change in contract. The Director of Corporate Programmes explained that this development of a new model was about enhancing the service. It was about expanding and not reducing the service and expanding the IAPT targets using the resources available. Therefore there were no changes other than improvements. TEWV were the lead provider and sub contracted this service to CDDFT and at a market

development session providers would have the opportunity to show how best to achieve the targets. He confirmed that the award of contract would depend on the outcome of the process.

Mrs Hassoon was assured that any contact would not necessarily be by telephone and any concerns raised at an assessment would be followed up.

Councillor Temple felt that there was a contradiction in the report as at paragraph 12 it was noted that the workforce were not trained to provide IAPT modalities and at paragraph 23 it stated that proposed future modelling to expand IAPT services would not present significant change. He asked why there was no need for the process of scrutiny. The Director of Corporate Programmes explained that in relation to paragraph 12 this referred to the talking changes element not meeting standards currently and this was being addressed. The practice based element contributed towards IAPT therapies and if not trained or able to deliver this would be taken out of the IAPT provision. The new model would build in capacity whilst building in lower level counselling.

The Chairman asked that the Committee be provided with a post implementation report to prove what had been carried out to improve access and the quality of the service. The Director of Corporate Programmes said that he would be happy to report back as this would be the outcome that would be hoped to achieve.

Councillor Patterson expressed concerns about patients who had to travel and she asked for assurances that they would still be able to access services locally. She was advised that IAPT outreach and delivery would be based around Teams around the Patient and a core element of that would be to provide wrap around primary care.

Resolved:

- (i) That the report be received;
- (ii) That the required next steps and timescales be noted;
- (iii) That the proposals for developing an expanded IAPT model across a collaborative CCG footprint be noted;
- (iv) That the pre-engagement already undertaken, and planned further engagement on the proposed model during Spring 2018 be noted;
- (v) That the view that a formal consultation process is not considered necessary to progress the development and re-procurement of the IAPT-LTC model be noted;
- (i) That the CCGs bring a post implementation update report to a future meeting of this Committee demonstrating how the service improvements expected to be delivered under the revised IAPT model are being achieved.

9 Implementation of Care Navigation

The Committee received a report and presentation from the Director of Primary Care, Partnerships and Engagement, North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups regarding Primary Care Navigation (for copy see file of Minutes).

The presentation highlighted the following points:-

- Why do Care Navigation
- What is Care Navigation
- Benefits of Using Care Navigation
- What Care Navigation is not
- How Care Navigation works
- Key stages in development

The Director of Primary Care advised that this process would enhance some skills that receptionists already had and for them to be recognised and utilised. A pilot programme had been proposed, however due to the enthusiasm expressed it was going to be rolled out to all 500 GP receptionists in the County. He made of point that patients would still have the power and choice and they could refuse the option of care navigation. Some of the staff had met with GPs and practice staff in South Tees who had already implemented this system and they were very pleased with the results. AAP feedback had been very positive and had been influential in helping to shape the product.

The Director of Primary Care introduced Feisal Jassat, a lay member on both CCGs, who had been very supportive in the implementation.

Mr Hassoon was concerned that not every member of staff had been appraised of the changes as she was still experiencing problems at her own surgery.

The Head of Service (Primary Care) DDES CCG advised that there would be online, physical and soft skills training for all staff and this would be rolled out. The Director of Primary Care said that he would be happy to take up any individual concerns.

Councillor Chaplow queried if it would be more appropriate to train the receptionists as health care assistants. The Director of Primary Care replied that some receptionists did try alternative career paths but that this programme was not designed to turn them into health care professionals. It was designed as a signposting tool however it could be a stepping stone for receptionists.

Councillor Grant expressed concerns about confidentiality as so many practices were open plan and people's conversations could easily be heard. She felt that this needed to be addressed so that it would not put people off using the system. The Head of Service (Primary Care) advised that they were working with individual practices to address that. They would be suggesting that a senior partner or GP from the practice use a voicemail to inform people about the care navigation practice when telephoning the surgery. She added that in Wakefield they used a red card system whereby a patient could point to that if they wanted to have a confidential conversation. She welcomed any suggestions from members as they were still in the development phase.

Adding to the issue of the reception areas, Councillor Grant said that the space between the receptionists and the waiting area needed to be sufficient so that people could not hear conversations as this was embarrassing to all parties. She also suggested that background noise was used to distract what was being said at the reception desk.

Councillor Crathorne asked what qualifications the care navigators would have and Councillor Patterson agreed that this was as concern as they could be directing patients

away from seeing a GP. She was shocked to see this programme being rolled out across the County as would have expected it to have been carried out on a trial basis, with lessons learnt.

The Director of Primary Care explained that this was a mandatory national piece of work, covered in NHS England's five year forward view for General Practice. Money would come centrally to support care navigation. The initiative supported a pilot scheme in Wakefield two years ago and the evaluation of that model had been successful. Wakefield had been approached by a number of CCGs to help them implement the programme. All liability would rest with the GPs and they needed to ensure they felt safe with it. He added that the attitude of receptionists were dealt with by the individual practice but that it was important that they dealt with all patients in a professional manner.

Councillor Bell said that he could see this working in a big urban community but that in small rural communities there was nowhere to be able to have those private conversations required. In smaller communities most people knew each other and this could cause problems without any physical alterations to the buildings.

Referring again to the issue of confidentiality, Councillor Huntington said that a doctors reception felt like a hotel reception and people could hear most conversations. She also felt that even when complaints were made about awkward receptionists nothing was done to address them.

On a more positive note, Councillor Quinn added that she had never heard any conversations at her own surgery.

The Chairman asked how the public were going to be assured about receptionists and why would a record of you saying no to the care navigator system be recorded.

The Director of Primary Care said that they had a brilliant receptionist workforce and that there always tended to be a focus on when things didn't go well. They were often put in a difficult position by the GPs they worked for. Each practice had an obligation to ensure confidentiality and it was suggested that telephone areas were kept separate from the main reception. He added that unfortunately GPs were left with the buildings they had and these were regulated by the CQC.

Councillor Patterson asked that a consultation was carried out to ask patients for their views before implementation. The Chairman reiterated the point that this was a compulsory function imposed on the CCGs. The Director of Primary Care added that this was not seen as a substantial variation and that the choice would remain with the patient.

The Head of Service (Primary Care) explained that they were working with Healthwatch to carry out an independent evaluation to find out the public perception. Once this system was set up and running in Wakefield, the patients there preferred it. She said that they would be collecting data on how many people accepted care navigation and how many declined it so that could gain a greater understanding. The GP would not interrogate a patient if they had declined the system but may point out that they could have received treatment elsewhere.

In conclusion, the Principal Overview and Scrutiny Officer said that he would respond formally in writing to the CCG on the Committees setting out the comments and concerns raised by the Committee.

Resolved:

- (i) That the report and presentation be received.
- (ii) That the comments and concerns raised by the Committee be forwarded to DDES CCG.

10 Quarter Three 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 third quarter of the 2017/18 financial year (for copy of report, see file of minutes).

The Team Leader, Performance, Co-ordination and Development presented the report and highlighted that breastfeeding prevalence and mothers smoking at the time of delivery was still a challenge. She advised that Public Health had undertaken work into breastfeeding and an action plan had been produced to promote the take up, linking in with the AAPs. There had been fewer suicide rates in the 2014-16 period but the figures were still significantly higher than in England, with male suicides higher than females. A Strategic Review had taken place and prevention would be a key focus moving forward.

Councillor Davinson was concerned that the target rate for suicides was highlighted green, although the rates were still high. He was advised that this was to show that in comparison to the performance 12 months ago the number had improved. He was also concerned about the active and inactive figures for participation in sport and physical activity. He was advised that this was not comparing like with like and that there were fewer people doing larger amounts of activity but that more people were doing a little bit of activity.

Referring to suicides, Councillor Davinson commented that until people were given something to live for the rates would not improve significantly. Councillor Huntington said that it would be helpful to have this data broken down so ascertain the different types of suicide and the reasons why. The Principal Overview and Scrutiny Officer explained that this was looked at in the review undertaken, including age, profiles, deprivation and employment.

With reference to breastfeeding, Councillor Quinn asked if this was something that was encouraged. She was informed that it was about trying to change the social norm and a piece of work was taking place around that to make it more acceptable.

Mrs Hassoon referred to the roll out of Universal Credit and commented that if people did not have money their situations could not be improved. The Principal Overview and Scrutiny Officer advised that this matter impacted on the whole gambit of Overview and Scrutiny Committees and the Corporate OS Management Board were taking the lead.

Resolved:

That the report be received.

11 Adults and Health Services Quarter 3 Forecast of Revenue and Capital Outturn 2017/18

The Committee considered a report of the Head of Finance and Transactional Services, presented by the Principal Accountant for Adults and Health Services, that provided details of the updated forecast outturn position for the Adult and Health Services (AHS) service grouping, highlighting major variances in comparison with the budget, based on spending to the end of December 2017 (for copy of report and slides see file of Minutes).

Resolved:

That the financial forecasts, summarised in the Quarter 3 forecast of outturn report to Cabinet in March 2018, be noted.

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

The Committee considered a report of the Director of Transformation and Partnerships which provided information contained within the Council Plan 2016-2019, relevant to the work of the Adults, Wellbeing and Health Overview and Scrutiny Committee, which enabled members to refresh the Committee Work Programme to reflect the four objectives and actions within the Council Plan for the Council's 'Altogether Healthier' priority theme (for copy see file of Minutes).

The Principal Overview and Scrutiny Officer highlighted the current work programme of the Committee and the cross cutting areas covered across Children & Young People and Safe & Stronger Overview & Scrutiny Committees. Members were advised that the work programme for 2017-18 would be brought back to the Committee in July 2018. He also advised that the STP plans were still to be confirmed however, reports would come back to the committee on progress.

Councillor Temple commented that the Committee should concentrate on public health issues that the Council could investigate and report back on. He suggested that the Committee review smoking in pregnancy and breastfeeding, as these were issues highlighted in the performance report and both related to public health.

Councillor Davinson referred to a small wellbeing pilot in his area, linked to the larger Wellbeing for Life project. He suggested that this could be a topic for consideration at a future meeting and underpinned all of the factors that the Committee were looking at. He was happy to support Councillor Temple's suggestion to carry out an extended piece of work if the work programme allowed this.

Referring to the issue of Health and Social Care, Councillor Patterson asked how this could be integrated by looking at the strategic approach of the Council.

Mrs Hassoon and Councillor Davinson expressed concerns about the STPs. Councillor Davinson said that the Northern area did not seem to understand the rurality of County Durham and all reports so far were from Newcastle and Gateshead. The Chairman added that at a recent Health and Wellbeing Board it had been reported that there could

be just one STP in future and he was concerned about the future of Durham and Darlington.

The Principal Overview and Scrutiny Officer reported that there was input at the Southern STP from our own directors of Adult and Health Services and Public Health and the Director of Integration. He would look at replicating this method of input at the Northern area STP.

Resolved:

1. That the information contained in the Altogether Healthier priority theme of the Council Plan 2016-2019, be noted.
2. That the comments from the Committee be reflected within the refresh of the Adults, Wellbeing and Health Overview and Scrutiny Committee work programme for 2017-2018.
3. That at its meeting on 6 July 2018, the Adults, Wellbeing and Health Committee receives a further report detailing the Committee's work programme for 2018-2019.