

## DURHAM COUNTY COUNCIL

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in County Hall, Durham on **Thursday 7 March 2019 at 9.30 am**

### Present:

**Councillor J Chaplow (Chairman)**

### Members of the Committee:

Councillors R Bell, P Crathorne, R Crute, J Grant, T Henderson, A Hopgood, E Huntington, P Jopling, C Kay, K Liddell, A Patterson, S Quinn, A Savory, M Simmons, O Temple, C Wilson, J Considine, C Hampson and L Hovvels

### Co-opted Members:

Mrs R Hassoon

### Also Present:

Councillors J Considine, C Hampson and L Hovvels

## 1 Apologies

Apologies for absence were received from Councillors J Robinson, H Smith and Mr Taylor-Gooby.

## 2 Substitute Members

There were no substitute Members in attendance.

## 3 Minutes

### Matters Arising

Councillor Zair referred to the minutes from the meeting held on 18 January 2019 regarding the closure of Ward 6 and a number of questions which he had not yet received a response to.

With regards to the minutes from 21 February 2019, the Principal Overview and Scrutiny Officer referred to paragraph 32 of item no. 5 was amended to read the following;

***Sandra Burton was pleased to see that the document had changed and was now more transparent and noted that the existing Shotley Bridge Hospital accommodation was no longer an option. She felt that what was now been offered was a downgrade and more of a health facility than a community hospital when the statistics clearly showed a growing need due to an increased population and poor health demographics as compared to England overall. She asked how this could be justified. The Commissioning and Development Manager disagreed that this was a***

downgrade and confirmed that the main usage would be around outpatients and the urgent care centre. As the hospital had a limited workforce the CCG were being open and honest about the situation. There were no issues around waiting lists due to endoscopy services being delivered from main hospital sites over the last 12 months. A new local facility was wanted providing local services from a community hospital setting. The Medical Director added that it was not just a workforce issue but also a quality issue. A much more therapeutic service was offered from the main hospital sites in relation to endoscopy that could not be offered from Shotley Bridge.

The minutes of the meetings held on 14 January and 18 February 2019 were agreed as a correct record and signed by the Chairman, and the minutes from 21 February 2019 were agreed subject to the above amendment, and signed by the Chairman.

#### **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 relating to the remit of the Adults Wellbeing and Health Overview and Scrutiny Committee;

- Waiting lists 'guarantee' over Shotley Bridge hospital changes – Northern Echo 21 February 2019
- Ambulance service launches campaign to mend broken hearts as it seeks more defibrillators – Evening Chronicle 14 February 2019
- Could patients become their own doctors? – BBC Website 12 February 2019

The Principal Overview and Scrutiny Officer reminded Members that there was a review being undertaken with regards to GP Service Provision in County Durham.

Councillor Crute requested information on the NEAS campaign to be sent to all Members as they often used their neighbourhood budget to purchase such equipment. With regards to the impact on GP services, Councillor Crute confirmed that it was important to ensure that vulnerable people were able to access services.

The Business Development Manager from County Durham and Darlington Fire and Rescue Service advised that the service were trading defibrillators which were military tested and cost effective as they did not require servicing. Councillor Kay welcomed the initiative and confirmed that it he had been raised by a paramedic in his own division so he was considering purchasing.

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

Mrs Hassoon referred to the Skerne Medical Practice Branch surgery at Fishburn and advised that no medical cover was being provided and patients were being diverted to Sedgfield.

Councillor Grant queried why the CCG had promised to retain the surgery, if medical services were not being provided and Mrs Hassoon also advised that she was aware that Nurses were not always available as there had been recent periods where people were having to travel to Sedgfield for bloodwork.

The Principal Overview and Scrutiny Officer advised that the Practice Manager had advised that there would be no appointments across a 2 week period in February due to pre-planned leave and representations had been made to both the Practice Manager and DDES. The Primary Care Committee had rejected the application to close the surgery and confirmation was being sought to confirm that GP care would be continued. The explanation which had been received referred to a two week period when surgery was unable to be provided.

Members were concerned that this could happen in other areas and asked for more clarification on the operation at Fishburn.

## **7 Joint Update report for the Integrated Sexual Health Service**

The Committee considered a joint report of the Director of Public Health and Associate Director of Operation, County Durham and Darlington Foundation Trust (CDDFT), which provided the Committee with an update with regards to the Integrated Sexual Health Service. Members also received a joint presentation of the Strategic Manager, Public Health and Associate Director of Operations (for copies see file of minutes).

With regards to the contraception and sexual health (CaSH) Clinics, the Associate Director of Operations confirmed that there were currently 2 centralised hubs in University Hospital of North Durham and Bishop Auckland Hospital which held 21 clinics and 13 community facilities holding 23 clinics. There were ongoing plans to increase the number of secondary school clinics from 4 and work to extend the provision to 6 days. In the past provision had been over 6 days but the additional weekend clinic was rotating from area to area and people were not aware of its location week by week. Clinics were held at all freshers' events offering a Chlamydia screening programme and C card distribution scheme.

Long acting reversible contraception (LARC) provision was a priority area, there were 42 GP's in County Durham and 27 offering the service. To maintain the level of required skills GP's were required to undertake a minimum number of coil and implant fittings per year and some were only fitting 2, therefore some work was required to increase those with a low uptake.

Councillor Temple queried the number of online sexually transmitted infection (STI) packs sent and received and the Strategic Manager, Public Health confirmed that of the 3141 test packs sent out, there was an 80% return rate. The number of reactive tests at 230 were the number which had returned a positive testing result.

Councillor Jopling asked where County Durham sat with regards to the national average and the Strategic Manager, Public Health, confirmed that some areas of the County were below, but not in those areas which suffered from high rates of deprivation. Teenage conception was a problem area in County Durham, with regards to the national and

regional average, however it was still reducing year on year and targeted work in schools would assist in developing resilience and reducing risk taking behaviour.

In response to a further question from Councillor Jopling with regards to looked after children, the Strategic Manager, Public Health, confirmed that staff and carers were attending sexual health training programmes to ensure they were able to meet the needs of the children.

Councillor Quinn commented on the vulnerable groups and noted the absence of provision for the older generation. The Associate Director of Operations, CDDFT, confirmed that the target age range was from 16-25 as this was known to be most sexually active. There had been an increase in Chlamydia in the over 40's, attributed to the increase in online dating. Vulnerable groups were defined by liaising with GP's, Education and Social Services and differed by geographical areas.

The Strategic Manager, Public Health, confirmed that getting the right communication was key. For the younger generation, services were promoted online and in work was ongoing with GP's to promote sexual health for all ages.

Councillor Grant suggested that young people communicated much more openly about sexual health than older generations. During the meeting she had attempted to order an online test kit, however she had received a response that the daily limit had been exceeded and was unable to order a test. This raised concerns that this was the case so early in the morning.

The Strategic Manager, Public Health, advised that the daily allowance restriction was due to funding. When the service was first initiated the demand was unknown, but the service were monitoring demand in order to ensure they could meet the needs of service users.

The Director of Public Health reassured Members that future risks to the public health grant would not affect the protected budget of the ISHS.

Councillor Hopgood queried the 4 schools which were signed up to the service and whether they were aligned to hotspots. It was confirmed that Hermitage, New College Durham, North Durham Academy and Wolsingham Comprehensive were signed up and it was noted that New College Durham was provision for post 16 year olds. Councillor Crathorne advised that clinics had been held in Ferryhill Business and Enterprise College (FBEC) in the past and the Strategic Manger, Public Health, confirmed that the decision was down to the individual education establishment and would depend on whether they had the required facilities. The C Card distribution was more flexible and could be provided in those County hotspots. The education service was focusing in those areas by upskilling staff to enable them to have conversations with regards to sexual health and there was a mobile sexual health bus to visit target areas. With regards to the teenage pregnancy hotspot areas, the figures were based on the addresses of the children and they did not necessarily go to school in the same area.

Councillor Crute queried the governance arrangements in place - there was no certainty around funding, but it was necessary to ensure the sexual health scheme was sustainable and met the current demand. The Strategic Manager, Public Health, advised that

although there was a prioritisation process in Public Health, there was a commitment to the sexual health service. There was a Public Health Intelligence Team to identify and monitor trends, which were reviewed on a quarterly basis. Performance monitoring was robust and included data from patient surveys and the Health and Wellbeing Board met bi-monthly.

Councillor Crathorne referred to outside bodies such as The Cornforth Partnership working with children in FBEC with regards to teenage pregnancy. The Strategic Manger, Public Health, confirmed that AAP's and work alongside teenage pregnancy steering group.

Councillor Crute confirmed that the work programme was currently being developed and he requested a further update following the public health consultation as sexual health was a serious issue which the Committee needed to monitor.

**Resolved:**

- i) That the report and presentation be noted
- ii) That the actions being taken to reduce inequalities and meet the sexual health needs of residents in County Durham be noted

## **8 North East Ambulance Service NHS Foundation Trust**

The Principal Overview and Scrutiny Officer advised the Committee that the Assistant Director of Communications and Engagement, NEAS, had been unable to attend the meeting and suggested that it was deferred until the meeting on 1 April 2019.

Councillor Bell suggested that NEAS were contacted prior to the next meeting and asked for localised data, specific to County Durham, as the data provided for the rest of the North East was not relevant to the Committee.

**Resolved:**

That the item be deferred until the meeting on 1 April 2019.

## **9 Durham Health and Wellbeing System Plan 2019/20 - Part A Adults**

The Committee considered a report of the Chief Officer of Durham Dales, Easington and Sedgefield, and North Durham Clinical Commissioning Groups (CCGs) & Chair of the County Durham Integrated Care Board (for copy see file of minutes).

Councillor Crute welcomed the information contained in the report but had concerns regarding an integrated system for children and adults. He also raised concerns on the issue of timing as if a further update was provided in six months, the Committee did not have a great deal of time to respond by Autumn 2019 when the final draft was expected.

The Director of Commissioning and Development confirmed that with regards to the Integrated Care Board, it covered both children and adults. In six months the Committee would be receiving a document to consider.

**Resolved:**

- i) That the report be noted

- ii) That the approach to the development of the long-term Durham System
- iii) Health and Wellbeing Plan be noted.
- iv) That the Durham System Plan for Children's in May 2019 be presented to a future meeting of the Children and Young People's Overview and Scrutiny Committee and that members of this Committee be invited to attend.