

## **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 **Thursday 4 July 2019 at 9.30 am**

#### **Present**

**Councillor J Robinson (Chair)**

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

Councillors R Bell, L Brown, P Crathorne, R Crute, J Grant, T Henderson, P Jopling, S Quinn, A Reed, M Simmons, H Smith, J Stephenson, O Temple and C Wilson

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

Mrs R Hassoon

#### **Also Present**

L Hovvels

### **1 Apologies**

Apologies for absence were received from Councillors A Batey, J Chaplow, E Huntington, K Liddell, S Quinn, A Savory and Mr Cunnington-Shore.

### **2 Substitute Members**

There were no substitute members in attendance.

### **3 Minutes**

The minutes of the meeting held on 1 April 2019 and of the special meeting held on 11 June 2019 were agreed as a correct record and signed by the Chair.

Councillor Temple referred to the minutes of the meeting held on 1 April 2019 and with reference to the question he asked in relation to the number of reactive positive tests returned from online STI Pack Requests compared with the number of positive tests returned at the STI clinics, he had not yet received a response.

The Chair confirmed that a petition had been received from Helen Goodman MP, in opposition to the closure of the out of hours provision at the Richardson Hospital.

In response to Councillor Bell, the Director of Commissioning, DDES CCG confirmed the receipt of the petition and indicated that whilst a decision had been made, the implementation of the proposed changes was not until September and should there be anything further to report, Members would receive an update at the special meeting in July.

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

- Concerns raised over changes to extended access to GP services in County Durham – Northern Echo 20 June 2019
- What changes to out of hours GP care means for patients needing a doctor – Sunderland Echo 14 June 2019
- New vision for Sunderland Royal Hospital ‘could prevent cancelled operations’, say health chiefs – Sunderland Echo 8 March 2019
- Residents in care homes ‘missing out on dental care’ – BBC Website 24 June 2019

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

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

#### **7 Skerne Medical Group**

The Committee received a report of the Director of Transformation and Partnerships which provided an update in relation to the proposals for consultation/engagement by Skerne Medical Practice in respect of the development of options for future service provision across the practice locality (for copy see file of minutes).

The Committee received a presentation from Dr Hearmon, Partner of Skerne Medical Group, which detailed the reasons behind reducing services to three sites and put forward five options for public consultation.

Councillor Grant confirmed that the closure of the Trimdon Village practice had left vulnerable patients unable to travel. She referred to the merging of East Durham

Medical Group, a group which contained six sites with a full complement of GP's and asked how this had materialised with such difficulty recruiting salaried GP's. She asked whether decisions were taken in light of financial pressures or patient needs. She referred to the consultation which included unrealistic scenarios and asked for comments on whether they were possible due to the financial implications.

With regards to finance, the Director of Primary Care, North Durham CCG, confirmed that all options were realistic. Although funding would need to be sought in order for building work to take place, it was possible to find developers willing to invest. This was a private business and the biggest issue was the reducing number of Partners as it created issues in terms of the longevity of a new lease and the ability of a reducing number of partners to commit to long term financial demands. A normal lease was for a minimum of 5 years.

In response to Councillor Grant's concerns about private business decisions, the Director of Primary Care, North Durham CCG, confirmed that a GP partnership review conducted by the government had concluded that compared to the salaried model, the partnership model was the only model that could take GPs to the next level. The review was critical of the culture of non-private practice and it found that partners went over and above for patients.

Councillor Temple suggested that if any of the scenarios were financially unviable, they should be removed before being released for public consultation. It was important to only include those that were deliverable.

Dr Hearmon recognised that some were more realistic than others, however they were asked to consider a number of options from the Primary Care Committee. All options were realistic as although some did not yet have the financial investment required, investors could still come forward.

Mrs Hassoon had concerns that the cheapest option, due to leases held, was not necessarily the best.

Councillor Bell confirmed that he would not support a single site, due to the geographical area covered and suggested that people were likely to base their consultation response on prioritising a surgery in, or closest to the area they lived. It was crucial that the practice increased the number of partner GPs but he agreed that before the consultation was opened to the public, the options should be reduced to include only those that were financially achievable.

Councillor Hovvels, Portfolio Holder for Adult and Health Services and Local Member, confirmed that it was essential to deliver the best option and repair the damage that had been done in the community. They were quite rightly discontent at the loss of local services. She considered it would be beneficial to have more financial information in order to fully consider the scenarios. Members had heard

about the issues of having split sites over a large geographical area but also about access issues for patients with reduced sites, but the outcome had to be based on retaining the best level of service.

Dr Hearmon confirmed that the purpose of the review was to ensure long term, sustainable medical care and clarified that it would take some time before new GP's became Partners. As had been alluded to earlier, the government were still of the opinion that the partnership model was the preferred continuing way for GP services to be provided.

Councillor Bell was grateful for the information provided and was delighted that four GP's had been recruited. He also showed appreciation to Skerne Medical Group for actively seeking comments from the Committee and the Chair thanked them for the presentation.

### **Resolved:**

That the report and presentation be received, and Committee's comments on proposals for consultation/engagement in respect of the development of options for future service provision across the practice locality be communicated in writing to the Skerne Group and DDES CCG.

## **8 Path to Excellence Programme Phase 2**

The Committee received a report of the Director of Transformation and Partnerships which provided background information on proposals for pre - engagement activity by South Tyneside and Sunderland NHS Partnership in respect of the development of options for future service provision in respect of the Phase 2 of the Path to Excellence Programme (for copy see file of minutes).

Councillor Grant advised that Trimdon and Thornley were electoral divisions affected by the proposals as users of Sunderland services and as such should be included within the list of wards affected by the programme.

In response to a question from Councillor Bell, the Medical Director for South Tyneside and Sunderland NHS FT and clinical director Path to Excellence programme, advised that the Integrated Care System had been consulted as well as CCGs and hospitals. The proposals particularly affected North East Ambulance Service and therefore it had also been considered at a higher level.

The Chair advised that with regards to the vascular service review, NEAS had still to receive confirmation of what additional resources would be available to meet the demands of those service changes and asked for assurance that they had been included in the pre-consultation activity for the Path to Excellence programme. He was advised that NEAS had been involved in the first phase and no service change

would be implemented without prior agreement with NEAS as they would be directly affected.

The Principal Overview and Scrutiny Officer added that in relation to the vascular surgery review, NEAS had identified potential resource requirements which was then escalated to NHS England. A decision followed which implemented a service change and NEAS were advised to report any issues to NHS England who would review if necessary.

The Principal Overview and Scrutiny Officer reminded Members that as with any major service reconfiguration, a joint overview and scrutiny committee had been set up during phase 1 of the programme, however due to the negated impact on Durham, this Committee had not been included. One of the proposed recommendations going forward was that this Committee appointed representatives to any such Joint Health Overview and Scrutiny Committee that may be established between South Tyneside Borough Council, Sunderland City Council and Durham County Council, for the purposes of considering the Path to Excellence Programme Phase 2 and any associated statutory consultation.

### **Resolved:**

That the Committee;

- a) receive the report
- b) consider and comment on the information detailed within the Path to Excellence Phase 2 case for change documentation and the presentation by the Path to Excellence programme team representatives
- c) Agree to the appointment of representatives to such Joint Health Overview and Scrutiny Committee that may be established between South Tyneside Borough Council, Sunderland City Council and Durham County Council for the purposes of considering the Path to Excellence Programme Phase 2 and any associated statutory consultation.

## **9 County Durham Oral Health Strategy Update**

The Committee received a report of the Deputy Director of Public Health, County Durham and Public Health Strategic Manager, which provided an update on the progress which was being made with the County Durham oral health strategy and an overview of activity to tackle oral health inequalities across County Durham (for copy see file of minutes).

Councillor Brown was formerly employed in a role with direct care of adults with mental health issues and she referred to the difficulties with regards to oral health. She advised that some people were terrified of going to see a dentist, yet she had enquired as to whether anyone could visit the premises to discuss oral health with patients, to no avail. The Deputy Director of Public Health confirmed that CDDFT

had a Specialist Dental Service providing dental care for children and adults with treatment needs that could be met by a general dental practitioner, and an Oral Health Promotion team which provided training and education in oral care to health care professionals.

Councillor Bell was sceptical with regards to fluoridated water and queried whether any research had been done with regards to what children were drinking as many drank bottled water or soft drinks. The Deputy Director of Public Health confirmed that there were huge disparities in oral health across the County, associated with areas of deprivation and it was those who would benefit most from fluoridated water.

Councillor Crute confirmed that the Oral Health Strategy had proven benefits of fluoridated water with evidence-based research. There were also benefits associated which could offset the cost of poor oral health in children.

The Deputy Director of Public Health confirmed that every four years a review was undertaken by Public Health England and water fluoridation caused no harm to health, only benefits. It had also been recognised that there was a huge financial benefit - after 10 years there would be a £21 return, whereas toothbrush schemes only had a return of £3.

Councillor Temple welcomed the debate on water fluoridation but having lived in an area that had benefitted for a number of years, there had been extensive research proving oral health benefits – it had been in every oral health report over the years, and it was time to press on with introducing the scheme to the rest of the County.

The Principal Overview and Scrutiny Officer confirmed that a further joint meeting would be held with Environment and Sustainable Communities and Children and Young Peoples Overview and Scrutiny Committees, later in the year to debate water fluoridation.

### **Resolved:**

That the report be noted and a further joint meeting to review oral health be held late December 2019/early January 2020.

## **10 Adults and Health Services Update**

The Committee considered a report of the Corporate Director of Adults and Health Services which provided a summary of developments across Adult and Health Services (for copy see file of minutes).

Councillor Crute commented on the financial crisis in the South West which exemplified what could go wrong with a combined budget.

There had been recent discussions with regards to scrapping the green paper on social care and he suggested keeping a close eye on developing plans.

The Corporate Director of Adults and Health Services confirmed that there was an element of uncertainty around the green paper and the NHS long-term plan which had been published in January had been criticised as a “missed opportunity” in relation to the government’s plans on the future of adult social care.

The government had shifted the onus of adult care component to local authorities and there was a concern that providing the right level of care was having a financial impact. Funding was complicated with regards to care packages and there had been a significant increase in the provision of complex care packages which came at a significantly higher cost. She advised that 20-30 years ago people did not have the life expectancy as they did today and this was another fact which increased the need and complexity of adult social care.

A report would be presented to Cabinet in March looking at the principles on how to develop a model to be finalised in Autumn.

Members were reminded by the Principal Overview and Scrutiny Officer that there were CQC Local Health and Social Care System Reviews being undertaken and the Committee would respond following any outcome. He advised that some work had been done by the Children and Young Peoples Overview and Scrutiny Committee in response to the JTAI, undertaken in July 2018 by Ofsted, the Care Quality Commission, HMICFRS and HMI Probation.

### **Resolved:**

That the content of the report be noted and the Committee agreed to receive further updates in relation to Adult and Health Service developments on a six monthly basis.

## **11 Quarter Four 2018/19 Performance Management Report**

The Committee considered a report of the Director of Transformation and Partnerships which presented progress towards achieving the key outcomes of the council’s corporate performance framework for the Altogether Healthier priority theme (for copy see file of minutes).

Councillor Temple was concerned by the tracked participation in sport and physical activity data and he asked if there was anything that the Council could do with regards to sport and leisure, which would assist in tackling this problem. The Finance Manager, CYPS, confirmed that the data was collected from the Active People Survey and allowances could be made for margin of error, however due to different trends year on year comparisons were not always significant.

Councillor Crute asked how data was measured with regards to the self-reported well-being – people with a low level of happiness. He referred to employment statistics which masked the issue of low income and this could potentially hide the true statistics. The Finance Manager, CYPS, confirmed that this was a survey indicator and agreed that it was entirely subjective as it was based on how an individual was feeling on one particular day however he would see if any more in depth data was retrievable.

**Resolved:**

That the report be noted.

## **12 NHS Quality Accounts 2018-19**

The Committee considered a report of the Director of Transformation and Partnerships which provided responses made on behalf of the Committee in respect of NHS Foundation Trust Draft Quality Accounts 2018/19 (for copy see file of minutes).

**Resolved:**

That the report be noted.

## **13 Refresh of the Work Programme 2019/20**

The Committee received a report of the Director of Transformation and Partnerships which provided a suggested work programme for the Adults Wellbeing and Health Overview and Scrutiny Committee for 2019/20 (for copy see file of minutes).

**Resolved:**

That the report be noted.