

DURHAM COUNTY COUNCIL

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in County Hall, Durham on **Thursday 3 October 2019 at 9.30 am**

Present

Councillor R Crute (Chair)

Members of the Committee

Councillors A Batey, R Bell, J Grant, E Huntington, P Jopling, K Liddell, S Quinn, A Reed, H Smith, J Stephenson, O Temple and D Freeman

Co-opted Members

Mr C Cunnington Shore

Also Present

Councillors M Clarke and J Considine

1 Apologies

Apologies for absence were received from Councillors J Robinson, J Chaplow, L Brown, P Crathorne, T Henderson, C Kay, A Savory, C Wilson and Mrs R Hassoon

2 Substitute Members

Councillor D Freeman for M Simmons

3 Minutes

The minutes of the meeting held on 6 September 2019 were agreed as a correct record and signed by the Chair.

The Principal Overview and Scrutiny Officer referring Item No. 7 of the minutes introduced the Head of Engagement and Commissioning and Development Manager to give an update on the Ward 6, Bishop Auckland Hospital consultation. She advised that further to an assurance visit from NHS England, only two of the proposed options were approved for consultation – the current model or the preferred option of a dedicated rehabilitation unit with a reduction of 8 beds. Members were informed that the consultation would still commence on 7 October, and that a formal briefing paper on the options would be shared. Dates of public events had been circulated to the committee which were due to start in November.

The Chair was advised that the preferred option would mean a reduction from 24 to 16 beds.

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;

- Plans for future of Bishop Auckland Hospital ward six revealed – Northern Echo 2 September 2019 - a threatened hospital ward looks set to be saved from closure – but NHS chiefs are considering slashing the number of patients who can be treated at once.
- NHS chiefs accused of 'undermining hospital by stealth' as fears are raised over stroke care plans – Evening Chronicle 11 September 2019 –
- Councillors have raised concerns about proposed changes to stroke care in County Durham, including worries about transport for families travelling from Weardale and Teesdale.
- Funding secured to replace ageing community hospital – Northern Echo 23 September 2019 – NHS chiefs have given the green light for work on plans to upgrade an ageing hospital to go ahead. Concerns had been raised about the availability of cash to overhaul Shotley Bridge Hospital, which is currently dealing with a maintenance backlog worth about £2 million. North Durham CCG has confirmed that the Department of Health and Social Care (DHSC) have indicated that following a further discussion with DHSC finance and NHS England/Improvement colleagues that the Shotley Bridge scheme can now be progressed with an identified funding source.
- Rise in North-East suicide rates 'extremely worrying' – Northern Echo 3 September 2019 – The North-East had the highest suicide rates in England last year, with a "significant increase" among men, official figures show. According to figures published yesterday from the Office for National Statistics, the region had a rate of 12.5 deaths per 100,000, whilst Yorkshire and the Humber had a rate of 12.2, the second highest.

6 Any Items from Co-opted Members or Interested Parties

There were no items to consider.

7 Skerne Medical Group

The Committee received a report from the Director of Transformation and Partnerships and presentation from representatives of Skerne Medical Group that advised of the outcome of consultation and engagement in respect to the development of options for future service provision across the practice locality (for copy see file of Minutes).

Dr Hearmon highlighted the following points from her presentation:-

- Consultation process – who was consulted & gaining feedback
- Scenarios – where patients expressed a preference
- Feedback from each location – Sedgefield, Fishburn, Trimdon Colliery, Trimdon Village and Trimdon Grange
- Thematic comments on the scenarios
- Other options to explore
- Consultation events for patients
- Key factors considered
- The proposal – the Partners are proposing to progress with scenario 1 – *extend Harbison House, Sedgefield and retain and extend Trimdon Colliery surgery*
- Addressing feedback
- Next steps – including presenting to the Primary Care Committee

Councillor Grant was disappointed that Trimdon Village and now Fishburn practices would be closing, and she did not believe that this was for the benefit of the patient. She had heard that GPs did not want to travel between the sites but the realisation was that now patients would have to do the travelling, and this could mean a two hour plus journey for some on public transport. She was aware that some other practices ran across a number of sites without any problems and at full capacity, e.g. Trimdon, Thornley and Wheatley Hill. She had every sympathy for the practice and that the partners wanted their investment back. Councillor Grant would have liked to have seen the possibility of another practice being allowed to fill the void but understood that due to the relationship between the CCG and the practice that this was not viable. She had heard all of the points made before and would have thought it would be more appropriate just to ask people for their comments rather than give a false premise that this was a consultation. She suggested that land was available and that the Trimdon Colliery site could be extended and that the practice could have looked at more creative ways of looking at the whole situation.

Dr Hearmon responded that the partners were not in this for their own outcome. She had worked in this area looking after patients for many years and wanted to ensure that they still had access to the best medical care available. She said that the practice had to rethink how they could ensure that maintained their goals of providing the best care for patients. She went on to say that due to the number of changes to staffing as long standing GPs had retired however pointed out that the ones who remained were fully committed and by reducing the number of sites

would ensure that resources could be concentrated and enable best patient care. With regards to staff time she said that GPs lose valuable time when travelling and the GPs recruited did not like that way of working and had since left the practice. Three new GPs had started working with the practice recently, with another starting in January and strenuous efforts would be made to keep them.

The Practice Manager explained that a huge amount of work had been carried out nationally to recruit GPs and that practices needed to offer part-time and flexible ways of working. He advised that most of their GPs were salaried and part-time with flexible working.

Councillor Grant re-iterated her point that other practices can keep and retain GPs but this one could not.

The Director of Primary Care, Partnerships and Engagement, DDES CCG commented that the proposals for Fishburn were at a disadvantage to the partners financially as it had negative equity. The most effective partnership model after consulting with GPs were available on the CCGs website. To fill the void he explained that patients usually wanted to go to their own practice and the only way to create a new practice was to go out to contract. He believed that the practice had learnt a lot from the consultation exercise and has helped to inform their position going forward. He went on to say that they had treated patients attending the consultation events like members of their own board and listened to their views about the proposals.

Councillor Bell recognised that the practice had carried out a lot of work with this committee and patients and asked if the preferred option to extend the lease at Trimdon Colliery was a viable option. Dr Hearmon responded that conversations had taken place with the owner who was fully supportive of extending the building and the lease.

With regards to Fishburn, the Chair asked if the practice could continue to operate over the next 18 months until closure. Dr Hearmon said that this would depend on the clinical staff available and that any new GPs were aware of the challenges and would be part of the process.

Councillor Smith asked if the practice were certain that the reasons for the high turnover were down to multi site working as she was aware that many practices operated in this way. Dr Hearmon responded that GPs now have different ideals and ways of working and wanted to ensure that their own life and working life were balanced. She assured the committee that she did talk through the reasons why a GP chose to leave.

The Chair said that it would be appropriate for this committee to make comments directly to the Primary Care Committee and that the comments from the local

members should be taken on board. He thanked the representatives from Skerne Medical Practice for attending the meeting.

Resolved:

- (i) That the report and presentation be noted;
- (ii) That comments from the committee be fed back to the practice;
- (iii) That representations to the Primary Care Committee be made.

8 Shotley Bridge Community Hospital - Report of North Durham Clinical Commissioning Group

The Committee received a report from the Director of Transformation and Partnerships and North Durham Clinical Commissioning Group (CCG) that presented the results of the stakeholder engagement activity undertaken in respect to services currently provided from Shotley Bridge Community Hospital (SBCH) (for copy see file of Minutes).

The Head of Engagement, Commissioning and Development Manager highlighted the independent analysis of public engagement in relation to service proposals for SBCH. She explained that the feedback had been positive about staff who deliver the services, their attitude and quality of care received. There were some issues around access, availability of appointments and the shorter waiting times. The CCG were aware of access to transport and transport issues when considering the location of a potential site and the impact of moving services to acute sites. The next steps were to carry out a consultation exercise early next year and to come back to this committee with a plan and narrative and to provide regular updates on progress.

Councillor Temple congratulated the CCG on the engagement process carried out and the attitudes of staff attending meetings had been a positive contribution. He asked if the money had been secured depending upon business case approval, as there has been some confusion in the past about what was potential and secured. The Head of Engagement, Commissioning and Development explained that there would be a rigorous process for the business case to be approved and that there was no difference to any other capital scheme. She confirmed that the funding had been earmarked subject to the business case being approved.

Further to a question from Councillor Temple about the timing of the consultation, the Head of Engagement, Development and Commissioning explained that when the plans were initially drawn up the CCG were informed that funding was earmarked. The position around capital funding changed and therefore the consultation exercise as being carried out in as timely manner as possible. She added that the feedback given online was different to that from those attending the events and this would be a learning point as the CCG were looking to have video material available from the presentations held. She advised that Jeremy Cundall, Medical Director and Consultant Surgeon, County Durham and Darlington NHS FT

had given very clear rationale behind the proposals and that it would be helpful to share this online.

Councillor Temple was pleased to see that we were back on track and said that one of the views from the Shotley Bridge reference group was that we should be looking not just to replicate the services currently available but to develop where possible.

Another member of the reference group, Councillor Clarke commented that it was also important for the CCG to take on board the online feedback as well as giving clarity on the issues through the consultation process. He urged the CCG to engage with all stakeholders throughout this next stage and to take on board comments received from the public.

Councillor Stephenson asked what the timeframe was for the business case approval. The Head of Engagement, Development and Commissioning explained that the CCG have developed a pre-consultation business case which would go through internal governance processes, the consultation period would then be for 12 weeks and due diligence would follow to consider all of the feedback. The approval process would be to prepare a full business case or an outlined business case first. The CCG did not want to delay the progress but needed to adhere to the guidance. They had an ongoing dialogue with NHS England and had a number of strategic checkpoints throughout the process to ensure the business case would be accepted.

Resolved:

- (i) That the report be received.
- (ii) That comments on the feedback of services currently provided be noted.

9 Adults Wellbeing and Health OSC Review of Suicide Rates and Mental Health and Wellbeing in County Durham - Progress against review recommendations

The Committee considered a report from the Director of Public Health County Durham that provided an update on the recommendations made in the review into Suicide Rates and Mental Health and wellbeing in County Durham and that highlighted the work completed towards the County Durham's Suicide Prevention Action Plan (2018-2021) (for copy see file of Minutes).

The Director of Public Health advised that the report would highlight the updates on the work carried out further to the recommendations set out by this Scrutiny Committee. She explained that this was a real priority area including child mental health and dementia friendly communities. Reports to Health and Wellbeing Board were a strategic priority and a lot of work was ongoing on the run up to World Mental Health Day.

The Public Health Strategic Manager gave an update on the work carried out in relation to the eight recommendations and highlighted the work of the Suicide Prevention Alliance and its six priority areas:-

- Reduce the risk of suicide in key high risk areas
- Tailor approaches to improve mental health in specific groups
- Reduce access to the means of suicide
- Improve reasons and provide between information and support to those bereaved or affected by suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Support research, data collection and monitoring

The Chair thanked officers for this report that touched on some very important issues.

Referring to the high risk areas and the mental health support, Councillor Bell asked about the early alert system and post prevention support pathways. The Public Health Strategic Manager said that friends, family or anyone affected would be recognised and a form from the Police via the coroner would trigger immediate support for them and the practicalities of how to deal with what had happened. The response was immediate but could be a referral back when the person required the support.

Councillor Stephenson referred to hot spot areas in the County and asked if there would be more pro-active work in these areas. She also asked if the AAPs were alerted and asked to support. The Public Health Strategic Manager explained that they do monitor when deaths occur and the timeframe between them. The guidance criteria was referred to and would look at where the death occurred, the time and any potential social connections, looking for any evidence of social connectiveness. Further work was ongoing in this area. With regards to the AAPs she explained that significant amounts of work had been carried out with them and Public Health would always welcome the conversation. She added that it was difficult when identifying areas as hot spots as they did not want to stigmatise an area. Instead they would touch upon suicide prevention and mental health awareness and ask the AAP to take a broader approach in these areas of concern.

Councillor Smith was advised that there was a connection to child deaths and the service were incorporating bereavement services for the wider family and schools. The Deputy Director of Public Health chaired the Child Death Panels.

Referring to disabilities Councillor Quinn asked if these reasons for suicide were monitored. She was advised that this was part of the audit and every case file was looked at to determine the factors that led to suicide.

Councillor Huntington said that traveller groups had a higher rate of suicides and she understood how hard it was for them to receive help. She asked how the strategy ensured that these communities were supported. The Public Health Strategic Manager explained that health visitors were the best way to get into the Gypsy, Roman Traveller sites as by going in to visit a child can pave the way to help the whole family. This can then lead to support from the wider health and wellbeing services. As a point of contact the Director of Public Health said that people should contact the Head of Consumer Protection or herself to raise any concerns about the GRT communities.

The Principal Overview and Scrutiny Officer advised that this was the first opportunity for the committee to have sight of progress against the action plan and a further update would come back.

Resolved:

That the report and updates be noted.

10 Quarter 1 2019/20 Performance Management

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).

The Strategy Team Leader, Transformation and Partnerships highlighted key outcomes for quarter one and advised that a number of businesses had signed up to become breastfeeding friendly although data showed that figures on take up were still low. Staff were being encouraged to talk about mental health at work and a number of organisations had achieved the better health at work award. Smoking prevalence across the county had increased slightly and reducing smoking in pregnancy continued to be a priority.

Councillor Temple was concerned at the statistical data especially in terms of breastfeeding and smoking at the time of delivery.

Councillor Smith agreed and said that these issues have been a problem for a long time and efforts had been made to address them. She understood that the issues were often complex and often linked to poverty.

Councillor Jopling was concerned that breastfeeding had a stigma attached to it and said that there should be a stronger message in schools and in the home to promote it.

The Director of Public Health informed the committee that this was a national problem and women were not generally encouraged to take it up and society had

seemed to shun the idea of breastfeeding in public. She added that this was concerning and affected woman of all ages.

Although breastfeeding was an important issue, Councillor Grant felt that smoking at the time of delivery was more concerning and more should be done to address that. The Director of Public Health advised that they were trying to cover pre and post natal women and that this area of work was very much high on the list of priorities.

The Chair said that these issues would be looked at more closely.

Resolved:

That the report be noted.

11 Budget Revenue and Capital Outturn 2018/19 and Budget Revenue and Capital Forecast Q1 2019/20

The Committee considered a joint report of the Corporate Director of Resources and the Corporate Director of Adults and Health Services that provided details of the forecast outturn budget position for the Adult and Health Services (AHS) service grouping, highlighting major variances in comparison with the budget for the year, based on the position for the year. A presentation was given by the Finance Manager, Adult and Health Services (for copy of report and slides, see file of minutes).

Councillor Bell asked for further details regarding the savings or reductions in third party commissioning costs and what that could mean in terms of risks for the Council in light of recent announcements around the funding pressures associated with the Private Care Sector, minimum/living wage pressures and the viability of the sector generally. The Finance Manager would provide this information following the meeting.

Resolved:

That the information contained in the report be noted.