

## **DURHAM COUNTY COUNCIL**

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Tuesday 1 September 2015 at 9.30 am**

### **Present:**

**Councillor J Robinson (Chairman)**

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

Councillors J Armstrong, R Bell, P Brookes, S Forster, E Huntington, J Lindsay, M Nicholls, L Pounder, A Savory, W Stelling, P Stradling and O Temple

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

Mrs R Hassoon

### **Also Present:**

Councillors L Hovvels, T Henderson and J Shuttleworth and J Mashiter (Local Healthwatch)

### **1 Apologies**

Apologies for absence were received from Councillors J Chaplow, P Crathorne, M Davinson, K Hopper, P Lawton, H Liddle, O Milburn and Mrs B Carr

### **2 Substitute Members**

There were no substitute Members in attendance.

### **3 Declarations of Interest, if any**

Councillor S Forster declared an interest as Chair of Malborough Patient Reference Group.

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

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

### **5 Durham Dales, Easington and Sedgefield Clinical Commissioning Group Review of Accident and Emergency Ambulance Services - Findings of the Independent Review by the North East Clinical Senate**

The Committee received a report of the Assistant Chief Executive that provided the key findings of the Independent Review by the North East Clinical Senate in respect of the Accident and Emergency Ambulance Services (for copy see file of Minutes).

Dr S Findlay, Chief Clinical Officer DDES CCG referred Members to the independent report of the Clinical Senate and advised that a decision would be made on the findings at the DDES CCG governing body meeting on 8 September 2015. The Clinical Senate were to inform the CCG as to whether it was unsafe to implement changes and the change of the skills mix for the ambulance crew. The independent review had been detailed and extensive and considered questions out forward by the CCG. He advised that the information had been shared with the Rural Ambulance Monitoring Group but that the CCG had no further involvement with the review from that point onwards. Members were informed that paramedics had had the chance to submit evidence and that a small number had been received. Dr Findlay advised that the Review team had considered all key issues and issued their report including their conclusions, details of which could be found in section 6 of the Clinical Senates report.

Dr Findlay reminded the Committee that the CCG covered the whole of the DDES area and that the Independent Panel decided upon which questions to ask. He advised that no funding had been withdrawn and that there was adequate funding within the NEAS contract. He assured the Committee that there was no dispute with NEAS and that a signed contract was in place. In relation to the withdrawal of data, work was ongoing to decide what could be disclosed without risking patient identity.

In relation to the statement provided from the Rural Ambulance Monitoring Group about what the 'experts' say Dr Findlay said that the consultant at James Cook Hospital who had addressed one of the Engagement Meetings had been contacted on three separate occasions to seek confirmation of back up his statement but this had not been forthcoming.

The Chairman invited questions from Members of the Committee:-

Councillor W Stelling referred to the data and said he understood the associated risks but asked where the data collected from the Clinical Senate was held.

Councillor R Bell said that the decision of the PCT to have a double paramedic crew in 2008 and said that there was no evidence to suggest that this should change. He referred to the data not being provided to the Rural Ambulance Monitoring Group and felt that NEAS were not honouring a long standing commitment. He felt that it was too late to "waive the confidential" flag after a ten year period. He asked what we as a scrutiny committee were doing to hold DDES CCG to account as there was evidence to show that the ambulance that was supposed to be based in the Dales spent half its time travelling around the County.

Councillor A Savory reported that there were 32,000 residents in the Durham Dales and that they should be satisfied with the scrutiny process. She believed that the Committee should be requesting more details for the benefit of the residents.

Dr Findlay advised that the CCG's role was to increase response times to rural areas and any ring fenced investments would remain. He advised that the extra rapid response vehicle was used in the Darlington and North Durham areas and stated that an ambulance cannot pass an emergency. Therefore, Dr Findlay informed the Committee that there would be investment for more vehicles in the rural areas. He advised that the CCG are monitored and that the CCG monitor NEAS. He assured the Committee that the

evidence gathered showed that mixed crews were safe and that paramedic skilled crews were not needed. He recognised that handover times needed to decrease and that they were working with NEAS, County Durham and Darlington NHS Foundation Trust and Sunderland Foundation Trust on making improvements.

Mark Cotton, Assistant Director of Communications, NEAS informed Members that it had been brought to their attention that they could be breaching data protection legislation in providing the data in its previous format to the Rural Ambulance Monitoring Group and that the Trust's Information Governance they had a team that were looking into this area. Once issues were agreed the data would be provided and he assured Members that something would be available towards the end of the month. He reminded the Committee that Durham Dales was not the only rural area covered by them as they also covered Northumberland and Cleveland.

Dr Findlay added that there were two types of data, one for the public and one for the CCG to use. He assured Members that there had not been any change in the amount and level of data that they had received from NEAS.

The Chairman informed the Committee that the main topic covered at the Regional Scrutiny meetings was Ambulances and assured Members that work was being carried out by Scrutiny.

Councillor O Temple asked if NEAS or the CCG had data relating to mortality rates of being transported in rural and urban areas.

Dr Findlay stressed the arrangements were not working at present hence the need to change. He advised that the mortality rate data was based on distance.

The Chairman invited questions from other County Councillors:-

Referring to page 9 of the Clinical Senate's report, Councillor Henderson asked why the need for change. Dr Findley explained that the report goes into detail about why they do not think the skills mix would make a difference and that there was no evidence that the outcome would be any different when CPR or similar interventions were used. Dr Findlay was confident that the report adequately responded to all points raised.

The Chairman invited questions from members of the public:-

Joy Urwin, Rural Ambulance Monitoring Group passed on her condolences at the loss of former Chairman, Councillor Robin Todd, who she said would be sadly missed.

She went on to refer to the information circulated to the Committee (for copy see file of minutes) and explained that the role of the Group was to monitor performance within the Dales. She advised that a unique model should be used for a unique area and that performance had improved up until the Accident and Emergency Unit at Bishop Auckland Hospital had closed. She said that 28 different postcodes had been used in the Clinical Senates Review but that 19 of those were not based in the Dales. She said that the Audit had only lasted 28 days and that no clinical evidence had been presented. The Group believed that it was a serious flaw not to allow contributions from clinicians and in the absence of clinical and scientific evidence it was just opinions. She went to explain that

the double paramedic crew designed by the former PCT recognised that one size did not fit all.

In relation to mortality she informed the Committee that the risk of mortality had increased by 8% from Westgate to James Cook Hospital. Breathing difficulties had increased to 16%. She believes that this evidence has been dismissed and omitted from the report.

Ms Urwin said that Easington and Sedgfield would not benefit from an extra vehicle and that the service would deteriorate. The Group believed that no-one was holding NEAS to account and that a dangerous situation would emerge.

She concluded that the Scrutiny body had become a lifeline and asked the Committee to step up to their role. She asked that the data is re-instated and that the Committee reject the recommendations.

Mr John Guy asked why the report did not look at Quality Technicians (QTR).

Mark Cotton advised that there was not much to add to the point about data other than he was looking into putting data back into the information disclosed but stressed that it was applicable to residents of other rural areas and not just the Dales. He added that NEAS was not a failing organisation and was only one of three ambulance services hitting their performance targets. He added that the service was under a lot of pressure with rise in demand.

Ms Urwin said that she stood by everything she had stated and thought do think that the omission of data was a red herring.

Councillor P Brookes asked for confirmation that one extra vehicle would be made available and the Operations Manager said that there were plans to increase the number of vehicles and to add a rapid response vehicle to the Dales area.

The Chairman thanked everyone for their questions and for the responses provided.

Councillor J Armstrong also thanked everyone for their contributions and the Clinical Senate for their report and findings. He reminded the Committee that the decision to proceed with the implementation of the proposals was one for the DDES CCG Governing Body to make at their meeting on 8 September 2015. He referred Members to paragraph 6 of the report of the Assistant Chief Executive and in particular recommendations 2 and 4 that were made subject to the findings of the North East Clinical Senate's Independent review, reported back this morning.

He invited the Committee to agree the following comments be passed back to the DDES CCG's governing body on 8 September 2015:-

- (i) The Adults, Wellbeing and Health Overview and Scrutiny Committee reaffirms its previous agreement that the case for change has been demonstrated by the CCG, given that the North East Clinical Senate had concluded that:-
  - (i) There was no evidence of any difference in patient outcomes between an ambulance staffed by a paramedic and an Emergency Care Assistant and one staffed by two paramedics, and
  - (ii) The Review team felt that personnel resources would likely be better utilised by moving to the mixed crew model.

- (ii) The Adults, Wellbeing and Health Overview and Scrutiny Committee would request that post implementation monitoring of the proposals be undertaken and that an update report be provided to the Committee 6-12 months after the proposed commencement of the new service model on 1 April 2016.
- (iii) In view of the Clinical Senate's conclusion 5 within the Independent Review report, the Adults, Wellbeing and Health Overview and Scrutiny Committee would welcome the proposals detailed 'to develop a set of services and relationships that would improve the resilience of rural populations' and would again request that an update on these issues be brought back to this Committee in due course.

Councillor S Forster seconded the comments.

Councillor J Armstrong said that the new ambulance in the Dales area would be welcomed and he added that the release of data should be investigated and reported back.

Councillor R Bell felt that there were mixed messages with the data as he was aware that the CCG do receive the data and would hope that NEAS could provide it once again. This would enable the Patient Reference Group to meet again. He believed that the skills mix model in the clinical senate report lacked data. He said that the former PCT felt it necessary to have a double paramedic crew in 2008 and felt that there was no particular evidence submitted to remove that. He supported the recommendations in principal with the exception of the change in the skills mix paramedic crew.

Councillor O Temple said that the use of the additional vehicle would be useful but that the provision of data needs to improve from NEAS for the benefit of the people in County Durham. He added that the provision of data specific to the County should be sent to the Rural Ambulance Monitoring Group.

**Resolved that:**

1. The Adults, Wellbeing and Health Overview and Scrutiny Committee reaffirms its previous agreement that the case for change has been demonstrated by the CCG, given that the North East Clinical Senate had concluded that:-
  - a. There was no evidence of any difference in patient outcomes between an ambulance staffed by a paramedic and an Emergency Care Assistant and one staffed by two paramedics, and
  - b. The Review team felt that personnel resources would likely be better utilised by moving to the mixed crew model.
2. The Adults, Wellbeing and Health Overview and Scrutiny Committee would request that post implementation monitoring of the proposals be undertaken and that an update report be provided to the Committee 6-12 months after the proposed commencement of the new service model on 1 April 2016.
3. In view of the Clinical Senate's conclusion 5 within the Independent Review report, the Adults, Wellbeing and Health Overview and Scrutiny Committee would welcome the proposals detailed 'to develop a set of services and relationships that would improve the resilience of rural populations' and would again request that an update on these issues be brought back to this Committee in due course.

4. The Adults Wellbeing and Health welcomes the introduction of a further RRV ambulance into the DDES area following implementation of these proposals.
5. The Adults Wellbeing and Health Overview and Scrutiny Committee welcome the re-instatement of NEAS Ambulance Performance Information reports which set out performance across County Durham, including the Durham Dales, Easington and Sedgefield CCG area to the Committee and Rural Ambulance Monitoring Group, subject to compliance with Information and Data Governance legislation.

## **6 Securing Quality in Health Services (SeQIHS) Project Update**

The Committee received a report of the Assistant Chief Executive that gave an update on the Securing Quality in Health Services (SeQIHS) project (for copy see file of Minutes).

Dr Boleslaw Posmyk, Programme Clinical Lead and Ali Wilson, Chief Officer Hartlepool and Stockton on Tees Clinical Commissioning Group (CCG) and CCG lead for the Programme gave an update on the progress made in respect of the various phases of the project and key messages and findings, including:-

- The challenge
- The partners – both commissioning organisations and provider organisations
- The services
- The work so far
- Next steps

Councillor J Armstrong commented that it had been timely that they were present at today's meeting and asked that all information provided be clear, concise and in a language that all could understand.

In relation to paragraph 7 of Appendix 2, Councillor R Bell accepted that it was important to have good transport links, and not just for ambulances. He stressed the need to have good parking for cars. Ms Wilson confirmed that car parking had been raised as a key issue.

Councillor P Brookes said that this important initiative was timely and asked that as the transformational change was taking place was the intention to take staff with them through the journey. Dr Posmyk said that the main focus from a clinical perspective was to get the best possible outcomes for patients. He added that all of the workforce have been informed throughout the process with reasons as to why things were changing.

The Chairman thanked Dr Posmyk and Ms Wilson for their presentation and welcomed the involvement from Scrutiny.

### **Resolved:**

That the content of the report and the information detailed within the SeQIHS presentation be noted and that further updates being brought back to this Committee be agreed.

## **7 Tees, Esk and Wear Valleys NHS Foundation Trust - Care Quality Commission Inspection Report**

The Committee received a report of the Assistant Chief Executive that provided background information in respect of the Care Quality Commission (CQC) inspection of Tees, Esk and Wear Valleys NHS Foundation Trust in conjunction and a presentation by representatives of Tees, Esk and Wear Valleys NHS Foundation Trust (for copy see file of Minutes).

Jo Dawson, Acting Director of Operations and Jennifer Illingworth, Director of Quality and Governance, Tees, Esk and Wear Valleys NHS Foundation Trust presented a detailed presentation highlighting the key findings and actions of the trustwide care quality commission inspection, including:-

- An overall summary – TEWV have challenged the safe rating and the CQC were reviewing this. An overall 'good' score was given and the trust was only 1 in 3 to receive this score at the time.
- Positive Outcome – outstanding or good rating received in 52 of 60 ratings
- Actions – an opportunity to learn and improve services has been shown in an action plan.
- Specific Issues in Durham
- Plans for Improvement
- Areas of work completed
- Additional work including reviewing, extending, rolling out, maintaining and implementing

Councillor S Forster thanked Ms Dawson and Ms Illingworth for an excellent presentation, centred around patient care.

In answering a question from Councillor P Brookes, Ms Dawson explained that the trust did have capacity but advised that demand does tend to increase rather than decrease. Referring to resources, Ms Dawson advised that this was not a question asked by the CQC and that there was no mention of staffing levels being inadequate. Ms Illingworth added that there has been increased pressure especially with the number of referrals in Adults and Childrens Services.

Mrs R Hassoon asked if there were enough Tier 4 beds available as she had concerns that as the demand increased we would not have enough care close to home. Ms Dawson advised that this was an area for NHS England but that the local units were based in Middlesbrough or Newcastle. Mrs Hassoon asked if data was available for admissions for the County. The Principal Scrutiny Officer advised that a presentation from the CCG in respect of the Co-Commissioning status and the process had come forward to Scrutiny. He suggested that he put the question forward to them in respect of the co-commissioning arrangements.

The Chairman thanked Ms Dawson and Ms Illingworth for their presentation.

### **Resolved:**

That the contents of the report are noted and the information provided be accepted.

## **8 County Durham Healthwatch Annual Report 2014/15**

The Committee noted a report of the Assistant Chief Executive and presentation of the Chair of Healthwatch regarding the Healthwatch County Durham Annual Report for 2014-15 (for copy see file of Minutes).

Judith Mashiter, Chair of Healthwatch advised that they were in the process of nominating a replacement for Mr Paul Taylor. Referring to the Annual report she advised that Healthwatch County Durham provided regular reports to the Health and Wellbeing Board, provided statistics of the number of people they were engaged with, continued to listen, advise and speak up for people and continued to reach out to all corners of County Durham. The Health and Social Care agenda was covered and Ms Mashiter informed the Committee that all areas on the agenda had been covered by Healthwatch, demonstrating the commitment and importance of their role. For example, they had helped to facilitate meetings between the Dales Ambulance Group and NEAS/CCG, and gathered primary and secondary evidence prior to the inspection of the Tees, Esk and Wear Valley NHS Foundation Trust.

She concluded that Healthwatch County Durham continue to work below the line to influence local services for local people.

Councillor R Bell referred to the waiting times at the eye clinic and asked how Healthwatch would challenge as was not best practice for the patient. Ms Mashiter agreed that it was frustrating that best practice for clinicians was not always best practice for patients. She added that they had spoken to a whole cohort of patients and families that were waiting and that it was a matter that would be pursued.

Councillor P Brookes asked for a financial breakdown and Ms Mashiter said that this could be provided to him.

The Chairman thanked Judith Mashiter for her presentation and passed on his congratulations to Mrs Betty Carr for her involvement with the special inquiry into poor and unsafe discharge from hospital.

### **Resolved:**

That the report and presentation be received and the information therein noted.