

DURHAM COUNTY COUNCIL

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Council Chamber, County Hall, Durham on **Friday 9 October 2015 at 9.30 am**

Present:

Councillor J Robinson (Chairman)

Members of the Committee:

Councillors J Armstrong, R Bell, P Brookes, P Crathorne, M Davinson, S Forster, E Huntington, M Nicholls, L Pounder and O Temple

Also Present:

Councillor L Hovvels

The Chairman informed Members about the funeral taking place today of Mary Butterwick. She sold her home to fund the Butterwick Hospital and he placed on record his thanks her for her commitment and support.

1 Apologies for Absence

Apologies for absence were received from Councillors J Chaplow, K Hopper, P Lawton, H Liddle, J Lindsay, O Milburn, A Savory, W Stelling, P Stradling, Mrs B Carr and Mrs R Hassoon

2 Substitute Members

There were no substitute Members in attendance.

3 Minutes

The minutes of the meeting held on 30 June and of the special meeting held on 1 September 2015 were confirmed as a correct record and signed by the Chairman.

4 Declarations of Interest, if any

There were no declarations of interest.

5 Any Items from Co-opted Members or Interested Parties

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

6 Media Issues

The Principal Scrutiny Officer provided the Committee with details of the following items which had appeared in the press:-

- GPs across the region given clean bill of health – Northern Echo 07/09/15
Access to GPs in the region reported to be better than elsewhere in the Country and in particular in Durham, Darlington and Tees
- North East Ambulance Service looking to recruit 118 paramedics amid national shortage – Northern Echo 25/09/15
This was an issue raised by the Committee at the last meeting as part of the Quality Accounts process.
- North East health trust 'requires improvement', according to new report – Journal 29/09/15
A report will come forward to the next meeting to receive an update on the trusts action plan.
- Nurses speak out as fears grow for Town's hospital – Teesdale Mercury 30/09/15
Closure of a ward at the Richardson Hospital in Barnard Castle.
- Baby unit bombshell: Major concerns over plans to downgrade care – Hartlepool Mail 05/10/15
The Chairman informed Members that the Regional Health Scrutiny have discussed and expressed concerns regarding the issue of the neo-natal movement and the consultation taking place. He said that more people were travelling from East Durham and Hartlepool to North Tees Hospital and to move to Bishop Auckland was an area for concern.

Councillor R Bell expressed concern about the closure of a ward at Richardson Hospital. He understood the need for health trusts to make changes but said that this was an example of where no consultation had taken place. He explained that Richardson Hospital was a convalescent hospital caring for mainly the elderly and that they rehabilitate patients to enable them to return to their own homes. He went on to say that it had been classed as a temporary closure however reported that all of the equipment had been removed. He was concerned that local members and this committee had no previous knowledge of the closure and it had been the nurses from the hospital who had brought it into the public domain. He appreciated that no one from the Trust was present at the meeting but asked for the Committee's support to ask for a full report asking what they are doing and why and what their long term intentions would be.

Councillor J Armstrong endorsed Councillor Bell's request and highlighted the importance of local members and the Committee having early knowledge and being consulted on such matters. He added that he found it very frustrating to learn these things from a newspaper.

Dr S Findlay, Chief Clinical Officer of DDES CCG said that the last thing the CCG wanted to see was the closure of the ward and that they were working with the trust to seek an alternative use. He advised that there was a shortage of nursing home beds in the area and that the ward could potentially be used.

Councillor Bell felt that it had been a surprise to most people and asked that the trust be invited to the next meeting to give an explanation.

Resolved:-

That the Chair of the Committee write to County Durham and Darlington NHS Foundation Trust to invite a representative to the next meeting of the Committee to give an

explanation about the ward closure and to give assurances around the future of the Hospital.

7 County Durham and Darlington Urgent Care Strategy

The Committee received a report and presentation from the Chief Clinical Officer, Durham Dales Easington and Sedgefield Clinical Commissioning Group and the Commissioning Manager, North of England Commissioning Support Unit on behalf of County Durham and Darlington System Resilience Group, about the development of the County Durham and Darlington Urgent Care Strategy 2015-20 (for copy see file of Minutes).

The Committee was asked to note that the:-

- strategy will be amended with any errors or omissions noted from the recent round of engagement;
- final Urgent Care Strategy 2015-20 is scheduled to be approved by the System Resilience Group on 9th October 2015;
- governance and implementation of the Urgent Care Strategy will be through the System Resilience Group;
- Urgent Care Strategy 2015-20 is scheduled to go back to the Health and Wellbeing Board for endorsement on 3rd November 2015.

Dr S Findlay, Chief Clinical Officer of DDES CCG added that a lot of consultation had been undertaken with stakeholders, the public and Healthwatch and that Members may recall that the draft strategy was presented a year ago. As NHS England have also been working on a new strategy this has meant continually having to adapt to national changes. The final draft has been shared with a number of organisations and a further exercise to consult with the public has commenced. He introduced Anita Porter, Commissioning Manager and praised her for the fantastic job undertaken on the strategy.

Ms Porter gave a detailed presentation to Members that highlighted the following:-

- What is urgent care?
- Scope of the strategy
- What's the problem with urgent care?
- Increasing admissions – all types
- Increasing admission – emergency
- Not just a local problem
- County Durham and Darlington System Resilience Group
- Local Strategy Development
- Local Vision
- Objectives
- Local Model for urgent and emergency care
- Governance process
- Key feedback

Councillor J Armstrong found the document very comprehensive but hard to follow. He referred to page 11 of the strategy that was supposed to give clarity of the vision but felt that this was difficult to demonstrate given that specific proposals were not included. He

found that it was difficult to determine the differences between urgent and emergency care and that trying to summarise the key changes into development proposals very frustrating.

Councillor P Brookes highlighted that he was Chair of Sedgefield Patient Reference Group and they had wrote to Anita Porter with their concerns. He shared Councillor Armstrong's concerns about needing to understand the detail and felt that the triangle model had given no clarity about urgent care. He said that his group had timescale concerns about patient cancer treatments and that there were frustrations around GP appointments. He added that it would be helpful to see how community services would be transformed.

Dr Findlay advised that the nature of a high level strategy meant that the finer details would not be worked out at this stage. This would be the next step and would involve GPs and PRG's. He said that there had been delays due to the development of the national strategy but that now they have the national strategy they would start to look at changes that need to be met locally. The details would come via the CCGs. He agreed the current system was confusing as all 3 CCGs in DDES have a different set up and need to be rationalised. He advised that Ms Porter was working on a summary document and emphasised that the thrust of the strategy was to deliver as much care as possible. He welcomed feedback from all parties and recognised the feedback from Sedgefield PRG. With regards to cancer care he advised that the intention as to keep it separate in the future. He appreciated the frustration with GP availability and had spoken to NHS England about setting up an alliance group to improve access to general practice. He went on to say that we were doing well compared to the rest of the country and were doing more to extend opening hours. Data was collected daily from GP surgeries and they were adapting to change and were improving accessibility.

With regards to Easington PRG, Councillor S Forster said that the biggest problem was that people did not know the difference between services. She said that it would be helpful for all centres in the area to deliver the same services and to give some clarity.

Councillor P Crathorne agreed with the concerns expressed by Councillors Armstrong and Brookes and felt that there were a number of holes in the strategy. She said that a lot of people who needed care was out of hours and she had concerns that as the University Hospital in Durham expands they need to ensure that there was a sufficient bed ratio.

Referring to the strategy, Councillor E Huntington felt that the same old stories and old aims had been duplicated in relation to providing care closer to home, preventing duplication of services, the number of GPs. She understood the good intentions and felt that it was a good strategy however felt that it falls apart at implementation level. She asked who would monitor the delivery.

Dr Findlay agreed that services need to be aligned in the Seaham area and that local improvements may be different depending on the outcome required. He advised that they were working with GPs and the PRG in Easington to coordinate services.

With regards to beds in hospitals, Dr Findlay advised that the main issue is that hospitals become full of elderly people with complex needs and improving the flow of care would ensure they are discharged from hospital more quickly.

Dr Findlay confirmed that it was his responsibility to ensure the Strategy worked this time and that now that there was a national strategy to follow it would be more aligned. He advised that Vanguard status had been awarded in the North East. The System Resilience Groups would ensure the strategy was delivered and implemented quickly.

Councillor M Nicholls said that feedback was crucial to ensure the strategy was implemented right and welcomed the importance of the System Resilience Group. He referred to training of paramedics and asked if there was any indication as to when they would be available.

Referring to the strategy, Councillor O Temple expressed concern about the risks of people falling through the cracks as the changes were implemented. He asked what the role of the community hospital would be in terms of delivery.

The Chairman said that it can be frustrating for members of the public when using the 111 service and after several hours being referred to urgent care. He welcomed the addition of members of the public being part of the System Resilience Group and asked what the relationship would be between them and this Committee and if they would report to us. He also asked about the timeline for implementation. He noted the seven objectives and asked when the action plan would be reported to this Committee.

Dr Findlay explained that it was a real problem attracting, recruiting and retaining paramedics. He hoped that the Vanguard status would help to co-ordinate the work force in the area so that staff would not be poached from one service into another. He advised that NEAS were working really hard and had a better chance than ever of recruiting the staff required through Health Education in the North East advice.

He said that hospitals and the issue of when to make changes was a risk. In the south of the region, SeQIHS had started to look at how we continue to deliver. He explained that the strategy had been developed clinically by specialists to ensure delivery and that the Community Hospital would form part of the strategy. He emphasised the need to do this properly and without compromise. As an example he referred to stroke services carried out in London and Manchester after being reconfigured. Mortality rates were looked at after a year and there had been a drop in London but Manchester had stayed the same as the national average. Hence the need to set out clearly from the beginning what must be achieved and not to compromise.

Referring to the 111 service Dr Findlay advised that it was frustrating but that people should use the services responsibly. In future the clinical input into 111 would be strengthened with more appropriate advice being offered to ensure people get the right care and the right place.

With regards to the timeline of implementation he advised that it would be a matter for each CCG and that they would come back to Committee when they had more concrete local data. He added that the SRG would be happy to come back to this Committee at any time.

Ms Porter said that there was still a lot of work to do and confirmed that they would come back to Committee.

The Chairman thanked Ms Porter and Dr Findlay for their presentation. In referencing the recommendations within the report, the Chairman asked members to note that;-

- the strategy would be amended with any errors or omissions noted from the recent round of engagement be noted;
- the final Urgent Care Strategy 2015-20 was scheduled to be approved by the System Resilience Group on 9th October 2015 ;
- That the governance and implementation of the Urgent Care Strategy would be through the System Resilience Group;
- That the Urgent Care Strategy 2015-20 was scheduled to go back to the Health and Wellbeing Board for endorsement on 3rd November 2015.

Resolved that:-

- (i) The County Durham and Darlington Urgent Care Strategy 2015-20 be endorsed;
- (ii) Further detailed reports from the Systems Resilience Group and Clinical Commissioning Groups outlining the detailed proposals for implementation of the strategy and any service changes together with associated consultation and engagement proposals be brought back to future meetings of this Committee.

8 Review of Care Connect

The Committee received a joint report of the Assistant Chief Executive and Corporate Director of Regeneration and Economic Development that informed of the proposed Medium Term Financial Plan (MTFP) savings associated with the Care Connect Service and to advise upon proposals agreed by Cabinet for consultation on the said proposals (for copy see file of Minutes).

The Head of Transport & Contract Services informed Members that Care Connect was a 24/7 monitoring preventative service with 20,000 customers. The current budget was £5m made up of a grant from CAS and self-funding customers. The MTFP savings have identified a reduction of spend by £750k by April 2016.

At present the users are made up from those who receive the community alarm for free. This was for those on benefits but has been phased out since this option ceased in April 2014. It was proposed to introduce a contributory charge of £2.80 per week. Self funders pay £4.60 per week and it was proposed to increase this to £4.80 per week. As a non-statutory service the costs must be covered by charging.

Members were advised that through a benchmarking exercise services differ from one authority to another but the contributory charge of £2.80 compares favourably.

The Head of Partnership & Community Engagement advised that the consultation on the new proposals is being carried out in two phases. The first phase to cover the self-funders with a hard copy questionnaire being sent out to those users. He advised that the authority was confident that the authority knows who receives the service and have allowed a six week period in which to respond. The Committee were informed that advice was available from the Care Connect team on how to complete the questionnaire and that individual visits could be arranged on request. The team would analyse the responses and would report back to Cabinet in December. The second phase of the consultation

would begin shortly and work on that questionnaire was underway. Copies of the proposed letters to service users affected by changes together with the consultation questionnaire were circulated to the Committee.

Councillor R Bell asked if AAP money could be used to offset this saving cost. He understood that there was Public Health money available for each AAP and felt that this would be of benefit.

Councillor P Crathorne commented that it was a good service and asked how the service would follow up on those people who had not responded.

Referring to those people who may drop out of the service if they haven't had to pay before, Councillor S Forster asked if there would be a check to see if these people were accessing services elsewhere. The Chairman added to this by asking who would monitor the drop outs and where they go.

The Head of Partnership & Community Engagement advised that there can be exceptions to where AAP money is spent and advised that Public Health have asked that the money be spent on physical health and mental health improvements. He also explained that there were time limits for funds to be spent within the AAP budgets and that the AAP need to react to local needs and priorities that could differ for each area.

He advised that people can seek help and advice and request home visits where necessary in order to complete the questionnaire. The Care Connect and CCTV Manager added that the service was limited in terms of resources but that they would pick up vulnerable users and access users during annual visits. He assured the Committee that the service would try to retain as many users as possible.

The Head of Transport & Contract Services advised that some people use the service as a means of re-assurance and for those users they may prefer to rely on friends and family rather than pay or increase their payment. There is recognition that there may be more pressure put on the health sector and consultation was taking place with emergency services and the health sector to best understand the impact. He said that the Care Connect and CCTV Manager and her team would continue to monitor closely and assess the drop out of users. The service had estimated a reduction of 40-50% but if this increased further the size of the team may have to be reduced in order to achieve the MTFP saving.

Councillor J Armstrong understood that this was a difficult decision but that every service was being hit by savings in some way. He did not agree that AAP money should be used as this funding may not be available next year or in the future and stipulated that money could not be given to individuals.

In relation to the consultation exercise Councillor M Davinson asked if the service were being pro-active to encourage new users to sign up to it.

Councillor O Temple referred to savings within the CAS budget being made early and asked if these savings need to be made now when they would occur eventually with the decrease of those who received the service free through benefits.

The Head of Transport & Contract Services recognised that it was a difficult decision and advised that the service was promoted in GP surgeries and through the park and ride bus service. He said that the cohort of users was shrinking and that by 2020-2025 there would be very few people receiving the service for free but that the self-funders should have increased.

Resolved:

That the report be received and Committees comments on the proposals, as part of the ongoing consultation in respect of the Care Connect service be noted.

9 Health and Wellbeing Board Annual Report

The Committee received a report of the Corporate Director, Children and Adults Services that presented the Health and Wellbeing Annual report for 2014-15 (for copy see file of Minutes).

The Strategic Manager, Policy, Planning and Partnerships, CAS highlighted the functions of the Board, the relationships with this Committee, the achievements during 2014/15 and the commitments made. She emphasised the comments from the Local Government Association Peer Challenge in that County Durham was in a strong place with areas of best practice being shared with other boards. The relationship with Scrutiny was highlighted as a one of the best in the country.

The Chairman thanked the Strategic Manager for her report and congratulated the Health and Wellbeing Board.

Resolved:

- (i) That the report be received; and
- (ii) That the work undertaken by the Health and Wellbeing Board during 2014/15, be noted.

10 NHS England 5 Year Forward View Update

The Committee received a Joint Report of North Durham Clinical Commissioning Group and Durham Dales, Easington and Sedgefield Clinical Commissioning Group that advised how the NHS Five Year Forward View was to be implemented within County Durham (for copy see file of Minutes).

Nicola Bailey, Chief Operating Officer, North Durham CCG and DDES CCG presented the detailed report highlighting the key principles, new models of care and the funding challenges. She informed the Members that County Durham was part of the North East Network for Urgent Care Vanguard and explained their vision and principles. The urgent strategy would fit alongside this and would improve patient flow across the region.

The Chief Operating Officer said she would be happy to come back as projects developed.

Councillor S Forster sought clarification on what had happened to federations and was advised that part of the five year forward view was about focusing on primary care. Both

CCGs had federations made up of a group of general practitioners and allow the services to be brought together.

With regards to attracting staff and finding an innovative way retaining them, Councillor M Davinson asked if the organisation could come back to Committee with a report showing how they intend to do this. The Chief Operating Officer said that the Health Education England in the North East were helping to look at different ways of recruiting staff and to help fill in the void in the numbers required. She added that the new immigration laws have not helped as people are trained but cannot stay in the country once qualified.

The Chairman confirmed that this would be monitored closely.

Resolved:

- (i) That the information contained within the report be noted; and
- (ii) That further updates are brought to future meetings of the Committee

11 Care Act 2014 Update

The Committee noted a report of the Corporate Director, Children and Adults Services that gave an update on the local and national developments in relation to the implementation of the Care Act 2014 and the transformation of Adult Care services, focussing on changes to deliver Phase 1; the new care and support duties from 1st April 2015 (for copy see file of Minutes).

The Strategic Manager – Care Act Implementation, CAS advised that the report also provided an update on the recent announcement by Government to postpone the Phase 2 reforms until 2020 which were due to come into effect from 1st April 2016, which includes the cap on care costs and appeals system.

Councillor M Davinson informed Members of the positive work being undertaken in the South Moor and Quaking Houses area since the wellbeing team were in place and helping advice individuals. He praised the hard work taking place for mainstream areas but asked how hard to reach areas and people were being addressed. The Strategic Manager recognised that there were problems trying to engage some individuals and that the wellbeing team were mindful of that but were trying to draw people in.

Resolved:

- (i) That the report be noted.
- (ii) That further updates in relation to Adult Social Care transformation be received.

12 Quarter 1 2015/16 Performance Management Report

The Committee considered a report of the Assistant Chief Executive, presented by the Head of Planning and Service Strategy, Children and Adults Services, that updated on progress against the Council's corporate basket of performance indicators for the Altogether Healthier theme and reported other significant performance issues for 2015/16 (for copy see file of Minutes).

The Head of Planning and Service Strategy highlighted the developments since the last quarter and the key developments for this quarter.

Resolved:

That the report be received.

13 2014/15 General Fund Revenue & Capital Final Outturn Report and Forecast of Revenue Outturn Quarter 1, 2015/16

The Committee considered a report of the Head of Finance, Financial Services, which provided details of the updated forecast outturn position for the Children and Adults Services (CAS) service grouping, covering both revenue and capital budgets and highlighting major variances in comparison with the budget, based on spending to the end of June 2015. The Committee received a presentation regarding the Revenue and Capital Outturn Forecast for Quarter 1 of 2015/16 from the Finance Manager (for copy of report and slides see file of Minutes).

Councillor O Temple referred to the underspend of care activity that had appeared in the budget for the last two years and asked if it was a reasonable assumption that this would not be expected to continue in future years. The Finance Manager said that the figures would be much reduced going forward as most of the underspend would be removed.

Councillor Temple asked if a summary of the overall change could be given in terms of the recipients and the improvements to service delivery. The Head of Planning and Service Strategy advised that this was linked to the transformation agenda and case examples would illustrate that. He suggested that this be arranged for a future meeting.

Resolved:

That the financial forecasts included in the report, summarised in Quarter 1 of the forecast of outturn report to Cabinet in July, be noted.