

DURHAM COUNTY COUNCIL

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Friday 20 January 2017 at 9.30 am**

Present:

Councillor J Robinson (Chairman)

Members of the Committee:

Councillors J Armstrong, R Bell, J Blakey, P Brookes, K Hopper, E Huntington, H Liddle, J Lindsay, A Savory and O Temple

Co-opted Members:

Mrs B Carr and Mrs R Hassoon

Also Present:

Councillor L Hovvels

1 Apologies

Apologies for absence were received from Councillors J Chaplow, P Crathorne, S Forster, P Lawton, O Milburn, M Nicholls, L Pounder, W Stelling and P Stradling

2 Substitute Members

There were no substitute Members present.

3 Minutes

The Minutes of the meeting held on 14 November 2016 and of the special meeting held on 6 January 2017 were agreed and signed by the Chairman as a correct record.

Councillor Temple referred to the minutes of 14 November and the point he had raised under any other business about TEWV figures. He asked how many people were travelling further and how many had received financial support.

The Principal Overview and Scrutiny Officer said that a letter had been circulated to all Members with this information. He advised that information from TEWV had shown that 21 patients had been admitted from North Durham to Auckland Park. 1 had received no support, 14 had been offered support of which 7 had declined the offer. He suggested that as TEWV were coming to the meeting on 3 March 2017 further clarification in terms of mitigation would be sought.

The Principal Overview and Scrutiny Officer further added that correspondence had been received from NEAS, the Chief Executive of CDDFT and the Chief Clinical Officer on behalf of North Durham and DDES CCGs in respect of requests for further information

and clarification regarding A&E Ambulance response times and handover delays at A&E departments. He explained that all requests had been answered and circulated to Members.

Councillor Bell asked when the CCG would return to update the Committee about the Ambulance Service Review. The Principal Overview and Scrutiny Officer advised that the current administration would receive an update in terms of the work programme in April and that items would be considered at the earliest opportunity following the elections and the new diary of meetings.

With regards to the minutes of 6 January 2017, Councillor Armstrong queried the request for information from the Chief Executive of CDDFT about what services were available in each hospital. The Communications Manager, CDDFT confirmed that the list had been compiled and apologised that it had not been circulated to Members following the last meeting. She would arrange for this to be carried out after the meeting.

Councillor Temple commented that at the last meeting Members were advised by the Chief Executive of CDDFT that the inpatient ward at Shotley Bridge Hospital would re-open after works had been completed. He explained that he was surprised at the announcement the following day by a spokesperson that all options would be explored. He felt that the Chief Executive had given Members a clear commitment of the intentions but the messages were conflicting. The Communications Manager confirmed that as soon as the Hospital were assured about patient safety returning to the ward it would re-open. She offered that the spokesperson may have been wary of committing to the press but assured Members that the plan to re-open would take place when works were complete.

4 Declarations of Interest, if any

The Chairman declared an interest in Item 7, as he was a member of the County Durham and Darlington Fire and Rescue Authority.

5 Media Issues

The Principal Overview and Scrutiny Officer provided the Committee with a presentation of the following press articles which related to the remit of the Adults, Wellbeing and Health Overview and Scrutiny Committee;

- Hospital chiefs again urge patients not to come to A&E unless it's an emergency – Evening Chronicle – 11 January 2017

Hospitals across the North East had urged patients not to turn up at accident and emergency departments unless they had a serious or life-threatening problem. As an alternative, patients were informed to seek help from a pharmacist or to dial the NHS 111 advice number if they felt ill.

- NHS leaders ask for your views on maternity and children's services – Hartlepool Mail – 11 January 2017

Health chiefs were set to hold a new round of public engagement events as part of the NHS shake-up plans, including venues at Shotton Hall, Sedgefield Parish Hall and

Barnard Castle. Members would receive updates on the Better Health Programme and STP at future meetings.

- Scale of suicide unacceptable, say MPs – BBC Online – 19 December 2016

A report by the Health Select Committee stated that the number of people taking their own lives in England is unacceptably high. A synopsis from the Select Committee would be shared with the Committee. A review of the Suicide Review Group would be shared later in the meeting.

Councillor Armstrong said he would find it interesting if MPs could come up with any recommendations that were tangible and that would make a difference.

Mrs Hassoon asked if it was known how many people who had a mental health background were involved in awarding contracts. The Head of Planning and Service Strategy advised that from a Local Authority perspective awards of contracts always involved a number of appropriate professionals.

6 Any Items from Co-opted Members or Interested Parties

The Chairman advised the Committee that a request had been received from a member of the public to ask a question at this meeting. He introduced Mrs Flett who asked her question as follows:-

How will Durham County Council help achieve the huge ambitions in the two Sustainability and Transformation Plans to reduce health and wellbeing inequalities across the area when funding is being reduced in crucial programmes that address these issues?

The Interim Director of Public Health County Durham said that an answer could not be given at this stage. However, a wider conversation would take place at the next meeting once further details were known where she would be presenting an item on the prevention element.

The Chairman advised that the STP lead officers for the Northumberland, Tyne and Wear STP and the Durham Darlington and Tees; Hambleton Richmondshire and Whitby STP would also be in attendance at the next meeting on 3 March. He advised that Durham County Council were waiting until all information had been received before they took a view. The Council were involved in regional meetings that had been arranged to cover the Better Health Programme.

Councillor Armstrong assured Mrs Flett that she had asked the same questions that Members had been asking.

The Chairman thanked Mrs Flett for her question and said that she would be welcome at the next meeting.

7 County Durham and Darlington Fire and Rescue Authority Integrated Risk Management Plan Action Plan 2017/18 Consultation

The Committee received a report of the Chief Fire Officer that provided background information to the Fire Authority's Integrated Risk Management Plan Action Plan consultation for 2017/18 (for copy see file of Minutes).

The Deputy Fire Officer set out details of the consultation and key issues for the Fire Authority going forward. 2017/18 would focus more on collaboration with other services. The consultation document sought views on three questions.

Question 1 – Based on the outcomes of the emergency medical response trial, should we continue this work with the North East Ambulance Service provided it supports our core fire and rescue service strategic priorities?

The Deputy Chief Fire Officer advised that since January 2016 the service had been operating a trial with NEAS whereby they would respond to RED 1 and RED 2 calls at Darlington, Consett and Seaham stations. This would also be re-introduced in the Dales at Barnard Castle and Middleton in Teesdale. This service would operate if NEAS could not get to an incident within 8 minutes and the service would arrive on scene in support of the ambulance service. Up to December 2016 there had been 6000 responses to regional incidents, 3200 in County Durham and Darlington. 50 of those had resulted in resuscitation and 800 people had been administered oxygen. NEAS had been pleased with the performance and the Fire service were keen to support this service but needed to ensure there was sufficient cost recovery.

Question 2 – Would you support us in exploring further collaboration with health services in the future?

The Deputy Chief Fire Officer informed the Committee that advice and training had been given to partners regarding Home Fire Safety checks to help vulnerable people. The number of accidental dwelling fires had reduced.

Since February 2016 over 12000 Safe and Wellbeing visits had been carried out and staff would look for any signs of slips, trips, falls, isolation and dementia. If found this would be passed on to a partner agencies. 1800 referrals had been made for visits, 1400 of which were in County Durham.

Councillor Bell asked if the pilot in Barnard Castle was ongoing and asked how the new Combined Centre would affect the service. The Deputy Chief Fire Officer advised that the service were back doing emergency medical responses in Barnard Castle and Middleton in Teesdale. He added that the co-responder service had ceased as there had been a national drive for emergency medical response. He added that the centre would improve working relationships. Answering a further question from Councillor Bell, he explained that the co-responder and emergency medical response were very similar. The fire service had been working independently with NEAS and nationally it had been seen to be an advantage and therefore a consistent approach was adopted for the whole county.

Councillor Brookes referred to the success of the emergency medical response and the amount of lives saved in the process. He asked if there had been any downsides to this service. The Deputy Chief Fire Officer confirmed that there had been no downsides. He

further added that the Firefighters were trained and many of them were trauma technicians. When responding to a scene the firefighters would remain and support the individual whilst waiting for an ambulance.

The Deputy Chief Fire Officer responded to a question from Councillor Temple about funding for the services mentioned. He confirmed that with regards to the emergency medical response they would require funding however with regard to the safe and wellbeing visits no funding would be sought. This was due to the fact that this service played a key part in preventing accidental dwelling fires and had a positive effect on the core business.

Councillor Armstrong commended the officers involved as this was carried out on a voluntary basis.

Question 3 – Do you agree that we should share High Handenhold Fire Station with Durham Police?

The Deputy Chief Fire Officer explained that work had been carried out in the Pelton area with the residents association and that the service carry out a lot of collaborative work with the Constabulary.

The Chairman said that this was a well-respected service for the County and fully supported the proposals.

The Principal Overview and Scrutiny Officer advised that the Safer and Stronger Overview and Scrutiny Committee had also received this report and it was proposed to provide a joint response to the consultation on behalf of the two Committees.

Resolved:-

- (i) That the content of the IRMP Action Plan consultation for 2017/18 be supported and noted.
- (ii) That the comments made by members of the Committee in respect of the IRMP Action Plan for 2017/18 be agreed and included in the Joint OSC response proposed.

8 Dentistry Services at the Richardson Hospital, Barnard Castle

The Committee received a report from the Primary Care Commissioning Manager, NHS England – North, Cumbria and the North East that gave an update in respect of dentistry services at Richardson Hospital, Barnard Castle (for copy see file of Minutes).

The Primary Care Commissioning Manager (Dental) NHS England, Cumbria and the North East provided an update to members further to the information received at the meeting on 6 January 2017, including:-

81 patients fit into the general care criteria and there has been a downward trend. 58 patients in 2015/16, 23 in 2016/17. The majority of these patients (63) come from Middleton in Teesdale followed by Barnard Castle and Newton Aycliffe.

A full time dentist would expect to see 25-30 patients per day and due to the demand at the Richardson Hospital it would equate to 4-7 days per year. This would vary depending

of patient's needs. A limited service had been running with sessions held fortnightly on a Tuesday.

9 practices had the capacity and were actively taking on NHS patients. The Castle Dental Practice was 0.2 miles from the Richardson Hospital.

The next steps would be for patients to be identified and made aware of the current situation. NHS England were keen to receive feedback from patients.

The Primary Care Commissioning Manager confirmed that no decisions had been taken and that no changes would be made to the provision for special care patients.

Councillor Bell thanked the Manager for her response but said that he still did not feel assured. He had first received complaints in October by patients who could not make appointments as were told the service was being withdrawn. He said that this could account for the fall in demand. He believed that the service had not followed due process of consulting with people before telling them that the service was closing. He reminded Members that this service at the Richardson Hospital was brought in when the mobile service was closed. He felt that alternative practices suggested at Shildon and Crook were not feasible for those people who could not drive or those who were not able bodied. He asked if there was sufficient capacity at Barnard Castle to absorb these new patients. He further asked what was meant by special needs provision. He commented that he believed the Castle Dental Surgery had no means of access for those not able bodied and asked why when the state of the art facilities were available at the Richardson Hospital were they not being made best use of.

The Primary Care Commissioning Manager re-iterated her point that no decision had been made and confirmed that NHS England had not authorised any communications saying that the service was closing. She would be grateful for any further information as to where that information came from and apologised for the message given. She confirmed that the next steps were to identify and consult with existing patients and seek their views. She pointed out that the decline in numbers was steady and although some of this may be down to miscommunication, the levels had been dropping before the October period. She advised that all alternative practices were accessible and the Castle Dental Surgery had wheelchair access with a surgery on the ground floor. She confirmed that all practices listed in her report all had sufficient capacity to absorb the level of activity and that further analysis would be carried out as provision was activity driven. Special care referred to patients with learning disabilities and mobility impairment, severe mental health and social behavioural problems. Older people who were housebound or lived in residential care would fall into this category.

Mr Landes, Consultant in Public Health informed the Committee that he was leading the review and looking at the whole special care pathway including looking at access issues. He advised that as work had just commenced extensive consultation would take place and he could come back to Members as this progresses. A model would be agreed and be procured by April 2020. He added that provision would be made for those special needs patients whereby the whole family could attend the same practice.

Resolved:-

- (i) That the report be noted.
- (ii) That further updates be received.

9 Public Health Update

The Committee received a report from the Interim Director of Public Health for County Durham that gave an update on national, regional and local public health developments, and in particular highlighting the last 12 months work undertaken by the Durham County Council's public health team and areas for priority going forward (for copy see file of Minutes).

Referring to the work carried out on obesity in the Four Towns area, Councillor Lindsay asked where this was carried out as he had been heavily involved but had not attended a meeting since November 2015. He had requested a further meeting in August last year but to no avail and felt that it had been a waste of officers and volunteers' time. The Director of Public Health advised that the area covered was Ferryhill and West Cornforth. She confirmed that although the group may not have met work had progressed with schools community garden projects. She would arrange for Councillor Lindsay to receive a full briefing. She further added that a bid had been submitted to Public Health England to expand this work to a countywide approach.

Councillor Brookes said that the report was very detailed and focused but felt that it looked at symptoms rather than the causes. He said that poverty and income inequalities were the drivers of Public Health and if people did not have the money then they could not choose a healthy lifestyle. He informed Members that he was participating in living the life on the income of a care leaver and found it impossible to make healthy choices on a poor income. He would like to see some real focus on income inequalities.

The Director of Public Health welcomed this question and confirmed that income and employment were key drivers. She advised that work was ongoing so would be able to provide more details. She said that Public Health were involved in a Poverty Action Group and that the Corporate Director of Children and Young People's Services was very passionate about tackling child poverty.

Councillor Bell referred to the public health grant and suggested that a pie chart showing where the money was spent would be useful. The Director of Public Health advised that the grant had been reduced for 2017/18 and 18/19 and that there would be a move to business rates in 2019/20. She would produce a pie chart to show where the funding was allocated.

Councillor Temple thanked the Director for a fascinating report but felt that as a Committee it was difficult to see the effectiveness of the interventions. For example, the CREES introduced as part of the Wellbeing for Life Programme. He asked when the Committee could expect to see reports showing the effectiveness of this project. He also referred to the £51m and asked if it was tracked as in the finance report it was shown as a £3.1m budget.

The Director of Public Health confirmed that the findings and evaluation about the CREES would be reported back when the Committee agenda allowed. She was expecting the information from Durham University through in March 2017.

With regards to the budget, the Finance Manager advised that the figure was based on net expenditure and the expenditure figure was much higher.

The Chairman thanked the Director of Public Health for an excellent report.

Resolved:

- (i) That the content of this report be noted.
- (ii) That an annual update on public health in relation to ongoing transformations in service delivery and commissioned services be agreed.

10 CAS Quarter 2 Forecast of Revenue and Capital Outturn 2016/17

The Committee considered a report of the Head of Finance (Financial Services), presented by the Finance Manager for Adults and Health Services. The report 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 2016. The Finance Manager delivered a presentation on the Revenue and Capital Outturn Forecast for Quarter 2, 2016/17 (for copy of report and slides see file of Minutes).

Councillor Temple referred to the budget figures for Public Health as the year to date actual figures was shown as £10.870m and the forecast outturn £3.109m. The Finance Manager explained that the contribution came from reserves and the whole £51m budget for Public Health comes from grant and goes out of the budget.

Councillor Bell asked about the 1% on precept for Adult Social Care and asked about the net benefit financially in terms of whether there would be savings, if the precept would cost the authority or it would be a neutral cost. The Finance Manager advised that 2%/2%/2% or 3%/3%/0% had been considered for the increase and officers were convinced that 2%/2%/2% would be the better option financially. There would be an increase in the base each year and would be more beneficial to the authority making a difference of approximately £100,000.

Councillor Armstrong referred to the overspend on employee costs and asked if this was attributable to 3rd party payments and contracting in workers. The Finance Manager explained that this was not necessarily agency workers but spend for residential care that was purchased from external bodies. He assured Members that there were no significant budgetary concerns for 2016/17 at present.

Resolved:

That the revenue and capital outturn, summarised in the outturn report to Cabinet in July, be noted.

11 2016/17 Quarter 2 Performance Management Report

The Committee considered a report of the Director of Transformation and partnerships that presented progress against the councils corporate basket of performance indicators, Council Plan and service plan actions and other performance issues for the Altogether Healthier theme for the second quarter of 2016/17 financial year, covering the period July to September 2016 (for copy see file of minutes).

The Head of Planning & Service Strategy advised that the service were doing really well in terms of demand with the residential admissions stabilising out. The figures for quarter three had shown that the length of stay was reducing. The reablement service was working well and helped to avoid re-admission to hospital. He added that a recent survey showed feedback levels on the service were good. The service did receive complaints and all were legitimately investigated. The number of smokers in the County were falling and the number of quitters had exceeded the target this quarter. Finally, Members were advised that this had been a positive quarter with colleagues working extremely hard. Support was given to those people who self-funded their care and the reablement service was also important to them.

Councillor Bell commented that the report showed great work from the reablement service and he congratulated them for providing a vital service.

Resolved:

That the report be received.

12 Adults Wellbeing and Health Overview and Scrutiny Committee - Review of Suicide Rates and Mental Health and Wellbeing on County Durham

The Principal Overview and Scrutiny Officer referred to the Committee's decision as part of its 2016/17 work programme considerations that a working group be set up to review suicide rates and mental health and wellbeing in County Durham.

He informed Members that the first meeting of the review group in October 2016 looked at an analysis of performance data of suicide rates and the practices and procedures followed. The second meeting in November 2016 looked at the Mental Health Strategy, Suicide Prevention and the key service strategies and action plans. This was followed at the third meeting in December with a focus session with representatives from Tees, Esk and Wear Valley NHS FT, County Durham and Darlington NHS FT and the Crisis Care Concordat. They explained their work as individual organisations and as key partners. The session looked at developed activity and access to services, training and raising awareness of suicides, mental health and wellbeing.

The last session held on 19 January 2017 involved representatives from the Criminal Justice System and Durham Constabulary and their processes and policies. It was agreed that there was more scope for sharing information, especially for those people taken into custody with mental health issues.

The next session would take place on 14 February 2017 with representatives from If You Care Share, Darlington and Durham MIND, SHAID and Durham Samaritans.

The Principal Overview and Scrutiny Officer informed the Committee that there had been some key findings identified by the group about access to Crisis.

Mrs Hassoon commented that the Countywide Mental Health Forum had a number of issues with the Crisis Care Service. The Principal Overview and Scrutiny Officer advised that a lot of work was being carried out in relation to the Crisis Care Concordat. Assurances were being sought that key partners would share information to enable

agencies to be able to work together to ensure patients did not fall through any gaps in the system.

Resolved:

That the update be noted.