

## **DURHAM COUNTY COUNCIL**

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Council Chamber, County Hall, Durham on **Friday 3 March 2017 at 9.30 am**

### **Present:**

**Councillor J Robinson (Chairman)**

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

Councillors J Armstrong, R Bell, P Brookes, S Forster, J Lindsay, M Nicholls, P Stradling and O Temple

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

Mrs R Hassoon

### **Also Present:**

Councillors P Conway, L Hovvels, J Lethbridge and F Tinsley

## **1 Apologies**

Apologies for absence were received from Councillors J Blakey, J Chaplow, P Crathorne, K Hopper, E Huntington, P Lawton, H Little, O Milburn, L Pounder, A Savory, W Stelling and Mrs B Carr

## **2 Substitute Members**

There were no substitute Members present.

## **3 Minutes**

The Minutes of the meeting held on 20 January 2017 were agreed and signed by the Chairman as a correct record.

Councillor Temple expressed his disappointment at the news that the work at Shotley Bridge Hospital had not completed. He had relayed information to members in his community that the hospital would re-open after works had completed at the end of February, following confirmation from the Chief Executive of County Durham and Darlington NHS Foundation Trust.

The Principal Overview and Scrutiny Officer explained that communication had been received from the Trust advising that following completion of the remedial works, additional works had been identified which was causing the further delay. He assured Members that this would be followed up with the Trust.

#### **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 which related to the remit of the Adults, Wellbeing and Health Overview and Scrutiny Committee;

- Hospital cuts planned in most of England - but what does it mean for the North East? Evening Chronicle 21/02/17

Plans for a major shake-up in hospital services would result in cuts for two-thirds of the country. In total, 44 areas in England would create sustainability and transformation plans (STPs) to deal with the expected £22bn black hole in the NHS budget by 2020 using efficiency savings and new ways of delivering care. The draft STP for Northumberland, Tyne and Wear, and North Durham report that the area would face a funding gap of £641m by 2020/21 if nothing is done, with the financial deficit for health and social care reaching as high as £904m.

- Hospital cuts planned in most of England – BBC Website 21/02/17

Hospital services in nearly two-thirds of England could be cut or scaled back. The proposals were part of a programme to transform the health service and save money across 44 different areas. The BBC found 28 proposals affected hospital care, from full closures to centralising services, such as A&E and stroke care, on fewer sites.

- How did our hospitals cope this winter? Find out how your trust is managing – The Journal 15/02/17

The region saw an increase of almost 20,000 winter A&E attendances from last year as the NHS continued to struggle to meet demands. Data from NHS Digital shows that there were 107,901 attendances at our A&E units between December 1 2016 and January 2017 - an increase of almost 20,000 on the same period the year before. But the number emergency admissions to hospitals - where a patient is admitted following their A&E visit - slightly decreased, with 27,844 from December 6 2015 and January 4 2016 dropping to 26,548 in 2016/17. A&E attendances at the County Durham and Darlington NHS Trust doubled - from 14,751 in December 2015 to 29,502 in December 2016.

- County Durham and Darlington NHS Trust placed joint second nationally for serious medical blunders – Northern Echo 13/02/17

Details of medical blunders by the region's hospital trusts had emerged in a national report. NHS Improvement had provisionally outlined 314 serious, largely preventable safety incidents, between April 16 and December 31, last year, such as surgery equipment being left inside patients and operations on the wrong part of the body, including the brain. Seven each so-called 'never events' were logged at County Durham and Darlington NHS Foundation Trust and Newcastle Upon Tyne Hospitals NHS Foundation Trust – the joint second highest figure in the country.

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

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

## **7 Sustainability and Transformation Plans - Overview**

The Committee received a report of the Director of Transformation and Partnerships that provided members with background information in respect of the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan and the Durham, Darlington and Teesside, Hambleton, Richmondshire and Whitby Sustainability and Transformation Plan (for copy see file of Minutes).

### **Northumberland, Tyne and Wear and North Durham STP**

The Chairman introduced Mark Adams, Chief Officer Newcastle and Gateshead CCG and STP Lead for Northumberland, Tyne and Wear and North Durham. Mr Adams gave a detailed presentation that included information on the following:-

- Map of the area covered by the STP
- Context and background of the STP – the STP was a coming together of pre-existing plans and that 80% of the STP would be made up of pre-existing work. Prevention would be given a higher profile.
- Vision for 2021 – this was a formal process and very technical. A summary document was produced to ensure it was easier to read. Work was carried out on a very local basis. As each CCG, provider, Local Authority, Trust all had their own visions it was a difficult task to create an overarching vision.
- The evolving and ethical model – giving an indication of the scope and depth of the plan.
- Understanding the three gaps – Health and wellbeing; care and quality; and funding and finance – 3 specific challenges. Funding gap of £641m highlighted if nothing was done over the next 5 years. This figure rises to £904m when including the joint health and social financial gap.
- Plan based system – shows summary of what the STP is trying to achieve with a focus on key areas, developing community based services and how colleagues would continue to work in collaborative ways.
- Finance and efficiency- range of work streams to tackle the financial issue.
- Overview of the priorities for the three transformational areas – pre-existing plans from each area.
- Evolving governance arrangements – important to have the right governance, moving forward in a timely manner and have an understanding of how we work together.
- Key principles supporting developing governance arrangements – workforce is the most concerning area.
- Engagement and consultation process – at the beginning of the formal process. Engagement events were organised at short notice and very well attended.
- What will happen next – there is no national set date but it would be carried out in a timely manner.
- Feedback to date

Mr Adams said that there would be new ways of working and the challenges were so big covering a much wider footprint. He advised that North Durham was included within this STP due to patient flow. He advised that other options may need to be considered moving forward. The STP would focus on prevention and as formal consultation took place the views and comments from people would help share the future direction. He added that this STP was in the first stages and acknowledged that the Southern STP was much further ahead in the developmental process.

The Chairman asked when the Committee would receive further details and a timeline of the stages for consultation and proposed changes. He also asked for assurance that the residents of North Durham would not be treated like a ping pong ball, as the area had started off in the Southern STP and moved to the Northern STP. He was surprised that there was no mention or reference to scrutiny within the governance arrangements within the plan. He reminded officers that there was a statutory duty under the Health and Social Care Act to consult with Scrutiny Committees. The Principal Overview and Scrutiny Officer added that where any proposals for significant developments or substantial variations in health services were put forward that impact upon two or more local authorities, then Joint Scrutiny arrangements should be set up. The Better Health Committee had been established for the 7 local authorities affected by the Southern STP, and it was suggested that similar arrangements should be put in place for the Northern STP.

Mr Adams replied that the plan was made up of pre-existing plans and that as and when more details were received from the local areas this would be reflected and the plan would be further developed. He referred to North Durham and advised that he was working with colleagues in the CCG and Foundation Trust and that plans would emerge from the bottom up. He advised that timelines were being set by work already carried out in the local areas. He welcomed the involvement of the scrutiny committees and had spoken at the North East Regional Joint Health Scrutiny Committee

Councillor Armstrong felt that the process was fragmented and would welcome the two STPs working together to ensure a joined up approach. He asked how the public were to be consulted and would welcome a project plan and some timelines. As a statutory consultee he suggested the introduction of the Sub - Regional Joint Scrutiny Committee for the Northern STP.

Councillor Bell expressed concern with the STP process so far. He welcomed the focus on preventative work by sharing best practice but asked for details on the funding to be put in place and the savings to be made. As he was from the south of the County he suggested that this should be looked at on a Countywide basis. He was nervous that the plans would fragment the County. He asked what could be done to ensure the two STPs could integrate as a whole. He asked if a more specific date could be given of when to expect an updated draft plan.

Mr Adams assured Members that he had no intention of moving forward outside of the Act or without the involvement of scrutiny. He emphasised that the Southern STP were significantly ahead of the Northern STP, including putting in place a Sub – regional Joint Scrutiny Arrangements but would welcome this.

Councillor Temple thanked Mr Adams for being honest about how far behind the Northern STP was and about sharing information on the NHS plan. However, he felt that this was not just about prevention but involved Public Health and Social Care and therefore was a need for working together across NHS and Local Authority organisational boundaries in a very clear way. He suggested that multiple layers of scrutiny were required especially as the County fell between two STP areas. He referred to a question he had received from one of his constituents with respect to the NHS setting the budget for 2017/18 and asked if the STP had been taken into account and how much effect had the STPs had on financial planning to date.

Mr Adams advised that the planning requirements had come from NHS England. He was working very closely with colleagues in Public Health and Social Care as the plan was considered as a Health and Social Care plan and there was recognition of the current financial problems faced by local authorities. With regards to funding, Mr Adams explained that there were no such things as STP contracts and the planning process would continue with finances being addressed from the bottom up addressing the 5 year forward view. Legally binding contracts would continue and there would be variations to some contracts moving forward.

Referring to the timeline Councillor Conway asked when the development plan would be made available. Mr Adams explained that work with colleagues was ongoing and it would be hoped to circulate it within the next couple of weeks. The Chairman advised that County Council election purdah would come into effect on 23 March 2017. Councillor Conway said that it was important to see what the proposals were to meet the £641m financial gap. Mr Adams said that he was working with all Councils to understand purdah. He was working through the engagement process and re-iterated his point that the STP was made up of pre-existing plans. The wider challenges, including funding, would be addressed moving forward through the process.

Councillor Bell asked if guidance could be sought from the Head of Legal and Democratic Services in respect to purdah and specifically around the STP process. Councillor Armstrong referred to the recent guidance already circulated but would refer to Legal for further advice.

Councillor Tinsley asked if the closure of an A&E unit would be a big ticket item that would come through this process. Mr Adams confirmed that the STP was designed to deal with big ticket items such as the workforce. He said that any issues for North Durham would be explored with colleagues and with the involvement of scrutiny.

Councillor Lethbridge expressed discomfort at the vagueness of the process and said that precision, details and a clear timeline was required. He would welcome a degree of frankness expressing the fears faced for the STP.

Councillor Brookes referred to the financial impact and the £640m savings required by 2021. This was an enormous sum and he was trying to understand how the plan could be delivered without having a negative impact on patient care. He asked if it was a realistic saving bearing in mind the pressure already faced on the service. He did not believe that the plan could be delivered without having a major effect on patient care and the quality of service.

Mr Adams referred to the point on precision and said that this was a difficult challenge due to the high level nature of the plan that did not convey the level of precision in each local area. Some of plans were articulated in the summary document. Referring to finances he explained that they were faced with challenges that posed an issue for us all. Ways to work together and mitigate issues were being worked through. He stated that at the end of 5 years he could not say if all issues would have been tackled but that they would try to do this.

Referring to the 44 footprints across the Country, Councillor Tinsley asked if this area was on par with other areas in terms of how much had to be saved. Mr Adams explained that all areas were very different in terms of demand for services and finances and were locally driven. He explained that all NHS trusts were allocated a budget and given savings targets over a 5 year forward view period.

The Chairman invited questions from members of the public:-

Dr Speight stated that he had worked in the NHS for 50 years. He congratulated Mr Adams for his honest presentation and the councillors for asking such perceptive questions. He asked how such major savings could be delivered. He believed that this could only be carried out by making major cuts to services or the workforce. To make the savings he felt that there would be major proposals to close units and services. He asked at what stage the government would be informed that the plan was undeliverable. He said that better ways of working were required and said that councillors needed to be aware of what cuts would take place in the future.

Mr Turner said that he agreed with many things in the process but noted that people were asking for specifics. He stated that in future 1 in 7 patients would be denied seeing a specialist and that there would be a 15% reduction in A&E attendances with a shift from Acute hospital care to community led services. He said that there would also be a 7% reduction in community nursing. He said that he had not heard one piece of clinical research and asked councillors not to approve any plans to cut services. He believed that greater public inquiry was needed with a number of clinical specialists. He added that he felt that a plan was required that showed the consequences of these actions. He also expressed concern at how the ambulance service was going to cope with the added pressure.

The Chairman said that these points would be taken on board.

Referring to the budget, Mrs Flett asked where the money would come from to facilitate health improvements as there was a lot of chronic ill health in the area. She added that integration was important and suggested that limitations and risks in the whole of the Northern STP were looked at.

Mrs Wolston said that she had heard about the STP on the engagement closing date. Her husband worked for the NHS and he had not heard about it either. She felt that the engagement exercise had been inadequate and suggested that more work was required once the plan was at the consultation stage.

Mr Wright stated that the main savings would be on staff and facilities.

Mr Adams responded that they would be focused on the workforce and that they did understand the scale of the challenge. They also understood that if a service was to close those patients would have to be catered for elsewhere so in general terms big changes did not always give the answer to the problem. He did not have the answers yet and assured Members that the process was clinically led.

The Principal Overview and Scrutiny Officer advised that there would be a follow up in terms of timeframes, the statutory public consultation and documentation. He advised that the establishment of a Joint Scrutiny Committee would be explored for the Northern STP but that this would not preclude individual scrutiny committees for making their own enquiries and did not remove this committee's statutory obligation.

The Chairman thanked Mr Adams for his presentation and for answering the questions put forward to him.

Mr Adams thanked everyone for their questions that he had answered in good faith. He re-iterated his point that this was a massive challenge and progress would be made as effectively as possible and in a timely manner. He was committed to the highest levels of transparency and would take on board the issues raised.

### **Durham, Darlington and Teesside, Hambleton, Richmondshire and Whitby STP**

The Chairman introduced Alan Foster, Chief Executive of North Tees and Hartlepool NHS Foundation Trust and STP Lead for Durham, Darlington and Teesside, Hambleton, Richmondshire and Whitby. Mr Foster gave a detailed presentation that included information on the following:-

- Map of the area covered by the STP
- What are STP's – bringing alive a 5 year forward view. No decisions had been made as the consultation process was ongoing. The Health and Wellbeing Board in County Durham had taken forward health and wellbeing, health promotion and prevention and were the best in the Country at doing this. Important to ensure that the STP adds value to the process and ensures that every child has the best start in life.
- Triple aim gaps – Health and wellbeing; care and quality; and funding and finance – Funding gap of £281m highlighted if nothing was done over the next 5 years. In the process of collecting Local Authority data regarding the social care gap but may increase the figure to £421m.
- Drivers for change
- Percentage of care in hospital and locally – 5% in hospital and 95% locally
- Priority One – Preventing Ill health and Increasing Self Care
- Priority Two – Health and Care in Communities and Neighbourhoods
- Priority Three – Quality of Care in our Hospitals – 'Better Health Programme'
- Priority Four – Use of technology in Health Care
- Gaps in rotas and on call – people want to see specialists and currently not enough of them. Need more consultants and bigger teams whilst trying to improve quality and can only do that by having fewer centres.
- Better, safer care 24/7 – social care under real pressure. Work to get people back into their own homes or cared for in the community.

- BHP scenarios – recognised that cannot keep all specialist services in all of the hospitals. Confident that any changes made would have better outcomes for patients. No decision has been made and the changes would deliver better services for all. Access issues would be worked up in conjunction with the Ambulance Trust. The Air Ambulance would need proper funding. The workforce would be analysed so that the right number of staff were where they should be and vacancies would be addressed.
- Evaluation process – the best services for people would need investment. UHND was struggling as was not built to cope with the current capacity.
- Next steps – will go out to consultation on the preferred option only if receive the capital necessary to make the changes. Would hope to start consultation in the summer but could be referred to the Secretary of State.

Mr Foster advised that work had already commenced on the Better Health Programme and this work had now been taken forward into the STP. There were 44 footprints determined nationally with some areas split between STPs. County Durham was part of two STPs and North Yorkshire was part of three. He added that the business case for capital was being developed and there was recognition that any change to the Darlington area would have an impact on Durham so there was a commitment to ensure the plans joined up. He advised that a report would come to Committee following the elections and re-iterated his point that no decisions had been made as this was work in progress.

The Chairman reminded Members that the next meeting of the Better Health Programme Joint Health Scrutiny Committee would be held on 9 March 2017 at Darlington Town Hall.

Councillor Forster expressed concern that the people of Seaham were only 10 minutes away from Sunderland but at least half an hour away from any other major centre. She asked how this would be dealt with. She also expressed concerns about bed blocking and nursing home provision for those people who could leave hospital as a cheaper alternative to staying in hospital.

Councillor Bell commended Mr Foster on a clear presentation. He was concerned about travelling arrangements for the people in his ward. He was pleased to hear that there was a reference to the link with Durham. He mentioned that in the past when services had closed at Bishop Auckland, Members had been assured that they would always have Darlington A&E. He was also re-assured that the government would be asked for capital. Referring to staffing he asked if there was a possibility that reduced services at both Darlington and North Tees could be explored. He understood that this would mean reduced care at both hospitals but without the need for one huge hospital.

Councillor Tinsley referred to the capital bid and asked if there would be a preference submitted of either North Tees or Darlington on where the money had to be spent.

Referring to Seaham, Mr Foster said that people would still be able to attend Sunderland Hospital as it was unlikely that there would be any change to this major hospital. The area also had advanced community services. In respect to the point about using nursing homes, a site in Hartlepool had been offered to the local authority to provide community care. The ambulance issue was a problem and safe handover needed to be addressed however, Mr Foster said that more doctors were required in order to tackle this issue. The capital bid would include approximate sums so that the STP could consult on the range of

options although he stated that a preferred option would be included within the statutory consultation documentation.

Mrs Reeves stated that a public inquiry had been held at Darlington Town Hall regarding the STP and had been a good opportunity to explore issues with people having the chance to have their say. Clinicians also gave their views. She would encourage the County Council to follow that example so that the people of Durham could be afforded the same opportunity.

The Chairman said that Edmund Lovell had led an excellent engagement programme as part of the ongoing Better Health Programme and that it would be a problem for the Council to hold a similar event to that held in Darlington due to the imminent timeframes when County Council election purdah would commence.

Mrs Reeves asked that the process was thorough.

Mr Turner referred to the workforce and said that it would be helpful to see a forecast of staff numbers. Mr Foster explained that he did have the number and that the clinicians were leading this work.

Mrs Flett asked about the transfers between low and high risks for the 2 wards for maternity services at the James Cook Hospital. Mr Foster said that they were looking at maternity services and the challenges faced by the service. He said that the preference was to run midwifery led units and that transfers would be minimised. He said that it was important to still offer a choice for women.

Councillor Bell referred to Ambulance Service transfers and asked if NEAS would feed into the STP. Mr Foster gave assurances that this would be included as part of the capital bid.

The Chairman thanked Mr Foster for his presentation and for answering the questions put forward to him.

#### **Resolved:**

- (i) That the report is received;
- (ii) That comments on the contents of the presentations in respect of the STP development process be noted;
- (iii) That the Chair of the Committee write to his peer Health Scrutiny Chairs within the Northumberland, Tyne and Wear and North Durham STP footprint requesting that consideration be given to the establishment of a Sub-regional Joint Health Scrutiny Committee to scrutinise the development of the Northumberland, Tyne and Wear and North Durham STP and any associated proposals for service reconfiguration.

#### **8 Reconfiguration of Organic Inpatient Wards serving County Durham and Darlington**

The Committee considered a report of the Director of Transformation and Partnerships, Durham County Council and representatives of Tees, Esk and Wear Valleys NHS Foundation Trust that gave a post implementation update following the reconfiguration of

Organic Inpatient (Dementia) wards serving County Durham and Darlington (for copy see file of Minutes).

The Director of Operations, TEWV reminded Members that following the consultation exercise, options for implementation were put to the Committee about inpatient care. Evaluation work was progressing when correspondence was received from the Chair of the Committee expressing concerns about the mitigation plan. A copy of that letter and response were attached to the papers for information.

She went on to provide an update about the evaluation of the organic bed changes since implementation in August 2016 in terms of travel, the number of admissions, length of stay, readmissions, staffing and feedback. One of the main drivers for change was to alleviate pressure on the workforce. Having 2 single sex wards had allowed the creation of dedicated whole time roles. She advised that no formal or informal complaints had been received since the change and any carers that had not taken up the offer of mitigation in terms of travel were re-visited. This was not a one time only offer and patients and carers had the opportunity to change their minds about the help they required.

The Ward Manager for Auckland Park at Bishop Auckland informed the Committee that she had moved from the Lanchester Road site to Bishop Auckland and found that single sex wards were creating a much better environment for patients. There were dedicated consultants on site with specialist services available such as pharmacists and advanced nurse practitioners. She advised that all rooms were en-suite and that there were meaningful engagement and zone areas.

Councillor Temple thanked officers for their report and for the very thorough response to his points of concern. There was no suggestion that the care was not excellent and this had been confirmed by the patient that had raised the initial enquiry with him. He would like to continue to see the statistics to ensure that the mitigation plans continued to be in place.

The Director of Operations confirmed that she would be happy to bring further reports back to Committee and suggested October/ November time.

The Chairman thanked officers for the report and congratulated the Ward Manager for providing an excellent service.

**Resolved:**

- (i) That the report be received.
- (ii) That the comments of the Committee in respect of the impact of the reconfiguration of Organic Impatient (Dementia) wards serving County Durham and Darlington post-implementation be noted;
- (iii) That a further update report be brought back to the Committee in respect of the take up of mitigation in October /November 2017.