

DURHAM COUNTY COUNCIL

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Monday 3 April 2017 at 9.30 am**

Present:

Councillor J Robinson (Chairman)

Members of the Committee:

Councillors J Armstrong, P Brookes, J Chaplow, P Crathorne, S Forster, K Hopper, E Huntington, J Lindsay, L Pounder, A Savory and O Temple

The Chairman placed on record his thanks and appreciation for Councillor Stradling, Vice Chairman of the Overview and Scrutiny Management Board, and former Vice Chairmen of this Committee, Councillors Blakey and Forster. He also placed on record his thanks for the help, guidance and support from Stephen Gwilym, Principal Overview and Scrutiny Officer.

1 Substitute Members

There were no substitute Members present.

2 Apologies

Apologies for absence were received from Councillors R Bell, J Blakey, P Lawton, H Liddle, O Milburn, M Nicholls, W Stelling, P Stradling, Mrs B Carr and Mrs R Hassoon

3 Minutes

The Minutes of the meeting held on 3 March 2017 were agreed and signed by the Chairman as a correct record.

The Principal Overview and Scrutiny Officer explained that the Committee had received a number of updates about the temporary closure of an inpatient ward at Shotley Bridge hospital. An e-mail had been received from the foundation trust advising that they were working to a re-opening date of Tuesday 18 April 2017.

With regards to the draft STPs and the concerns raised by the Committee about having a similar mechanism to scrutinise the STP covering North Durham to that which currently existed for the southern STP, the Chairman had written to all local authorities in the northern STP area seeking support for the establishment of such an arrangement.

4 Declarations of Interest

There were no declarations of interest.

5 Any Items from Co-opted Members or Interested Parties

The Chairman agreed that the following issue could be raised with the Committee and invited Peter Moore, Regional Director - North East Stroke Association to speak to Members. He circulated information relating to the Stroke Association (for copy see file of Minutes).

Mr Moore advised that after 9 years of funding from Durham Dales, Easington and Sedgefield CCG and North Durham CCG the Stroke Association had been serviced with a de-commissioning notice. He advised that this was a well-respected service dealing with a number of complex disabilities. He advised that clinical executives had made the decision to decommission the service.

The CCG had made a decision to extend the small community based stroke team, currently based in Easington. Mr Moore was concerned that this would not cover the long term needs of the service user.

He asked the Committee to consider the following questions:-

Was Durham Council aware of the decommissioning notice served by the Durham CCGs to the Stroke Association.? We provide long term support which cannot be offered by extending the role of the current CST, therefore stroke survivors living in County Durham will be disadvantaged even more than they are present due to the lack of funding Durham CCGs give to stroke services. With this in mind will the council work with us to ensure the quality of care for stroke survivors is not deprioritise?

Will the health scrutiny Committee support our Campaign to save this service, and request the CCG to withdraw the decommissioning notice until a full review takes place that involves the views of User, carers, and professionals?

The Chairman invited Sarah Burns, Director of Commissioning to respond.

She advised that a number of commissioning staff from North Durham, DDES and Darlington CCGs had been involved in a review of stroke services, and a decision on how to support these services had to be taken. She informed Members that only 5% of people currently had access to early discharge services and as no additional resources were available, the CCG needed to ensure that any re-focusing of investment should maximise clinical outcomes. Discussions had taken place with partners and the "Teams around the Practice" model currently being developed was thought to be the best option that could provide additional clinical support and strengthen the community service. The Director of Commissioning went on to explain that work was ongoing with the County Council and the Stroke Association around the exit and transition arrangements. She was confident that the alternative services would be in place and investment would be available for discharge from hospital.

The Interim Director of Public Health added that it was important that everyone in County Durham had an equity of provision of stroke services. The Strategic Manager, Planning and Partnerships advised that officers from Durham County Council had been made aware of the changes but had not had sight of the full report from the CCGs.

Councillor Brookes asked why the Stroke Association could not continue to provide this equitable service, and why there was a need to change the service.

The Director of Commissioning replied that the performance against the stroke indicator of people having to access the discharge team was 5% in County Durham compared to 35% nationally. The service was good in the Easington area but this was not carried across the whole of the County. She added that the Stroke Association did not provide a clinical service and that there would be a re-investment into clinical services for the whole County. The Teams around the Practice would bring all teams together including the voluntary sector.

Councillor Brookes further asked if there would be any new form of funding available to the Stroke Association and was advised that there would be no additional funding at this moment in time.

Councillor Armstrong expressed his disappointment that as a statutory consultee, no evidence had been brought forward about why the service needed to change. He asked that this together with the Impact Assessment be presented to the Committee.

The Chairman agreed that he felt that this was a substantial change and therefore the Scrutiny Committee should have been consulted about the changes. The Director of Commissioning explained that they had not viewed this as a material change and that was the reason why there had been no formal consultation. However, she agreed that this would now be addressed.

Councillor Hopper said she would be interested to see the numbers of people recovering from strokes and whether this was declining or rising. She was advised that the numbers would be included in the report that comes back to Members for consideration.

Councillor Huntington asked if there were contractual terms set out for the private sector in terms of supervision requirements and was advised that there was a robust performance metric in place.

The Director of Commissioning advised that they would not commission a less effective service. They did not have the budget to fund all services and as the clinical services were failing this was the area that would be addressed.

Councillor Savory commented that the Stroke Association were vitally important in providing support services to those people living alone.

Mr Moore commented that not all of the relevant people had been involved in the impact assessment. He was aware that there was no new money but pointed out that the costs of expanding the Easington community based team would be high. He suggested that this team could not provide the level of support currently provided by the Stroke Association.

Councillor Armstrong suggested that the Committee receive the verbal presentations made today and that the CCG come back with a further, more detailed report which should include details of service user and carer engagement undertaken as part of the

decommissioning process, the rationale behind the proposed change in service model including evidence from Stroke service practitioners and the impact assessment undertaken as part of the decommissioning process.

The Principal Overview and Scrutiny Officer asked about the timeline around the service change and was advised that this would now be extended to take into account the Committee's request for further information.

Resolved:

- (i) That the report be received.
- (ii) That a further, more detailed report be brought back to the Committee which includes details of service user and carer engagement undertaken as part of the decommissioning process, the rationale behind the proposed change in service model including evidence from Stroke service practitioners and the impact assessment undertaken as part of the decommissioning process

6 Proposals to Implement Standards for Congenital Health Disease services for Children and Adults in England

The Committee received a report of the Director of Transformation and Partnerships that provided background information in respect of NHS England's current consultation on proposals to implement standards for congenital heart disease services for Children and Adults in England and invites members to support the retention of Level 1 surgery and interventional cardiology for Adults and Children at Newcastle upon Tyne Hospitals NHS Foundation Trust (for copy see file of Minutes).

The Principal Overview and Scrutiny Officer advised that the national consultation document sets out a range of proposed clinical standards for children and adults congenital heart disease services. The document included a recommendation to retain services currently provided at Newcastle Upon Tyne Hospitals NHS Foundation Trust. This came with a proviso that the Foundation Trust would work with NHS England to develop proposals which would co-locate childrens' and adults' congenital heart services on one site.

The Chairman informed Members that James Cook were not a level 2 hospital as they had not applied for it.

Members were advised that this issue had been discussed at the North East Regional Joint Health Scrutiny Committee and that Committee had welcomed the proposals to retain Level 1 surgery and interventional cardiology for Adults and Children at Newcastle upon Tyne Hospitals NHS Foundation Trust. There were concerns amongst members around the conditions placed upon Newcastle upon Tyne Hospitals Foundation Trust around the need to co-locate children and adults CHD services on 1 site and the timescales that this may involve. To this end, the North East Regional Joint Health Scrutiny Committee asked for regular updates back to that Committee upon the work to be undertaken by the Trust to meet the requirements of NHS England's derogation in this respect.

The North East Regional Joint Health Scrutiny Committee were also minded to recommend their support for the retention of Level 1 surgery and interventional cardiology

for Adults and Children at Newcastle upon Tyne Hospitals NHS Foundation Trust and sought confirmation of this approach from the constituent authorities.

Resolved:

- (i) That the report be received.
- (ii) That a response to the consultation on proposals to implement standards for congenital heart disease services for Children and Adults in England via the North East Regional Joint Health Scrutiny Committee that members support the retention of Level 1 surgery and interventional cardiology for Adults and Children at Newcastle upon Tyne Hospitals NHS Foundation Trust be agreed.

7 Quarter Three 2016/17 Performance Management

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 third quarter of 2016/17 financial year, covering the period October to December 2016 (for copy see file of minutes).

The Strategic Manager Policy, Planning and Partnerships advised that the performance had been good for delayed transfers of care and for the re-ablement service in County Durham. There had been little change in mortality rates for the under 75's with lifestyle choices being the key driver, and there had been a decrease in smoking prevalence. County Durham had been selected as one of four areas by Leeds Beckett University to look at obesity and Public Health were leading on that area of work. Finally, Members were informed about suicide rates in County Durham and the review carried out by this Committee and the Audit undertaken by Public Health.

Councillor Brookes expressed concern about the inactivity in the area and commented that more should be done to encourage physical activity. The Interim Director of Public Health advised that Sport England had submitted an expression of interest into a piece of work looking into physical activity across the whole environment.

Councillor Forster was interested to learn how many people had attempted suicide and survived. She had concerns of the help available to those people in need. The Interim Director of Public Health said that it was hard to measure this as some people did not report the attempt. She added that in the recent Audit between 2012 and 2014 there has been 190 reported deaths associated with suicide. A Suicide Prevention Plan would ensure that people would know where to turn to should they need help or advice.

Referring to the drugs and alcohol information, Councillor Temple said that there was an underspend in the overall CAS budget and asked what the connection was between this area and spending. He added that this was a disturbing pattern when there were so many needs not being met. The Interim Head of Public Health said that they were currently looking at the specific service in relation to the under performance of the current provider Lifeline. This service would be re-procured at the end of May/ beginning of June and would be more community orientated. Councillor Forster expressed concerns about the change of provider for the service user. The Interim Director explained that engagement had been carried out with all service users and feedback had been positive from the majority of them.

Councillor Crathorne highlighted the positive steps being undertaken in the Beat the Street campaign in Ferryhill.

Resolved:

That the report be received.

8 Quarter Three 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 3, 2016/17 (for copy of report and slides see file of Minutes).

The Finance Manager highlighted the inclusion of the Public Health Budget as requested at a previous meeting, together with key comments on public health spend for 2016/17.

Councillor Armstrong thanked the Finance Manager for a good report.

Resolved:

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

9 NHS Foundation Trust 2016/17 Quality Accounts

The Committee noted a report of the Director of Transformation and Partnerships which provided information on the proposed process for preparation of the 2016/17 Quality Accounts for:

- County Durham and Darlington NHS Foundation Trust
- Tees, Esk and Wear Valleys NHS Foundation Trust
- North East Ambulance Service NHS Foundation Trust

(for copy see file of Minutes).

The Principal Overview and Scrutiny Officer informed the Committee that the draft Quality Accounts were likely to be received during the week commencing 17 April 2017. Once received the information would be e-mailed to Members invited any comments back no later than 3 May 2017. The responses would then be drafted and endorsed by the Chief Executive due to the discharge of functions. He reminded Members that it was an opportunity to reflect upon the engagement that had taken place throughout the year, for example:-

- TEWV – dementia beds, approach to mitigation plans and take up and reimbursement of costs for travel.
- CDDFT – number of service changes, ongoing work with the BHP and STPs
- NEAS – performance and response times

Any comments would be incorporated and a report would come back to Committee in July 2017.

Resolved:

That the report and the process for producing a response to the NHS Foundation Trust Draft Quality Accounts 2015/16 be received and agreed.

10 Council Plan 2016-19: Refresh of the Adults Wellbeing and Health Overview and Scrutiny Work Programme

The Committee considered a report of the Director of Transformation and Partnerships which provided information contained within the Council Plan 2016-2019, relevant to the work of the Adults, Wellbeing and Health Overview and Scrutiny Committee, which enabled members to refresh the Committee Work Programme to reflect the four objectives and actions within the Council Plan for the Council's 'Altogether Healthier' priority theme (for copy see file of Minutes).

The Principal Overview and Scrutiny Officer highlighted the current work programme of the Committee and the cross cutting areas covered across Children & Young People and Safe & Stronger Overview & Scrutiny Committees. Members were advised that the work programme for 2017-18 would be brought back to the Committee in July 2017.

Councillor Armstrong suggested that fluoridation of water was looked at by the Committee. He said that evidence showed that in the Consett area where there is fluoridation in the water was compelling compared to some areas without it. The Principal Overview and Scrutiny Officer confirmed that this would be rolled over into the work programme and he informed Members that there was an Oral Health Strategy for County Durham.

Councillor Temple expressed concerns about childhood obesity and was advised that Children and Young People's Overview and Scrutiny Committee had carried out a review previously. The Interim Director of Public Health advised that an update was provided to that Committee in October 2016. The report would be circulated to Members of this Committee for information.

Resolved:

1. That the information contained in the Altogether Healthier priority theme of the Council Plan 2016-2019, be noted.
2. That the comments from the Committee be reflected within the refresh of the Adults, Wellbeing and Health Overview and Scrutiny Committee work programme for 2017-2018.
3. That at its meeting on 7 July 2017, the Adults, Wellbeing and Health Committee receives a further report detailing the Committee's work programme for 2017-2018.

