

DURHAM COUNTY COUNCIL

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Thursday 9 November 2017 at 9.30 am**

Present:

Councillor J Robinson (Chairman)

Members of the Committee:

Councillors P Crathorne, R Crute, M Davinson, J Grant, E Huntington, C Kay, K Liddell, A Patterson, S Quinn, M Simmons, L Taylor and O Temple

Co-opted Members:

Mrs R Hassoon

Also Present:

Councillors L Hovvels, A Laing and J Shuttleworth

1 Apologies

Apologies for absence were received from Councillors J Chaplow, A Bainbridge, R Bell, G Darkes, L Mavin, A Reed, A Savory, H Smith and Mrs B Carr.

2 Substitute Members

There were no substitute members.

3 Minutes of the meeting held on 2 October 2017

The Minutes of the meeting held on 2 October 2017 were agreed and signed by the Chairman as a correct record, with the inclusion of Councillor L Taylor's apologies.

4 Declarations of Interest, if any

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;

- NHS waits for cancer care, A&E and ops worsen across UK – BBC Online 18 October 2017
The performance of hospitals across the UK had slumped with targets for cancer, A&E and planned operations now being missed en masse, BBC research shows.

- Region's NHS trusts among the best in country for meeting key patient wait targets – Northern Echo 18 October 2017

Nationally England, Wales and Northern Ireland had not hit one of their three key targets for 18 months.

Only Scotland had had any success in the past 12 months - hitting its A&E target three times.

Ministers accepted growing demand had left the NHS struggling to keep up as doctors warned patients were suffering.

Using BBC Online Guide – CDDFT results 96.8% (Target 95%) 4 Hour waits for A&E; Cancer Care 88.8% within 62 days (85% Target) and Planned ops 92.6% within 18 Weeks (Target 92%)
- £85m cost for North-East NHS as number of elderly people falling increases – Northern Echo 11 October 2017

THE cost of emergency hospital admissions connected to falls and fractures among older people in the North-East had been revealed.

An Academic Health Science Network for the North-East and North Cumbria (AHSN NENC) commissioned report found that in 2014 to 2015, there were 12,654 fall-related admissions in the North-East and North Cumbria, costing an estimated £84,973,249 to the region's NHS.

The figures have been released by the AHSN NENC in a bid to raise awareness of preventable falls
- GP service launched at A&Es at Darlington Memorial Hospital and the University Hospital of North Durham – Northern Echo 03/11/17

A GP service had been launched at A&Es in the region in a bid to ease pressures on the service this winter.

The extra doctors started working in A&Es in Durham and Darlington last month. Patients cannot make appointments with the doctors and are urged to attend their own GP surgery if they do not need emergency care.

The "primary care streaming" was aimed at assessing patients quicker and helping the departments at Darlington Memorial and the University Hospital of North Durham meet their targets during the winter months.
- Staff shortages blamed for St John's Chapel dispensary closure – Northern Echo 18 October 2017

SAFETY grounds are being given as the reason why a village dispensary was facing closure, according to bosses.

Patients using the service in St John's Chapel, in Upper Weardale, would have to travel up to 22 miles for their prescriptions when it shuts on Friday, October 27.

The Weardale Practice, which runs the service, said a lack of qualified dispensers was the reason for the closure.

The Chairman welcomed Dr B Rowley and Miss V Watson from The Weardale Practice and Ms W Stephens, Primary Care Contracts Manager, NHS England to the meeting.

Dr Rowley gave a presentation (for copy see file of Minutes) that highlighted the following:-

- Process and difficulties
- Measures taken to mitigate the impact: Improved Service
- Engagement
- Summary

Ms Stephens commented that NHS England were responsible for ensuring dispensary services. They had written to the Health and Wellbeing Board and this would be covered in recent developments in the pharmaceutical needs assessment. The Chairman of the Health and Wellbeing Board confirmed that Pharmacy Service reports were included as an exempt item on the Health and Wellbeing Board agenda.

Councillor Crathorne expressed concerns about people being cut off especially in the poor weather, and she also had concerns about how people would get to the nearest dispensary or pharmacy.

Councillor Laing picked up on a point Dr Rowley raised about extending the prescription for more than the usual prescribed 28 days. Joseph Chandy, Director of Primary Care and Engagement DDES CCG, explained that it was usually practice policy to reduce the amount of days for a prescription to 1 month for safety reasons and so that there was less wastage should someone's medication change. Dr David Richardson added that there was clear evidence that prescriptions over 28 days do result in wastage and lost money for the service. Joseph Chandy said that in this case the frail and elderly would be monitored with them living in such rural communities.

Councillor Patterson referred to the comment made that the practice no longer wish to provide the service and felt that this was more about cost cutting rather than providing a safe service. She asked if there were any alternative options as the decision had been made in such a short space of time. She also echoed Councillor Crathorne's concerns about the accessibility for residents of Stanhope and how they would get to an alternative dispensary. She said that most people need a prescription there and then and that people could not always rely on transport to get them to the nearest dispensary or chemist. She felt that residents health should come first.

Referring to the rural area, Councillor Kay was also concerned about the local people. He said that often in poor weather residents could not get out of Upper Weardale, so asked how drivers would get into villages to deliver medication. He also picked up on the point about increasing a prescription from 28 days and asked if this would also increase the cost of the prescription charge so that people would have to pay double the amount. He added that not everyone would be able to use system online and even if they could the area was not reliable in terms of a good broadband connection.

Dr Rowley referred to the speed at which the decision had been made and explained that the dispenser had left and they were no longer able to provide a service. Referring to concerns over medication he explained that the GP would be able to prescribe from his doctor's bag should clinical circumstances determine it. He also confirmed that the charge for a prescription would be the same regardless of whether it was for 28 or 56 days. With regards to prescriptions he advised that a GP could send electronically to any pharmacy and that there was a delivery service for housebound patients. Dr Richardson reported that more than 90% of people do not pay for their prescriptions and that if they

did pay they could by a season ticket that allowed them to get all prescriptions for a set price. He added that paper prescriptions were rapidly disappearing and that people could go to any pharmacy in the country. He felt that it was important for the committee to understand that GPs provide an excellent service and did have thought and consideration for their patients. County Durham were fortunate enough to have three CCGs but he did recognise that there were pressures facing the whole County.

Dr Rowley advised that the practice would not save any money due to the changes but would remain sustainable, further to a question by Councillor Temple about the financial impact.

Councillor Temple did have sympathy for the practice when he heard that it was impossible for them to recruit and retain another dispenser until he heard that they no longer wished to provide the service. Dr Rowley said that they had tried for a long time to recruit and then it was unsustainable to retain staff in the rural location. It had taken up a lot of practice time and had reached a crisis point. He explained that the dispenser role was unique to the practice and they did not have a member of staff who could give any training.

The Chairman was concerned about how people would access their medication, especially in an emergency, and felt that there would be a delay. He was also mindful of the additional cost in transport for the people living in the Dales.

Dr Rowley informed Members that there were postal pharmacies and that local pharmacists could also be contacted by telephone for advice, something that a dispenser could not give. He added that there were safety and legislative issues with regards to controlled drugs and fridge items but that someone could collect drugs on behalf of the patient. He also pointed out that many medications were on repeat prescriptions and could be ordered in advance.

Mrs Hassoon said that controlled drugs could not leave a pharmacy without a signature and she had concerns for those people who did not have relatives who could collect the prescription on their behalf.

The Chairman invited the local member to speak.

Councillor Shuttleworth reported that on receipt of the letters from the practice he received 11 telephone calls from concerned members of the public. This was a Saturday afternoon. He then wrote to the practice the following Monday asking to meet with them. He did meet with the practice staff the following week and asked them to place an advert in the local paper to recruit more staff but he said that they did not want to do this. He then informed the practice that he knew of two people who were qualified and who could carry out this work in the dispensary. Councillor Shuttleworth expressed his concerns that 1200 people deserved a service and that the nearest services were in Allendale – 18 miles away, Consett – 17 miles away and Barnard Castle – 22 miles away. He had received a complaint from a constituent who had a 95 year old mother and these changes would mean regular 20 mile journeys. He advised the Committee that the Weardale Advertiser had offered to place a free advert in their paper. He believed that people deserved a service and asked if the practice would reconsider appointing someone to the position.

Dr Rowley said that there was a national issue with recruiting staff but confirmed that rurality was a problem with retention at this practice, following a question from Councillor Laing.

The Chairman asked if this was a foregone conclusion given the extremely short notice and if the process could be halted and looked into.

Ms Stephens explained that NHS England could not enforce a practice to reinstate a service if the practice did not feel that they had the capacity of staff. She confirmed that NHS England had liaised with them and that this issue had only been known for a matter of weeks.

The Chairman said that there had been several issues with NHS Commissioners not advising the Council about issues such as the Richardson Hospital, Neonatal care, heart care and felt that the Committee were losing the opportunity to comment. Ms Stephens said that she would take this back to the board of directors.

Joseph Chandy said that the CCG had good working relationships with NHS England and that GPs were in a fragile place. He recognised the frustrations as originally the dispensing service was brought into rural communities when technology was not as advanced as it was now. The shift to electronic prescriptions was available with online ordering and delivery now. He said that practices were not about profit and in this case it was not a profitability issue. Challenges in the workforce were common and in these times we needed to work together.

Councillor Crathorne referred back to the issue of recruiting staff and asked why the two people who could do the job had not been approached.

Councillor Patterson asked if the practice had the capacity to hold a community based pharmacy and felt that there were further options to explore.

With reference to the two people who had offered to carry out the role, Dr Rowley explained that training a dispenser was a very particular role to each dispensary and very different to a pharmacy. He felt that options had been explored and that they were unable to provide a training service regardless of the qualification of an individual. He reiterated that the decision had been triggered by the only dispenser leaving the practice.

The Chairman informed the Committee that given the localised nature of the impact of the decision, it was inappropriate to exercise the power to refer the decision to the Secretary of State and that they could only put their concerns forward.

Councillor Crute asked that Dr Rowley come back to Committee in 3 months time to report on the impact of the community. He said that powers were limited to this Committee and that mechanisms needed to be put in place for any future decisions.

The Chairman thanked everyone for their questions and thanked Dr B Rowley, Miss V Watson and Ms W Stephens for attending.

Resolved that a report be brought back to the Committee in March highlighting the impact of the decision on the local community

6 Any Items from Co-opted Members or Interested Parties

The Chairman welcomed Councillor Laing to the meeting to discuss issues around parking in and around Peterlee Community Hospital.

Councillor Laing informed the Committee that she had arranged several meetings and had set up an online and paper petition with regards to people parking around the streets near to the community hospital in Peterlee. She said that this situation was not unique to Peterlee but emphasised that the car park was an adequate size for people to use rather than park on the nearby streets causing frustration to the residents and for people trying to pass on the roads. She asked if the Committee could do anything to support her.

The Chairman said that he had visited the site and had found that there was only one car in the car park but that people were parked in streets around the site.

Peter Butler, Head of Portering and Security, North Tees and Hartlepool NHS Trust advised the Committee that car parking charges were introduced in February 2016 and people were observed parking in the car park and walking into the Town Centre. Following discussions with Councillor Laing the charges were dropped from £3 per day to £1 per hour. The car park had been created so that it was fit for the hospital and its patients. He added that discussions had taken place to extend the double yellow lines outside of the hospital site.

Councillor Laing confirmed that talks were ongoing about the double yellow lines but felt that people would just park further down the road. She also advised that parking surveys would be taking place. She would like to see free parking on a trial basis.

Councillor Grant asked if those people who were patients or visitors at the hospital could receive a ticket to show that they had used the facility.

Councillor Laing pointed out that Peterlee was high on the deprivation list and a lot of people were on benefits so either missed appointments or could not afford to pay for the parking.

The Trust advised that the decision about car parking charges was made by their board and was taken to bring in line with other NHS sites. They also confirmed that they have spoken to staff about not parking outside of the site but that they were not responsible for the nursing home and other staff.

The Committee agreed that it would write to the Chief Executive of North Tees and Hartlepool NHS Foundation Trust to ask them to consider undertaking improvements to the car parking facilities at Peterlee Hospital.

Joseph Chandy said that as a partner in a GP practice in Easington and as a managing director in Peterlee, he has used the community centre car park and found the machine very difficult to operate. He said that that people using the Peterlee Health Centre had no problems with parking as additional spaces had been purchased. He reminded the

Committee that this was a deprived population and people would probably chose to park for free rather than pay in the hospital car park. He advised that from the town centre to the community hospital car park was an uphill walk. He strongly supported Councillor Laing and the Committee.

7 Reconfiguration of Organic Inpatient (Dementia) Wards serving County Durham and Darlington

The Committee considered a report of the Director of Transformation and partnerships that provided a post-implementation update in respect to North Durham CCG; Durham, Dales, Easington and Sedgefield CCG and Darlington CCG and Tees, Esk and Wear Valleys NHS Foundation Trust's reconfiguration of Organic Inpatient (Dementia) wards serving County Durham and Darlington (for copy see file of Minutes).

The Director of Operations, TEWV confirmed that mitigating factors were still in place following the implementation of the reconfiguration of organic inpatient dementia wards. She advised it was often difficult to offer a choice at admission, as usually people were admitted as an emergency. However, a choice was always offered and in small number of cases this did not occur but there were specific reasons for this, and no one was refused.

She went on to explain that a number of suggestions had been implemented such as visiting times being more flexible and that carers could join in conference calls.

There had been no impact on re-admissions and staff could spend more time on the wards delivering care.

The Chairman referred to travel costs and claims for overnight stays and was advised that 2 patients were admitted to York as the patients on the ward at the time were very challenging and it had been deemed unsafe to admit any further patients. The service manager was in contact with the facility at York on a daily basis and the patients were transferred to Auckland Park

Councillor Temple thanked and congratulated the Trust for the report and although the people in his ward were not happy with the closure of Lanchester Road, he was pleased that the mitigation plan was still in place. He was pleased to see that the mitigation offer was built in as part of the package and he was pleased to see the positive attitudes of staff. The Director of Operations confirmed that this was embedded in the process now.

Resolved:

- That the report be received.
- 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.

8 Durham Dales, Easington and Sedgefield CCG Review of Urgent Care Services - Post Implementation Update

The Committee received a report of the Director of Transformation and Partnerships that provided an update in respect of the implementation of the revised Urgent Care services by Durham Dales, Easington and Sedgefield CCG which commenced on 1 April 2017 (fort copy see file of Minutes)

The Director of Commissioning, Durham Dales, Easington and Sedgefield CCG gave a detailed presentation highlighting the following:-

- Service change from 1 April 2017
- Impact of the Changes – Implementation
- Impact of the Changes to date
- Patient Feedback
- Impact of the Changes – Sedgefield
- Impact of the Changes – Easington

Dr David Richardson advised the Committee on the following point:-

- Impact of the Changes to date – Durham Dales

The Director of Commissioning continued with the presentation highlighting:-

- Are there other options in the Dales
- 111 Service
- Utilisation of MIU/OoH at Bishop Auckland Hospital & Peterlee Community Hospital – weekends
- Utilisation of MIU at Bishop Auckland Hospital & Peterlee Community Hospital – weekends for walk-in patients
- Utilisation of MIU at Bishop Auckland Hospital & Peterlee Community Hospital – weekdays – walk-in patients
- Minor Injury Units
- Stroke

Councillor Patterson was pleased to see the reduction on A&E attendances but asked for further information on the demographical areas with the details behind it. The Director of Commissioning confirmed that this information was shared with practices to gain an understanding of where patients were going to, and she would make this available to the Committee.

Referring to the significant reduction in people using the Minor Injuries Unit and the Out of Hours services during the evening, Councillor Patterson was concerned that the original consultation only offered 3 options. She was pleased to see that the 111 service was working much better by booking direct appointments. The Director of Commissioning explained that a substantial exercise had been carried out in order to develop the options proposed with an external company who facilitated that. She was also confident that the 111 service would continue to grow and evolve.

Councillor Davinson asked that Councillors were kept up to date and be consulted about problems in their areas, especially in the Dales area where there was rural isolation.

The Chairman asked for further details around the Sedgefield figures as he had concerns about people going to North Tees. The Director of Commissioning recognised that there had been an increase at North Tees but would investigate and report back.

Resolved:

- (i) That the report be received.
- (ii) That the comments made by the Committee on the presentation be noted.

9 Community Contract Procurement Update

The Committee considered a joint report of the Director of Integration, North Durham Clinical Commissioning Group, Durham Dales, Easington and Sedgefield Clinical Commissioning Group and Durham County Council and the Director of Commissioning Durham Dales, Easington and Sedgefield Clinical Commissioning Group that gave an update on progress relating to NHS community contract procurement (for copy see file of Minutes).

The Director of Commissioning reported that the partners had developed an Accountable Care Network (ACN) to bring together health and social care and voluntary organisations to achieve improved health and wellbeing for the people of County Durham. She highlighted the key aims of the ACN, details of the procurement exercise and the engagement exercises carried out. It was envisaged that services would continue to be delivered in the current locations and should the provider change staff would TUPE over.

Councillor Temple referred to the governance structure proposed within the report in respect of the re-procurement process and noted the input of the County Council's Cabinet and CCG Governing Bodies into the Integration Board. However, in noting the value of the services being procured across County Durham under the process as being around £44m, Councillor Temple questioned the potential interface between the Integration Board and the AWH Overview and Scrutiny Committee.

The Director of Commissioning emphasised that should the re-procurement process result in any substantial developments or significant variations in service, the partner organisations represented within the Integration Board would still have a statutory responsibility to consult/engage with Overview and Scrutiny.

In referencing the timelines for the procurement process within the report, the POSO advised that the report included a proposed recommendation that regular updates on the procurement process be brought back to the Committee.

Resolved:

- (i) That the rationale for the planned procurement of adult community services be noted.
- (ii) That the engagement and development work carried out to date to inform the new service model be noted.
- (iii) That the intended governance structure for health and social care services be noted.
- (iv) That the specific governance arrangements that have been put in place to oversee this project including risk management be noted.
- (v) That the timelines for the project and to agree to receive regular updates on the procurement process be noted.

10 Tees Esk and Wear Valleys NHS Foundation Trust - Service developments

The Committee received a report of the Director of Operations, Durham and Darlington, Tees Esk and Wear Valleys NHS FT that provided details of a number of developments within County Durham, highlighted opportunities and issues for Members to identify if they required further detailed updates on any other particular developments (for copy see file of Minutes).

The Director of Operations gave the following updates:-

- Earlston House, Hambleton – the changes were planned service changes in consultation with the CCGs and would deliver better quality outcomes for patients.
- Harrogate – TEWV took on the services to re-provide in house acute services that were not fit for purpose. Land had been bought and it was always the intention to build a new unit however, the level of investment in the patch made it difficult for the unit to remain sustainable. It had been agreed with the CCGs to pause the plans and look at the re-provision for Friarage Ward and look at options to meet the needs of the population.
- Roseberry Park – the hospital would not close but weaknesses in the structure of the building had been identified and needed to be addressed as an emergency. Disruption to staff and patients would be minimised and wards would be emptied two at a time. Options were still being explored with regards to the forensic part of the site. Patients would be moved from Roseberry Park to Sandwell Park. There was potential within the Trust to open additional beds.

The Chairman thanked the Director of Operations for the update but added that he was concerned of the reliance on West Park as apart from Lanchester Road the nearest facility would be Scarborough. The Director of Operations confirmed that they were monitoring the situation. The Locality Director for County Durham and Darlington said that they were working closely with colleagues in North Yorkshire and North Tees and daily conversations took place with Lanchester Road and West Park facilities. He advised that they did have the capacity to increase bed numbers and was being managed currently. With regards to Sandwell Park he advised that joined up commissioning arrangements were in place.

Resolved:

That the report be noted.

11 Regional Health Scrutiny Update

The Committee received a report of the Director of Transformation and Partnerships that gave an update in respect of regional health scrutiny activity undertaken by the North East Regional Joint Health Scrutiny Committee and the Durham, Darlington, Teesside, Hambleton Richmondshire and Whitby STP Joint Health Scrutiny Committee (formerly the Better Health Programme Joint OSC) (for copy see file of Minutes).

The Principal Overview and Scrutiny Officer advised that the report also set out the latest position in respect of the establishment of a Northumberland, Tyne and Wear and North Durham STP Joint Health Scrutiny Committee.

He went on to inform the Committee that NEAS gave a presentation at the Regional Committee and were requested to consider reinstating localised information regarding the Durham and Dales areas.

Resolved:

That the report be noted.