

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 19 January 2018 at 9.30 am**

Present:

Councillor J Robinson (Chairman)

Members of the Committee:

Councillors R Bell, G Darkes, M Davinson, J Grant, L Mavin, A Patterson, S Quinn, A Reed, A Savory, M Simmons, L Taylor and O Temple

Co-opted Members:

Mrs R Hassoon

1 Apologies

Apologies for absence were received from Councillors J Chaplow, A Bainbridge, P Crathorne, R Crute, E Huntington, C Kay, K Liddell, H Smith and Mrs B Carr

2 Substitute Members

There were no substitute Members.

3 Minutes

The Minutes of the meeting held on 9 November 2017 and of the special meeting held on 28 November 2017 were agreed and signed by the Chairman as a correct record.

With regard to minute no. 8 on page 10 regarding DDES CCG's review of Urgent Care Services, Councillor Patterson said that she had also requested that the consultation was open and transparent and that it involved the local elected members. She made reference to the request for further information on the demographical breakdown of patients accessing both the extended GP hubs and the MIU set up as part of the urgent care consultation and asked that this be progressed.

The Principal Overview and Scrutiny Officer reported that in relation to minute no. 6 on pages 8 – 9 about the car parking at Peterlee hospital, the Committee had wrote to the Foundation Trust about the removal of car parking fees. The response was received and circulated to members on 18 December 2018, and acknowledged the concerns. However, the Trust had indicated that they would not rescind the decision but would re-affirm their commitment to tackle car parking concerns with local members.

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;

- **Campaigners prepare to take legal action in fight for South Tyneside Hospital – Evening Chronicle 12 December 2017**

Campaigners were preparing to mount a legal challenge in their fight for the future of South Tyneside Hospital. The Save South Tyneside Hospital campaign group was crowdfunding for a judicial review into proposed cuts to urgent and emergency paediatrics, stroke services and maternity and gynaecology. A spokesman for the group, said the decision to temporarily close the hospital's special care baby unit (SCBU) had made the campaign even more urgent.

- **NHS workforce 'at crunch point' – BBC Website – 19 December 2017**

The UK's medical profession was at a "crunch point", facing the prospect of too few doctors to treat rising numbers of patients, the regulator says.

The General Medical Council said that the supply of medics had failed to keep up with demand and warned against the over-reliance on overseas staff post-Brexit. The GMC's Charlie Massey called it a "crucial moment" for UK healthcare. It came despite government promises in England to increase the number of doctors in training. The annual report by the GMC highlights four areas of concern:

- Supply of new doctors into the UK has not kept up with demand
- A dependence on non-UK qualified doctors in some specialist areas
- The risk of some overseas doctors being put off working in the UK after Brexit
- An ongoing strain on doctors in training

- **GP admits to being under severe pressure to care for patients as NHS winter crisis bites – Evening Chronicle 4 January 2018**

NHS services were under immense pressure as they struggled to cope with the surge in patients, health chiefs say. The NHS was reeling as a GP admitted to being under the most intense strain to care for patients in almost two decades.

Hospitals' inability to cope with the demand for care had left tens of thousands of patients across the country having their pre-planned operations or routine outpatient appointments delayed.

- **GP referral scheme extended for further year in north Durham – Northern Echo 17 January 2018**

An NHS scheme using private companies to assess GP referrals for specialist treatment was set to be extended by a further 12 months following an assessment which found it has saved almost £1m.

North Durham Clinical Commissioning Group (CCG) had extended its pilot project following an assessment of its Rapid Specialist Opinion (RSO) scheme, which saw GP referrals assessed by a private company called About Health before patients were given further appointments for specialist treatment.

It followed a 12-month assessment of the pilot, which was due to end in March, which the CCG says did not identify any significant adverse clinical outcomes, while there had been a 13 per cent reduction in the number of inappropriate referrals.

6 Any Items from Co-opted Members or Interested Parties

There were no items.

7 South Tyneside and Sunderland NHS Partnership Path to Excellence Consultation Feedback

The Committee received a report of the Director of Transformation and Partnerships that provided information in respect of the results of the Path to Excellence consultation undertaken by South Tyneside and Sunderland Partnership (for copy see file of Minutes).

Caroline Latta and Patrick Garner of South Tyneside and Sunderland NHS Partnership gave a detailed presentation highlighting the following:-

- Consultation analysis – quantitative and qualitative
- Consultation options
- Stroke Services –
 - Overall Options Preference
 - Qualitative Analysis
- Maternity and Women’s Healthcare Services –
 - Overall Options Preference
 - Qualitative Analysis
- Children and Young People’s Healthcare Services –
 - Overall Options Preference
 - Qualitative Analysis
- Overall concerns – focus groups
- Staff question and answer sessions

Members were given a summary of the preferred options for each service and the alternative solutions proposed.

Councillor Darkes referred to the stroke services and asked if plans had been put in to address and mitigate the transport requirements. Patrick Garner explained that this applied to all services and conversations had taken place with NEAS and the CCGs about what they would need to mitigate extra travel. NEAS felt that they would need more capacity. With regards to the stroke services all patients from the South Tyneside area had been using Sunderland since the temporary change was introduced in 2016. This had allowed more timely interventions and quicker access to the stroke unit with good outcomes as a result of that.

Councillor Patterson asked who had decided on the three options out for consultation to the public. She believed that this led the public into choosing the option that least affected them. Caroline Latta said that there was not a ‘how to’ guide on how to conduct a consultation. The NHS had clear statutes and was included in the constitution. She advised that a lot of work took place on developing the options by talking to patients and staff either by a survey or face to face contacts. There was a pre-consultation report that included all of this documentation and clearly evidenced how the clinical design teams

used it. With regards to the options available Ms Latta explained that they were designed to improve quality and safety for services.

Councillor Bell commented that NEAS were having difficulties responding now and asked if they had given a formal response to the options put forward. Mr Garner confirmed that they had responded formally and assured the Committee that they had been involved in conversations since 2016. They had been provided with data to enable them to carry out their own assessments.

The Chairman added that the whole of the North of England were concerned about NEAS without the added pressure from CCGS. He asked that transport would be addressed for all areas of concern. Ms Latta advised that the Travel and Transport Working Group, as part of the delivery of the five year forward view, would address these concerns.

Referring to the consultation, Councillor Grant asked how much influence the exercise has and did feedback show if people felt they had a voice or if decisions had already been made. Ms Latta explained that was why they carried out qualitative and quantitative analysis. People were asked to weigh up the issues and put forward any solutions. For those people wanting the status quo this was an ongoing dilemma as if things did not change people could be harmed. Mr Garner added that the consultation was a good way of influencing decisions as for example, comments about the 8am-8pm service for paediatrics reported that this would not cater for all needs and it had therefore been decided to change to times to 8am-10pm.

Referring back to the stroke services, Councillor Darkes suggested that any cost savings be used to back up transport issues for this area and would therefore back up any weaknesses that the service might encounter.

Councillor Davinson asked if there was a summary document available and pointed out duplicate information on pages 134 and 135 of the report, and asked that these pages could have the same format. Ms Latta said that the Committee needed to have sight the full document. The document was published for a month from 10 December 2017 with comments received. A short video had also been produced and the report had been presented to staff.

The Chairman said that a lot of residents from the east of the County used Sunderland hospital. He asked what affect this would have on them as numbers would increase with the addition of South Tyneside residents. Mr Garner explained that there had already been a temporary change in place for stroke services and capacity would not be a problem. Paediatrics had extra physical space and extra staffing and it would fit within capacity for Obstetrics and Gynaecology.

The Chairman thanked the officers for their detailed presentation.

Resolved:

That the report and presentation be noted.

8 North Durham Clinical Commissioning Group - Rapid Specialist Opinion service

The Committee received a report of the Director of Transformation and Partnerships that provided an update in respect of a clinical audit undertaken in respect of North Durham Clinical Commissioning Group's Rapid Specialist Opinion (RSO) service (for copy see file of Minutes). The Chairman advised members that notification of consideration of this item had been passed to Roberta Blackman-Woods M.P.

Mike Brierley, Director of Corporate Programmes, Delivery and Operations, North Durham CCG shared the findings of the clinical audit undertaken of the RSO process. Members were advised that the aim of the service was to provide the most appropriate treatment for a patient's condition and only affected the following services:- dermatology, ophthalmology, ENT, gastroenterology, cardiology, gynaecology. Members were advised that Dr John Nicholls had carried out the referral of audits working with seven practices, covering all three localities. There had been a regional procurement exercise carried out and interest shown from GP federations. Option 2 was preferred which would see the RSO continue for a further year.

Referring to table 6 of the report, Councillor Temple asked what the elective admissions were and was advised that they were planned admissions booked in. Councillor Temple was concerned about the effect on the long term system and the admission of failure to train referrers. He added that if unnecessary referrals were removed the result would be the same as the amount of elective referrals. Mr Brierley explained that people on waiting lists could be pulled down but that it was the hardest part to quantify. Councillor Temple went on to add that he was concerned at the lack of analysis of elective admissions versus the people put through. He asked if people removed from the system were adversely affected. Mr Brierley advised that the way of managing referrals did have a shelf life and the audit of the cross section of people referred back. If an RSO was not in place it was harder to quantify. Councillor Temple referred to the part of the report where it stated that there was no clinical disadvantage however he believed that the clinical audit represented half the number and did not feel that the report explained why the numbers were so different. Mr Brierley explained that it reflected the difference in undertaking the audit. He added that primary care was done as a matter of course. The RSO number of referrals was not done as a matter of routine. He said that it was difficult to undertake an audit in primary care. Councillor Temple believed that the report justified the actions rather than analysis. Mr Brierley commented that the report sought to understand the impact of an RSO and the impact of deliverability, to manage demands and re-invest back into primary care.

The Chairman agreed with Councillor Temple in that there was no evidence base and that the report did not give any assurances. Mr Brierley would speak to Dr Nicholls about providing more information.

Councillor Davinson agreed that further robust evidence was required.

Mr Chandy, DDES CCG explained that GPs could not use RSO if they felt that it would compromise the safety of a patient. If patients were wrongly denied treatment through an RSO then the practice would not sign up for it. He explained that not every referral result was an inpatient procedure and it was about balancing demand and supporting clinicians.

In noting the reduction in unnecessary referrals and the cost savings associated with this, the Committee felt that they would have expected to see more information within the audit report detailing how alternative treatment pathways had benefitted patients. It was suggested that further information be brought back to the Committee in 12 months time.

Resolved:

That the report be received and a further report be brought back to the Committee in 12 months time.

9 Decommissioning of Stroke Support Service by County Durham and Darlington CCGs - Update

The Committee received a report of the Director of Transformation and Partnerships that provided further information in respect to the proposed decommissioning of the stroke support service currently provided by the Stroke Association across County Durham and Darlington CCGs (for copy see file of Minutes).

The Principal Overview and Scrutiny Officer informed members that this issue had been discussed as part of a media slide in April 2017 and further information was brought to committee in July 2017. An update was given in November 2017 that advised of an engagement exercise that had been undertaken.

Mr Brierley, North Durham CCG advised that this had been a positive outcome and good news story. Work with Healthwatch County Durham and their evaluation of service users and carers had been invaluable. He advised that the CCGs had looked to commission the Stroke Association to undertake six monthly reviews and assessments. One of the improvements had been to better share information with the right mechanisms and governance arrangements in place. Primary care would continue to support those patients who did not want to share their information. The service would be reviewed in 6 months and Mr Brierley agreed that an update would be provided to the committee in the next year.

Councillor Patterson pointed out that this was a good news story that was affected by the involvement of this committee. She referred to the governments select committee with regards to scrutiny and how we could make third party organisations more accountable to scrutiny. She asked that when services were commissioned that this was build in to any future contracts.

Resolved:

That the report be received.

10 Draft Pharmaceutical Needs Assessment 2018 Consultation

The Committee received a report of Director of Public Health, Durham County Council that presented the draft Pharmaceutical Needs Assessment (PNA) (for copy see file of Minutes).

The Director of Public Health advised that there was a statutory duty to produce a PNA every three years. The new PNA was out for public consultation until 26 January 2018

and would be approved by the Health and Wellbeing Board before publication on 1 April 2018.

The Public Health Pharmacist said that the PNA considered the health needs of the population and the provision of pharmaceutical services and a judgement would be made if there was sufficient services or potential gaps. The conclusion of the PNA said that there were sufficient services across County Durham. The Public Health Pharmacist thanked Healthwatch for their involvement with the survey and the number of good public responses received.

The Public Health Pharmacist added that the PNA was a live document that would be backed up by supplementary statements as and when changes in pharmacy services occurred. These changes would be kept under review by the Health and Wellbeing Board.

Councillor Bell referred to the cuts to pharmacy services and was advised that this was under the national Pharmacy contract from December 2016. On answering a further question from Councillor Bell, the Public Health Pharmacist explained that the government were responsible for the campaign about using your pharmacist for certain issues rather than your GP. She added that this campaign was welcomed from the pharmacists.

Referring to the draft PNA, Councillor Davinson informed the team that on page 74 the Middles Farm Village was in Craghead and not Stanley.

Councillor Darkes also commented that on page 74 of the PNA that the number of houses left to be built on land north of Durham Road, Middlestone Moor has increased from 300 to 336.

Councillor Temple was advised that the PNA looks at the quantity of services in an area and that NHS England were responsible for monitoring the quality and the offer of services.

The Chairman referred to the number of pharmacists that were not accessible by wheelchair and asked what was doing done by the Health and Wellbeing Board to address this. He also asked that when a pharmacy made any changes that affected a community could this be done in a more timely manner to ensure that what happened at the Weardale practice did not happen in future, as he was concerned at the short timescale that had been involved with this closure. He further asked about the STP cover from North Yorkshire and whether the strategy would fit into that.

The Public Health Pharmacist said that a recommendation would go to the Health and Wellbeing Board around wheelchair accessibility and they could take this issue up with the Local Pharmacy Committee. She also explained that generally with a closure notice would be given three months in advance but unfortunately, the Weardale practice closed very quickly to protect the safety of patients. The service were in regular contact with NHS England who would report matters of any changes as soon as they emerged.

Following on from this point, Councillor Patterson said that as two people had offered to take up the vacant posts at the Weardale practice she could not understand the reason to close was due to the lack of qualified staff. The Public Health Pharmacist explained that the GP had overall clinical responsibility for the dispensary and that it was the decision of the GP to close the service.

The Director of Public Health informed the Committee that the final STP report to Health and Wellbeing Board would invite leads from the Pharmacy Committee to advise on what could be offered. She added that colleagues from the CCGs would ensure that the offers fed into with STPs and were linked to the prevention workstream. The Health and Wellbeing Board would also feed into the appropriate workstreams.

Following a concern raised from Mrs Hassoon, the Public Health Pharmacist assured the Committee that all pharmacists should now have a confidential consultation room as this formed part of the national contract.

Resolved:

That comments on the draft Pharmaceutical Needs Assessment be noted.

11 Quarter Two 2017/18 Performance Management Report

The Committee considered a report of the Director of Transformation and Partnerships that presented progress against the Council's corporate performance framework for the Altogether Healthier priority theme for the second quarter of the 2017/18 financial year (for copy of report, see file of minutes).

The Corporate Scrutiny and Performance Manager presented the report and highlighted that smoking cessation continued to increase, adult social care and rehabilitation was improving, breastfeeding prevalence remained a challenge and mothers smoking at the time of delivery had also increased. There was no change in the figures for the delayed transfer of care, County Durham had higher than the national average number of suicides although there had been a reduction. Under 18 conceptions continued to reduce and a new provider for drug and alcohol treatment would be launched from February 2018.

Resolved:

That the report be received.

12 Adults and Health Services Quarter 2 Forecast of Revenue and Capital Outturn 2017/18

The Committee considered a report of the Head of Finance and Transactional Services, presented by the Finance Manager for Adults and Health Services, that provided details of the updated forecast outturn position for the Adult and Health Services (AHS) service grouping, highlighting major variances in comparison with the budget, based on spending to the end of September 2017 (for copy of report and slides see file of Minutes).

Councillor Bell asked if there were any government plans for social care funding beyond 2020. He also asked if we were comfortable with the suppliers in relation to the increase in payments for care home providers. The Finance Manager advised that the opportunity to increase Council Tax by 6% had been implemented by DCC as 2% over three year period. The green paper was awaited and it was hoped to get further funding for social care and this would be responded to from a finance perspective. With regards to the care home providers, discussions were ongoing to ensure there was enough capacity in the market and that the offer was fair. This was still to be determined.

Mrs Hassoon commented that it was early days and she could foresee many changes. The Finance Manager added that there was an agenda to work closely with health colleagues and that they were working much more closely with the CCGs. There was also benefit in having a Director of Integration to ensure we all worked together with the same agenda.

On answering a question from Councillor Temple, the Finance Manager explained that the £13m increase for the improved better care fund was already set into the budget and that the transfer to services was due to the unitisation of the planning and performance team moving Children and Young People's Services and Transformation and Partnerships.

Members were concerned about the delay in figures being reported to scrutiny and asked if this could be speeded up. The Finance Manager explained that the quarterly reports come to scrutiny at the next appropriate meeting following Cabinet.

Resolved:

That the financial forecasts, summarised in the Quarter 2 forecast of outturn report to Cabinet in November 2017, be noted.