

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 5 March 2018 at 9.30 am**

Present:

Councillor J Robinson (Chairman)

Members of the Committee:

Councillors J Chaplow, A Bainbridge, R Bell, P Crathorne, R Crute, M Davinson, J Grant, E Huntington, A Patterson, S Quinn, H Smith and O Temple

Co-opted Member:

Mrs R Hassoon

Also Present:

Councillor L Hovvels

1 Apologies

Apologies for absence were received from Councillors G Darkes, C Kay, K Liddell, L Mavin, A Reed, A Savory, M Simmons, L Taylor and Mrs B Carr

2 Substitute Members

There were no substitute members present.

3 Minutes

The minutes of the meetings held on 19 January 2018 and of the joint Children and Young People's and Adults, Wellbeing & Health Overview and Scrutiny Committee held on 5 February 2018 were agreed and signed by the Chairman as a correct record.

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;

- North East A&E waiting times in desperate need of good tonic as flu season takes its toll – Evening Chronicle – 10 February 2018

Every North East hospital trust missed the government's waiting time target for seeing patients in A&E in January, it had been revealed. The results were consistent with the rest of the UK which had been put under enormous strain over the festive and New Year period after what NHS England described as the "worst flu season in years". Meanwhile County Durham and Darlington also reported their worst overall A&E performance since monthly figures began in January, with 81.6% of patients waiting less than four hours, down from 85.2% in December.

- Praise for NHS staff from Sunderland and Chester-le-Street who slept on wards during the snow – Northern Echo 1 March 2018

Most people stayed at home on Thursday as The Beast from the East continued to cause havoc throughout the region. But for the emergency services that simply was not an option as they continued to battle through snow and gale-force winds to make it into work. Some even got stuck at work, with NHS staff sleeping in the wards to make sure their patients were kept safe, which caused a flurry of supportive messages from the public.

- Pressure builds on North-East Ambulance Service in snow conditions – Northern Echo 28 February 2018

THE NHS had stated that all of its urgent and emergency care services were continuing to run as normal across the North-East, but were "extremely busy".

The North East Ambulance Service (NEAS) was also experiencing pressures and was asking people to consider carefully whether they needed to dial 999.

- Patients happy with North East Ambulance Service but waiting times can improve – Northern Echo – 1 March 2018

A report published showed most patients were happy with ambulance services in the region but emergency waiting times could be improved.

Last year, the North East Ambulance Service answered more than a million emergency 999 and NHS111 calls and took patients to hospital from almost 300,000 incidents. It treated and discharged 24,000 patients over the phone and 92,141 at home and scheduled care crews completed 717,315 journeys.

Feedback from more than 6,500 patients, between August 2016 and October 2017, show high satisfaction levels.

- North East hospitals see 40% rise in drug related mental health problems – Evening Chronicle – 17 February 2018

A total of 5,064 patients were admitted to hospital last year after suffering from drug related mental and behavioural disorders. The figures include patients who suffered from these mental health issues but were admitted primarily for another medical reason. The North East bucked the national trend, which saw the total number of patients admitted to hospital because of drug related mental health problems fall by 12% over the last year. County Durham saw the highest number of people saw the highest intake of patients at 777 last year, which was an increase of 38% compared with 2013/14.

6 Any Items from Co-opted Members or Interested Parties

Councillor Bell had received a complaint regarding the transfer of diabetes testing from a clinic at the Richardson Hospital to the Barnard Castle Medical Practice. The issue was that the beds and level of testing were believed to be superior at the Richardson Hospital. Councillor Bell expressed concerns about where some services would end up as the trust

re-commissioned chiropody and podiatry services. He had been informed that the services were being driven out of community based clinics due to the amount of rent charged by NHS Property services.

Councillor Patterson said that ongoing concerns had been raised for a long time about the future of Shotley Bridge Hospital and The Weardale Hospital, Stanhope, and she was aware that other members had raised concerns about the future of community hospitals in Chester-le-Street, Sedgefield and other areas. She asked when the Committee would expect to receive a report on the future of these hospitals as it had been requested over a year ago.

Referring to the provision of services in community hospitals, Councillor Quinn commented that this was not available across the board and that most people used their GPs.

The Chief Executive of County Durham and Darlington NHS Foundation Trust reported that the commissioners were conducting a Community Services review which would include the provision of services at Community Hospitals. Community feedback was to be part of this review and she assured members that a report would come back to committee with the findings from that. Sue Jacques reported that there had been two reference groups set up, one at Shotley Bridge and Richardson Hospital and the review would take account of local opinions and dialogue. She appreciated the time taken to undergo the review but assured members that there would be a lot more detail included in the report. She also indicated that the tendering process for the Community Services contract did specify that services would still need to be provided in all of the same places. With regards to the cost, the tender had excluded the costs of the property and it was recognised that this has been expensive for the service provider.

With regards to the podiatry issue the Director of Commissioning, DDES CCG explained that the tender documents specified that services would be delivered where they are located now. Referring to the Richardson Hospital she said that it was clear that services would be delivered where they currently are. She went on to say that she was pleased that some people were able to access diabetes services from their GP and said that this service did vary from area to area. There had been significant improvements within this service last year with the CCG winning an award for work carried out with acute colleagues. She would ask the Director of Integration to provide an update to Committee on the review undertaken.

Councillor Temple said that a working group had been set up with local councillors, the CCG and foundation trust to discuss the future of Shotley Bridge Hospital and said that there had been a lot of discussion at this meeting today about the re-provision of services. He asked what was being offered as there was a lot of concern in the area about the future of the hospital. He said that it had been accepted that the current building was not fit for purpose.

Councillor Hovvels, Cabinet Portfolio Holder for Adult and Health Services explained that she had pulled this group together with the Director of Integration to address the concerns from local members. She said that it was a work in progress group and said that there were a lot of colleagues pulling together information and evidence and an options paper for the next stage that would feed into a wider audience. She would seek confirmation if

this information could be shared at this stage with the committee and if so would arrange for it to be circulated.

7 Winter Pressures

The Committee received a presentation from the Chief Executive of County Durham and Darlington NHS Foundation Trust and Chair of the Local A&E Delivery Board that gave an update on the winter plan and managing pressures (for copy see file of Minutes).

The presentation highlighted:-

- Winter Planning and Actions
- ECIST (Emergency Care Intensive Support Team) Recommendations
- LADB Leadership – developing system leadership and actions
- Assess to Admit – recommendations, plan and progress
- Today's work today – recommendations, plan and progress
- Discharge to Assess – interface with Health and Social Care – discharge management – Darlington Update
- Discharge to Assess – interface with Health and Social Care – discharge management – Durham Update
- Performance Overview –
- Regional picture: Operational Pressures Escalation Framework (OPEL)
- A&E Performance (all types)
- CDDFT Summary Data
- Ambulance – Handover Delays Regional Picture
- CDDFT Summary
- Ambulance Handover Action Plans
- Recap – Service Change – 1 April 2017
- Use of MIU and Out of Hours GP Hubs – Action from previous meeting
- Patient Engagement

The next steps included further engagement talking to patients and people who use the service, a full engagement report would be produced and options considered by DDES executive. The CCG would engage with the current providers of the services and would come back to scrutiny with proposals in May 2018.

Councillor Bell asked how we could get people to present to the right place at the right time as the basic level of understanding seemed to be lacking. The Director of Commissioning, DDES CCG said that there was more that could be done in this area and it was about getting the message out as widely as possible. The Chief Executive of County Durham and Darlington NHS Foundation Trust added that every contact counted and a lot of patients were existing patients. She hoped that the teams around the patient would help to support people and educate them from the beginning. In order to combat people being booked in at a GP surgery by a receptionist without knowing what their problem was, the Director of Primary Care and Engagement, DDES CCG advised that they were embarking on a “care navigation” system whereby patients would be offered a choice. This would be a formal approach taken across County Durham.

Councillor Smith commented that there were good initiatives that had been proposed and asked if there were enough resources and staff in order to deliver them. She was concerned that vulnerable patients could not always speak up and she had recently experienced poor patient care herself so understood how pushed the staff were. She asked for re-assurance that posts were not being deliberately left unfilled in order to save funding. The Director of Commissioning explained that the board look at safe levels of nursing for each ward based on national criteria and assured the Committee that there had never been any significant concerns. She confirmed that they were not keeping posts unfilled and that were actively recruiting. They also ran a staff bank whereby nurses could work additional shifts, or for those nurses who wanted flexible working.

Councillor Patterson expressed concerns about the number of people who had responded to the DDES CCG Urgent Care Review engagement process as she felt that 133 responses was not a true representative sample, and she asked if there was an acceptable number to receive. The Director of Commissioning explained that the consultation was still open and that was the number received to date. There were still a number of meeting and events planned with a focus on those people who used the service. She would check with colleagues about what was an acceptable number of responses.

Referring to patients discharged from hospital, Mrs Hassoon asked that if someone was discharged without a full assessment would they be at risk. She was informed that a risk assessment was carried out for every patient and that services would be wrapped around them to provide support at home if required. She was also informed that as a patient would be assessed on admission a discharge date would be discussed at the time and medical needs would be put in place to continue support at home should the patient not need to be in a hospital bed. A patient would not be discharged to home until modifications were put in place.

Councillor Temple said that as this was a long presentation that included a lot of detail he would have preferred to have received it in advance of the meeting in order to prepare any questions. Referring to the local trust being below the regional average he asked what the target was in terms of the trusts place within the regional pattern. The Chief Executive of County Durham and Darlington NHS Foundation Trust replied that the target was against 4 hours. She added that quarters 1 and 2 had exceeded the target with quarter 3 just under the target of 95%. Quarter 4 was a target associated to the performance in March and she added that each trust would have a different target.

Further to a question from Councillor Temple, the Chief Executive explained that a plan was produced and signed off locally that would deliver improvements and achievable targets. The locally agreed target was set by the commissioners.

Councillor Grant agreed with Councillor Temple that there was a lot of information to take in and would prefer to receive this before the meeting. She asked why the trust were behind target and if this was partly to do with the size of the County and the rurality. The Chief Executive explained that the biggest reason for Durham was that the A&E department was built for 30,000 people and were now seeing 65,000 patients a year. Plans were underway to build a new Accident and Emergency department at UHND.

Councillor Crute asked if when comparing statistics regionally and nationally would this take into account geographical areas and was advised that this was the case. In DDES and North Durham CCG levels of deprivation and women at childbearing age could be compared as there was a lot of national information available.

A member of the public commented that the primary cause for admission contributing to winter pressures was influenza, and asked if this was an excuse. The Chief Executive explained that people may not have presented to hospital with the flu but they were being tested if they had shown any signs of it. If diagnosed this was adding to a patient's length of stay and this had had an impact on the service.

Resolved:

That the presentation be noted.

8 North East Ambulance Service NHS Foundation Trust - Quality Account, Performance and National Ambulance Response Standards Update

The Committee received a report of the Director of Transformation and Partnerships that provided supporting information to accompany a presentation from the North East Ambulance Service (NEAS) NHS Foundation Trust that set out the new ambulance response standards and progress made against the quality accounts priorities for 2017/18 (for copy see file of Minutes).

The Assistant Director of Communications NEAS gave a detailed presentation that highlighted the following:-

- Response time standards up to 30 October 2017
- National Benchmarking – Pre ARP – October 2017 Year to Date Red Performance
- Ambulance Call Volumes 2005/06 to 2016/17
- Ambulance Performance Standards
- Ambulance Standards
- Ambulance Response Programme
- ARP Categories 1 and 2 – January 2018 Benchmark
- ARP Categories 3 and 4 – January 2018 Benchmark
- Quality Priorities – current position
- Priority 1 – Early Recognition of Sepsis
- Priority 2 – Cardiac Arrest
- Priority 3 – Long Waits
- Priority 4 – Safeguarding Referrals
- Quality Strategy 2017 – 2020 – to care, to see, to learn, to improve
- Quality Priorities 2018/19 – building on what we've achieved

The Assistant Director of Communications and Engagement NEAS, concluded his presentation by drawing Members' attention to the online survey which was available from 23 February to 19 March, to gain feedback from stakeholders to assist in determining the quality priorities for 2018/19. He then asked for comments and questions on the quality priorities identified.

Councillor Smith asked for further information on current staffing levels. The Chief Operating Officer NEAS, responded that a demand and capacity review had recently been concluded and a total of 121 additional staff were required with funding already identified for 84 staff. 37 paramedic posts were required which equated to 7%. Some of these posts were clinician posts.

Councillor Smith referred to an acronym used in the presentation, 'CWILTED' and asked for an explanation. The Assistant Director of Communications and Engagement NEAS, explained that the acronym stands for 'Condition', 'Witnessing', 'Incident', 'Location', 'Time', 'Escort' and 'Description' and it is a tool to assist staff when completing safeguarding referrals.

Councillor Grant referred to the many different ways that health services could be accessed when people were ill, saying that this can cause confusion over which course of action was best and, in turn, that this could lead to delays in obtaining the best outcome for patients. The Chief Operating Officer NEAS, responded that the 111 service was undergoing some improvements and that a GP appointments booking system was currently being developed. The demand and capacity review indicated that category 3 calls required more resources for improvement.

Councillor Grant commented that it was important that reports provided a fuller picture, including both positives and negatives, in order that discussions at meetings could reflect the issues that the public were experiencing.

In response to a question from Councillor A Bainbridge, the Chief Operating Officer NEAS, informed Members that records were available on the location of defibrillators, through First Responder Schemes and community public access defibrillators. Councillor Crute commented that there were several defibrillators available within his ward and he asked if there was scope to deliver defibrillators more widely in the community. The Chief Operating Officer NEAS, replied that contact would need to be made with the Defibrillator Team which was a team of 3 staff who were currently delivering approximately 6 schemes per week.

Referring to the increase in travelling times, Councillor Temple asked if there was information available as to whether the reconfiguration of services had affected these times. The Chief Operating Officer replied that this information was tracked, for example when a Unit was closed, information was gathered as to what effect this will have on resources. Councillor Temple added that it would be useful to see data on the average distance travelled, over the last two decades.

A member of the public referred to emergency health care plans and asked if there was a percentage figure available for the number of patients, dealt with by paramedics, who had a health care plan in place, and, whether there was any monitoring of how many times these plans were used by paramedics. The Chief Operating Officer NEAS, replied that the figure may be quite low as much of the workload is urgent care. Monitoring was carried out through patient care records. The member of the public then asked if health care plans have had an impact on the quality of the service and the Chief Operating Officer responded that the plans were useful for determining the most suitable destination for the patient.

Resolved:

That the report be received.

9 Improved Access to Psychological Therapies Model Development

It was agreed that, in the absence of Mike Brierley, Director of Corporate Programmes Delivery and Operations, North Durham CCG, that the report be deferred to a future meeting and that Mr Brierley be invited to that meeting to answer questions on his report, in particular, with regard to paragraph 17.