

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 6 July 2018 at 9.30 am**

Present:

Councillor J Robinson (Chairman)

Members of the Committee:

Councillors J Chaplow, R Bell, R Crute, J Grant, T Henderson, A Patterson, S Quinn, M Simmons, H Smith, O Temple and M Wilkes

Co-opted Members:

Mrs R Hassoon and Mr D J Taylor Gooby

Also Present:

Councillor L Hovvells

To mark the 70th birthday celebrations for the NHS, the Chairman presented a birthday card on behalf of the Committee to the Director of Commissioning, DDES CCG.

1 Apologies

Apologies for absence were received from Councillors Crathorne, Darkes, Hopgood, Huntington, Kay, Liddell, Reed, Savory, Taylor and Wilson

2 Substitute Members

Councillor Wilkes was a substitute for Councillor Hopgood.

3 Minutes

The minutes of the meeting held on 3 April 2018 and of the special meetings held on 2 May 2018, 9 May 2018 and 1 June 2018 were agreed and signed by the Chairman as a correct record.

The Principal Overview and Scrutiny Officer advised that in relation to the minutes of the special meeting held on 1 June 2018 regarding the NHS England Review of Specialised Vascular Services a recommendation had been raised with the North East Regional Joint Health Scrutiny Committee meeting on 22 July 2018. The joint committee could not commit to a joint response and therefore each local authority would need to respond to the proposed changes on an individual basis.

A special meeting of the Committee would take place on 7 September 2018 where representatives of NHS England would come back and report back on the information requested, after which the Committee could take a view on how they wanted to proceed.

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;

- 'Best possible care' promised to North-East patients from vascular changes – Northern Echo 6 June 2018

HEALTH chiefs say a shake-up of hospital services affecting patients requiring vascular surgery will provide the best possible care.

A strategic review has advised that services in the North-East should be reconfigured to a maximum of three hubs. The clinical review also advised that there is a strong case to remodel vascular services in the North East and that there is only sufficient specialised vascular activity and vascular clinicians to support three centres. It recommends that full vascular services should be delivered from Sunderland, Middlesbrough and Newcastle. The recommendation means that around 12 patients a week, who live in County Durham, would have their vascular surgery done at the Royal instead of University Hospital of North Durham. University Hospital of North Durham should continue to see around 3,600 patients a year for vascular outpatient appointments. Treatment of varicose veins would also remain in Durham.

- The 35 medicines no longer available on NHS prescription from this month – Sunderland Echo 18 June 2018

The NHS has banned free prescriptions for some 'over the counter' medicines such as treatments for constipation and athletes foot, starting from this month. NHS England is hoping to free up almost £100 million for frontline care each year by bringing in the changes. The NHS will no longer be funding treatments such as paracetamol, probiotics, cough mixture, eye drops and laxatives. However, the rule changes will not affect the prescribing of over the counter items for 'longer term or more complex conditions', officials have confirmed.

NHS England has said that curbing these routine prescriptions for minor conditions, many of which will cure themselves, will free up vital funds. The NHS announced the move at the end of the March and the new guidance to GPs across the country started from May 31.

Councillor Temple was concerned that the real issue with these changes were for the people on free prescriptions and therefore could affect children, the poor and elderly. Children would be reliant on their parents to medicate them and if it was a choice between feeding their family or medicating them it was concerning. He believed that as some conditions could be symptoms of a more serious condition such as diarrhoea, this was taking risks with people's lives.

Councillor Quinn also expressed concerns about home carers not being able to give non prescription drugs and as such people could be left in pain.

The Principal Overview and Scrutiny Officer said that there were concerns raised about the equality impact assessment at a national level but queried what was happening at a local level. He asked what the CCGs had shared with GP practices and had patients been advised in writing of the new rules. The Committee were concerned about the potential adverse impact on vulnerable groups.

The Director of Commissioning, DDES CCG advised that there were two levels to these changes. NHS England had introduced the changes at a North East level where CCGs would be working together on medications for hayfever, paracetamol and travel medicines and that it was now up to them to make these changes locally. The Deputy Director of Public Health had been tasked with looking at the implications for Durham. GPs may use their judgements until guidance was published. She confirmed that children would be exempt from this.

The Medicines Optimisation Lead, North Durham CCG was introduced to the Committee. She advised that regionally across the North East and Cumbria the general public would be expected to self medicate for minor illnesses for example hay fever and aches and pains. Questions had also been asked about funding vaccines for holiday medication by the NHS when people chose to go abroad should they not pay themselves. She highlighted that the changes focussed on acute and not chronic conditions. She assured the Committee that at no point had GPs said that they would not prescribe and that the CCG did not want to disadvantage anyone. With regards to paracetamol, she advised that £1.78m was spent across the DDES and North Durham areas. People could buy up to 96 paracetamol from a pharmacy provided that a pharmacist was present.

She went on to explain that there would be a definite list of people excluded from these changes including young people and women who were pregnant however this was still being finalised. The guidance was expected to focus on conditions as opposed to individual medication, with the vast majority of those conditions being suitable for self care.

The Chairman referred to the travel medication and the fact that GPs can often interpret it differently. For example some GPs provide vaccines free of charge, some charge and some refuse to administer it. He suggested that this needs to be addressed and be fair across the board.

Councillor Bell was concerned about what was driving this change and whether this was associated with cost or a procurement issue. He also expressed concern about people self medicating as this could lead to further complications.

Councillor Temple stated that letters had been sent to patients for three of the thirty five conditions affected and he was concerned that no advice had been given that generic medicine would be available from a pharmacist. He believed that some pharmacists had also not been advised if they would still be providing these drugs. He said that the Committee should have been appraised of these changes and on what advice the CCG had been giving.

The Director of Commissioning advised that a huge amount of work had been undertaken on this including discussions with GPs, patient reference groups and regional groups and all information had been considered carefully. She confirmed that there would be

exemptions from this and they would be clearly defined. The CCG had already been looking at the three conditions and this was the reason why letters had been sent out about those. With regards to the remaining 32 conditions these would be looked at following further guidance and through impact assessments. The guidance would be used for implementation locally.

Members were informed that the Regional group were interested in appointing a lay member and that they were welcome to join.

The Director of Commissioning explained that these changes were about using the NHS funding as wisely as possible and that by allowing people to self care this could save money.

The Chairman said that it would have been preferential to have been consulted and that the Committee were concerned about the affect this would have on those people could not afford to pay. The Medicines Optimisation Lead confirmed that the only medications affected at present were for hay fever, paracetamol and travel. She advised that there was a minor ailments scheme whereby people exempt from paying could ask for a small range of medication at a pharmacy without needing a GP appointment.

The Principal Overview and Scrutiny Officer said that feedback from the CCG would be welcomed on the work to be undertaken so that the committee were aware of the changes from a local perspective.

- Council creates £130,000 role to lead health and social care integration – Northern Echo 21 June 2018

A NORTH-East authority has agreed to create a new position to lead a programme aimed at integrating social care and health services.

The new director of integrated community services at Durham County Council will help develop the Health and Social Care Plan for County Durham. Referenced in the Adult and Health Services update report.

6 Any Items from Co-opted Members or Interested Parties

There were no items from co-opted members or interested parties.

7 Review of Stroke Rehabilitation Services in County Durham

The Committee received a presentation by representatives of County Durham Clinical Commissioning Groups and County Durham and Darlington NHS Foundation Trust regarding the Review of Stroke Services in County Durham (for copy see of Minutes).

The Senior Service Manager, CDDFT gave a detailed presentation highlighting the following-

- Scope of improvement – how services would be delivered in future
- Context and best practice
- Current state for stroke rehabilitation
- SSNAP performance – August to November 2017
- Reporting periods

- Summary of key issues identified
- Engagement activity
- Proposal on best way forward – review best practice, engage and feedback responses

The Senior Service Manager added that there was a supported discharge team located in the Easington area. She would report back to the Committee in September 2018 with the feedback received on the changes.

Mrs Hassoon asked if the under performance in occupational therapy was due to staff shortages and was informed that there were some gaps in speech and language and that it was difficult to service multiple sites. The service also had difficulty recruiting staff. There was a national shortage of therapy staff across the County.

Councillor Bell was concerned that if someone was discharged from Bishop Auckland Hospital and the care was not available for them out in the community. He said that the care available in that patch was uneven and asked what outcomes the CCG were looking for with these changes.

Councillor Smith understood that staying too long in hospital was not best practice but she too was concerned about community services not being available, making recovery difficult for some patients. She asked if there would be a more systematic approach that focused on the patient group.

In response, Dr Pai, Consultant Stroke Physician and Clinical Lead, CDDFT, that better outcomes were seen at three months from a patient having a stroke and this was used as an evidence base. This would depend on the category of the stroke as severe strokes can see a patient in hospital for six weeks plus rehabilitation treatment. Minor strokes tend to see improvements after two to three weeks. He said that there was a concern about the lack of community services available from GPs and consultants. He added that most patients did recover better in their own home with familiar surroundings with much better outcomes.

Councillor Smith commented that the bottom line was that there were not enough robust community services in place to give patients the best outcome.

The Director of Commissioning advised that the therapies were diluted with acute rehab being carried out in Durham and longer intensities at Bishop Auckland. With the proposed changes, staff at Bishop Auckland would be freed up to be available in the community. She added that it was important to talk to patients about their stroke recovery and that this would help to improve communication.

Councillor Smith believed that this was a hidden agenda to remove stroke services from Bishop Auckland and move them to Durham.

With regards to shorter stays from Bishop Auckland for patients choosing to go home, Councillor Quinn asked for a breakdown of those numbers.

The Stroke Manager for CDDFT assured the Committee that anyone who opted to go to Bishop Auckland Hospital would be able to go there. Early supported discharge was available in Easington however there were different levels of rehab available in other parts of the County which could be delivered through the Teams around Patients and Community Hubs.

Councillor Wilkes said that so many other services had been drawn into the University Hospital North Durham, he believed at the expense of the rest of the County. This had an impact on staff and he was horrified to see even more services being pushed into this hospital as the capacity was already difficult with a lack of parking.

With regards to accessibility and parking, Councillor Bell agreed that this was a huge problem in Durham. He said that it was difficult for people to get from the Dales into Durham and felt that there had been a contradiction in the information given as on one hand officers had said that there was not enough of a specialist resource to provide care in hospital but that there was also not enough resource out in the community.

Mr Taylor-Gooby was advised that North Durham CCG had led on the engagement. He was assured that the AAPs had been involved in the process and went on to say that engagement should be a continuous effort with peoples concerns being fed in to the process. The Senior Service Manager responded that this was a priority for the CCG and so it would be resourced. She added that they used all of the networks and processes that they already had available to help with the engagement, including the AAPs.

The Director of Commissioning explained that they had the same number of patients from Bishop Auckland attending UHND as patients from the Durham area attending Bishop Auckland Hospital. She added that best practice would be for people to be out of hospital and in their own homes which would help aid their recovery. Therefore the best services for people would be in the community with rehab available to offer support required.

Referring to the Easington Discharge team, the Chairman said that this was a wonderful service and that we should not lose it. The Director of Commissioning said that they wanted to replicate this good practice across the whole County.

The Chairman asked if the stroke rehab unit at Bishop Auckland Hospital was being removed. The Senior Service Manager confirmed that they were trying to understand the indicators and at the moment it was not fantastic in terms of outcomes for patients. They wanted to share good practice and therefore needed to carry out further detailed work around this. They needed to work out what was the best they could offer with the resources available. Following the period of engagement they would come back to Committee with their findings.

Resolved:

That the engagement process be noted and the Committee to receive feedback to a future meeting at the conclusion of the stakeholder engagement activity.

8 Review of Urgent Care Hubs across Durham Dales, Easington and Sedgefield CCG

The Committee considered a joint report of the Joint Report of the Director of Transformation and Partnerships, Durham County Council and the Director of Commissioning, DDES CCG that provided details to review the provision of Urgent Care Hubs as part of the extended and enhanced primary care service by Durham Dales, Easington and Sedgefield CCG that had commenced on 1 April 2017 (for copy see file of minutes).

The Senior Service Office, CDDFT advised of the current state of services provided within Bishop Auckland Hospital including the number of appointments and scans made (for copy of slide see file of Minutes).

The Director of Commissioning gave a detailed presentation including:-

- Service change recap
- Summary of findings
- Primary care services patient engagement
- Engagement on our current model
- Other key issues for Dales
- Locality specific issues – Durham Dales
 - Durham Dales preferred model
- Outcomes locality specific – Sedgefield
 - Locality specific issues – Sedgefield
 - Sedgefield recommendation
- Outcomes locality specific – Easington
 - Locality specific issues – Easington
 - Easington recommendations
- Key Principles

The Director of Commissioning informed the Committee of the next steps which were to:-

- Develop a communication and engagement strategy
- Agree consultation messages and work with Healthwatch as independent support and gain support from PRG members
- Focus on what else would be needed to support the recommendations – more services, better access
- Present the findings and the consultation plans to Committee in September
- Undertake a 6-8 week consultation focusing on the areas where the most change was proposed

The Chairman welcomed Councillor Sutherland, Barnard Castle Town Council to the meeting.

Councillor Sutherland expressed concerns about proposals for the Richardson Hospital. These concerns had been discussed reference group meetings, led by Lesley Jeavons, Director of Integration. One in two patients had been informed that the hospital was closing due to there being no demand for urgent care. One in two patient wards had

closed and the hospital provided thirty outpatient services however most people in Barnard Castle were not aware of what services were available. She stated that Barnard Castle was 15 miles from Bishop Auckland and if there was no urgent care available in Barnard Castle people would have a lot of travelling to contend with. Some areas had no or very little in terms of bus services. She believed that the under use of services at the Richardson Hospital was due to the lack of publicity around it. There was a lack of information in GP surgeries and pharmacies and the CDDFT website did not have the correct address for the hospital. Only 4 of the 39 outpatient services were listed on the website and the NHS choice website had not been updated about the Richardson Hospital since 2013. Councillor Sutherland was therefore not surprised that it was under used as no one knew about it. She also stated that the 111 service direct callers to Bishop Auckland rather than the Richardson Hospital.

Councillor Sutherland concluded that she believed that the NHS and CDDFT were deliberately running the service down. She urged the Committee not to accept the recommendations and to give time for people to start using the services available.

Councillor Bell concurred with Councillor Sutherland's points and added that he had knowledge of people being directed to Bishop Auckland when in need of urgent care. He also confirmed that he could not find any reference to the Richardson Hospital providing this facility on the NHS choice website or by using Google. He asked that the decision for Durham Dales was deferred for a period of nine months and for the CCG to take immediate action on the points raised by Councillor Sutherland regarding publicity.

With regards to the sample size of people engaged in the process, Councillor Crute asked for clarity on how many people were affected and if this was adequate.

Similar reports for people in Easington or Peterlee being directed to Sedgefield was referred to by Councillor Grant.

The Chairman reported that there was no information in his surgery about where people should go to seek urgent care. He also referred to Councillor Crute's point, as he was aware that there was only a 6% return in Sedgefield, 8 people in a population of 25,000. He referred to the potential cost savings and asked what this money would be spent on.

Referring to travel, Councillor Henderson expressed his concerns about how far people would need to go from Barnard Castle to Bishop Auckland if the hub at the Richardson Hospital was removed. He also agreed that there should be more publicity around the facility so that people were made aware.

Councillor Patterson had been positive about the proposed changes but did not feel that concerns had been addressed and said that a wider group of people should be consulted with due to the low number of returns. She asked how many appointments made in a hub were a direct result of not being able to get an appointment with their own GP surgery. She was also aware of people being directed further away when using the 111 service.

The Chairman summarised the concerns raised as the 111 service referrals, travelling, the accuracy of the survey and public awareness of the services available and the cost savings.

The Director of Commissioning explained that the publicity campaign had been the same across the whole of DDES and was about people knowing that services were available and rather than people turning up they would be expected to ring the NHS 111 service. They would be booked into a hub with an appointment. Where a patient was booked in would also depend on the condition as not all hubs dealt with minor injuries. It was a direct service based on need. She added that staff were not available for all 9 hubs but that the changes would ensure that GPs and staff nurse practitioners would be available in each area. If the service was to remain the same further staff would be required in the Bishop Auckland, Easington and Sedgefield areas. She advised that talks had taken place with councillors in the Dales area very early on in the process and this formed part of the engagement plan. The hubs had seen more people being able to access urgent same day appointments with a GP that could access medical records. With regards to the survey sample size, the Director of Commissioning confirmed that questionnaires had been sent out and discussions had taken place with people who used the services. Surveys were carried out in every hub and people were encouraged to complete them. She concluded that the CCG had to look at the budget and how to make best use of the funding available. The service was not quite right and did require a variation in each area.

The Chairman asked that GPs and the role they played was considered. Following on from Councillors Bell's earlier point, he reiterated that the changes should not go out to consultation at this time as the figures and survey numbers were flawed.

Councillor Patterson pointed out that it had only been 18 months since the urgent care review had been set up and she felt that the CCG should undertake an investigation as to why the hubs had failed and the reasons behind that. She said that the small numbers involved in the survey responses did not justify the recommendations for change.

Referring to the fall in numbers at the urgent care centres, Councillor Temple was not convinced that removing centralised services would be the best option especially since it had only been a short period since this preferred system was introduced.

The Director of Commissioning confirmed that there had been the same level of publicity carried out in every area. The analysis of the data results varied across the geography and she could not see that changing. The public had been informed of talk before you walk, which was a clear and key message delivered as part of the process. A lot of hard work had been put in to try to get people to complete the surveys however as low numbers are often seen across the County they did expect the low return. She did understand the concerns expressed about the website.

Councillor Grant reiterated the point that the 111 service were not highlighting some of the hubs as having urgent care available.

The Director of Commissioning responded that publicity had not been carried out in the way in which the committee were now asking for but in a way that was previously agreed. The message was to talk before you walk and this had been circulated to every household in DDES and the surrounding areas. This had been in line with the regional and national approach taken to talk before you walk. She advised that there had been leaflet drops and a radio campaign and that they would carry out far reaching engagement on the proposed changes. She added that she could not see how the result would be different.

Councillor Bell asked that the proposals be put on hold until the publicity of these services was addressed and that a greater emphasis be put on collecting data.

With reference to the website, the Acting Associate Director of Marketing and Communications, CDDFT responded that there was a reference group at the Richardson Hospital and they looked at all of the information available. A separate Task & Finish Group was also set up to look at the recommendations. She confirmed that the website had been updated, that there had been pro-active communication for the Richardson Hospital and that any concerns were being addressed by the Task & Finish Group.

The Chairman confirmed that the Committee were asking for the changes to be put on hold until all of the issues raised had been addressed, and for a report to come back to Committee.

Resolved:

That the report and presentation be noted and that the Committee recommend to DDES CCG that the proposed review of Primary Care Support Services and the associated communications and engagement activity be paused for a period of 9 months to allow for more robust patient/stakeholder engagement activity to be undertaken along with a review of the referral practices being adopted by NHS 111 service to ensure that local residents are able to access urgent appointments in primary care services within their locality and that these services are being actively promoted by the CCG.

9 Adult and Health Services Update

The Committee considered a report of the Corporate Director of Adult and Health Services that provided an update on developments across Adult and Health Services (for copy see file of minutes).

The Interim Head of Adult Care highlighted the seven key principles outlining the Social Care green paper that would help to build on integration of health and social care. A new post of Director of Integrated Community Services had been advertised to help develop a joint strategic commissioning function and integrated governance arrangements for the County. Members were advised of the seven key areas for better care fund money, and of the short term improved better care fund that would be pooled into a one off grant. This money was ring fenced over a three year period and would help to support and enhance services. With reference to delayed transfers of care it was reported that Durham had the 4th lowest rate in England. Further areas of the report were highlighted including prevention, mental health, local safeguarding peer review, learning disability transformation programme for the north east, 14+-year transitions review, fee rates for residential and nursing care provision and supported living.

The Interim Head of Adult Care advised of an event held to mark World Social Work Day to reflect on the work carried out and to celebrate the contribution they make to people's lives.

In response to a question from Councillor Bell about where to find people to recruit to the roles of rural care workers in County Durham, the Interim Head of Adult Care responded that a number of areas had been looked at including developing the roles of personal care

assistants. Those people who already supported a neighbour or relative could be remunerated and could assist in less travelling times.

Councillor Quinn supported this idea but suggested that the post should be ring fenced for those staff potentially affected. The Interim Head of Adult Care explained that they held a register of personal assistants who could take on this extra work.

Resolved:

- (i) That the report be noted.
- (ii) That to receive further updates in relation to Adult and Health Service developments be agreed on a six monthly basis.

10 Public Health Update

The Chairman advised that this item had been withdrawn from the agenda and would come back to a future meeting.

11 Quarter 4 2017/18 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 fourth quarter of 2017/18 financial year, covering the period January to March 2018 (for copy see file of minutes).

The Strategy Team Leader advised that smoking cessation had exceeded the target and breastfeeding prevalence was up from last year however still remained low. Some active promotion was taking place around this area. Under 18 conceptions were reducing and Public Health would be undertaking some intelligence work to analyse data in hotspot areas in the County.

The Principal Overview and Scrutiny Officer asked if there had been any specific studies on e-cigarettes and usage by school children. In response, the Strategy Team Leader advised that there had been lots of studies carried out and she would send a briefing note to circulate to the Committee. Councillor Crute suggested that this also be shared with Children and Young People's Overview and Scrutiny Committee.

Resolved:

That the report be received and an item be included in the Committee's work programme in respect to hospital discharge planning and co-ordination with rehabilitation and reablement services.

12 NHS Foundation Trust 2017/18 Quality Accounts

The Committee considered a report of the Director of Transformation and partnerships that informed of the responses made in respect of NHS Foundation Trust Draft Quality Accounts 2017/18 (for copy see file of Minutes).

Resolved:

- (i) That the report be noted.
- (ii) That the responses to NHS Organisations' draft Quality Accounts be endorsed.

13 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 invited Members to consider and agree an updated Work Programme for the Adults Wellbeing and Health Overview and Scrutiny Committee for 2018-19 (for copy see file of minutes).

Members were advised that the initial review of the work programme had identified the level of activity required with the NHS Commissioning bodies and provider bodies. It had been suggested by members to look closely at the work and activity of the health provider and the promotion of activity such as through the Wellbeing for Life Service. Members were advised that the work programme would be flexible and therefore subject to change going forward.

Resolved:

That the proposed work programme for 2018-19 for the Adults Wellbeing and Health OSC be agreed subject to the inclusion of the Wellbeing for Life service as a future item for consideration.