

MINUTES OF THE FINANCE AND GENERAL PURPOSES COMMITTEE HELD ON 5TH APRIL, 2016

Present: Councillor S Cudlip (Chair) and
Councillors B Allen, Mrs B E Allen,
E Bell, Mrs J A Bell, Mrs G Bleasdale,
B Burn Snr, B Burn Jnr, Mrs S Forster,
R Meir, Miss S Morrison, I Paul, K Shaw,
C Snowball, B Taylor, R Whitehead,
K Younger.

Apologies: Councillors Mrs H J Cahill.

Prior to commencement of the meeting the Chair advised members of this Committee and members of the public that in line with the amendment to 'the public bodies (admission to meetings) act 1960', which came into force in August, 2014, parts of this meeting may be recorded by photographic, video and audio means.

1. DISCLOSURE OF INTERESTS

Members were reminded prior to the start of the meeting of the need to disclose any interests, prejudicial or personal, in accordance with the Code of Conduct.

2. MINUTES OF THE LAST MEETING HELD ON 8TH MARCH, 2016

RECOMMENDED the Minutes of this meeting, a copy of which had been previously printed and circulated to each Member, be approved and signed as a correct record by the Chairman.

3. NHS CONSULTATION "GETTING CARE RIGHT FOR YOU"

The Chair welcomed Dr Mansingh and Dr George of Marlborough Surgery who were in attendance to provide their thoughts on healthcare provision in the Town, and to discuss the possible impact on Seaham residents of the various options proposed within the consultation. As a brief introduction to the issue, the Chair informed the Committee that the NHS joint commissioning group had begun a consultation more than a year ago and this new consultation detailed the results of that original consultation exercise. They want to obtain the views of residents concerning the second round of consultation and proposals. These proposals have major implications for Seaham residents and are particularly of importance as the emergency care centre is potentially at risk. The Drs have come along this evening to explain to the Council why that is the case and the implications that might have if the emergency care centre is withdrawn and if an alternative isn't fought for by the people of the Town. Hopefully, a better substitute service can be run in a different way.

Dr Mansingh began by thanking the Committee for the opportunity to attend and present to Members on the implications of the consultation. At present, Seaham/Murton is considered to be a deprived area and in fact the former Easington district area is considered one of the most deprived areas in the whole of the country, with Seaham/Murton ranking as the third most deprived within that

area. Such areas of high deprivation have significant numbers of individuals with long term medical conditions, young mothers with little children who are unable to drive, high numbers of people unemployed and on benefits and significant numbers of carers etc. Such deprivation was the reason why an urgent care centre was required and it has been providing a good service to local people who would otherwise have had to access care at the Accident and Emergency (A&E) department of a local hospital. The consultation provides options for changing how the service is run and in Sunderland, an area of less deprivation, three new walk in centres which are GP-led have been opened and including the one attached to the Sunderland Royal Hospital that makes four walk-in centres. When this was raised with the NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group (the CCG) it was indicated that Sunderland CCG had much greater resources and so could afford to do this.

Dr Mansingh then referred to the consultation document which details the options but isn't considered to be very clear. The clear aim of the CCG is to save money by transforming the way the centre is run and this is inevitable for the good of the whole NHS. The service may be replaced by a different version or new model to achieve the savings but there still needs to be provision for healthcare of this type. Within the options proposed, what is needed isn't very clear, and what the CCG is saying is that they could give the funding to the individual practices to treat the extra inflow of patients, however, there are problems with this as even with extra funding there are not enough additional GPs due to long-lasting recruitment issues. In the last five years only one additional GP has been recruited from out the area. Additionally, even if additional funding is provided, it will only be for short while then this service becomes part of core work and the additional funding is taken away. So the current service, which was fought for, is in danger of being taken away in the next two to three years and no assurance has been given by the CCG that funding will continue to be provided. So in a sense, if the current model is replaced with an existing model, the service cannot be removed quickly as the CCG and would require further public consultation. Therefore the best way to fight for the continuation of the service is to preserve it in another form. A key factor is that the funding pot for the CCG also includes extra funding specifically for the Easington area due to the deprivation and the big risk is that over time this extra funding will be diluted throughout the whole CCG area and not focussed on Easington.

There is therefore a need to identify exactly what is right for Seaham. The walk-in centre is currently a nurse-led centre and they are unable to see patients who are less than two years old, pregnant or have multiple comorbidities. Such patients would have to be referred to the A&E resulting in an additional cost for patient transport. If the service was GP-led then for a patient of a resident GP practice the GP could attend the patient and manage their care which would hopefully prevent a significant number of referrals to A&E. Dr Mansingh was therefore fully in support of preserving the current walk in centre facility with a GP-led or GP supported replacement service that would enable patients who are less than two years old, pregnant or have multiple comorbidities to access better care and achieve a better outcome. Within the proposal there is a provision for a Hub arrangement and this is what the local GPs have stated as their preferred outcome.

This enables the funding coming into individual practices to be pooled together and then funding a Hub where the service can be delivered on an ongoing basis.

The Chair then elaborated to the meeting with regard to the definition of a Hub arrangement as presented in the consultation document page 2 and this involves practices working together from one location to serve larger populations. Option 3, a Hub with the enhanced GP services to manage the demand for minor ailments and same day requests is the preferred option of Dr Mansingh and colleagues in Seaham and in Murton because it would enable the continued service provision from the current centre which would lose its status as a walk-in centre and become a Hub. Within the proposal the only walk-in centre to remain available in the Easington area would be at Peterlee.

Dr George was invited to comment and he began by stating that if the service continued as it was problems were inevitable. The NHS had been run from its inception based on the philosophy of need and that changed in the 1990s when John Major was Prime Minister. It is now a provider/client relationship so resources which are limited and not needs/wants which are unlimited now dictate how services are distributed. The reflection on that for General Practice as it stands now is that trials are being conducted so that anyone wishing to talk to a doctor still can but so much time for general consultation is taken away so that long term ailments such as diabetes, respiratory problems and everything else takes a back seat. It is not possible for GPs to cater for the acute demand as well as the chronic disease management so if the scenario has to change and there is a Hub which involves the management of patients wanting to be seen on the day then GPs can focus on their proper task of managing long term illnesses. If this service is taken on as core provision and then after two years, as has happened in the past, the money is taken away then GPs will be having to deliver both acute medicine and chronic disease management. If there is a Hub arrangement in place which is designed specifically to manage such demand then we can become more specialised in the services provided and look at the core service rather than an extension of our practice which is already difficult to provide.

At this point comments and questions were invited and the following questions were asked:

- (i) *A Member stated that it was appreciated that the aim was to maintain the best level of care for the Seaham/Murton area but as the practices were already struggling for resources, additional GPs were hard to find and there will be the additional demand for the urgent care which is currently not being dealt with, how will all of that be brought together and managed?*

Dr Mansingh stated that if you were expecting a GP to be working in the Hub all of the time then you would have to find GPs to work around the clock there. The proposal for a GP supported Hub is for a nurse-practitioner ran service but supported by GPs. So, for example, if there are ten patients who require treatment probably nine will be able to be treated by the nurse-practitioner and they would only need support from a GP for the one patient for which they were unsure. The GP would not need to be in the Hub all of

the time but would need to be accessible which at the moment there is no provision for. At the moment the walk-in centre is run by County Durham and Darlington NHS Foundation Trust (CDDFT) and there is no contact with them although Marlborough surgery have expressed their willingness to provide support for patients of Marlborough surgery using the walk-in centre service. Some nurse-practitioners speak to the surgery but many don't as they are unaware of this option so patients, who could have been seen by a GP, will end up in A&E. With regard to Hub arrangements they are to be run by Federations and there is already a well established Federation in Easington where nurse-practitioners can be employed and then they will know the GPs and they will feel they are accessible and resources can be better used.

- (ii) *A Member stated that during a meeting of the CCG she had asked Dr Stuart Findlay and others how to make sure that Seaham was served by a Hub and the answer was that everyone concerned would get the opportunity to vote for this and therefore as many people as possible should be encouraged to vote for the Hub and also for what services they wished to be provided from it.*
- (iii) *A Member added further thanks to the two Drs for attending the meeting at such short notice and stated that it was disappointing in a way that Seaham has a brand new centre which has never been fully used to its potential. There are further concerns with what may happen if people have to transfer to Peterlee or other areas for treatment which is even harder for people in an area of deprivation such as this. The Member was glad that the two GPs had provided the Town Council with what their preferred option was to ensure appropriate care for the Town, and that this should be communicated to the residents of Seaham so that they can vote for what is needed. A question was raised with regard to how care is provided for mental health issues and where that sat in the scheme of things.*

Dr Mansingh stated that with regard to mental health services in the future it was all going to be provided by a Federation such as the one in Easington where all the GP practices in Easington come together under one umbrella organisation. Funding is then transferred from secondary care to primary care from a trust to the Federation through CCG and the responsibility would then pass to Federations to run mental health services in the future. This isn't the case at present and the first project service being taken up is for a suicide prevention scheme which is being ran from two practices at present of which one is in Easington but such services will come to practices soon. Tees, Esk and Wear Valley have the contract for mental health services at present but there are negotiations taking place on this. Currently, nurse-practitioners are not equipped to deal with such issues but within a Hub arrangement they would be able to call upon the support of a suitably qualified GP.

- (iv) *A Member asked how the Town Council could help in a practical way with obtaining the best healthcare provision for Seaham.*

(v) *The Chair queried whether the Town Council could help by helping to publicise the preferred option of the GP Practices in the Town and also by encouraging members of the public to attend the public meeting at the golf club on the 27th April, voting and writing in.*

(vi) *A Member informed the Committee that there were only 87 places for the public meeting at the golf club and that tickets had to be booked.*

Dr Mansingh stated that support to spread the word and encourage the public to attend the meetings and to vote and to write in would be of great benefit.

(vii) *A Member stated that as there were four practices in Seaham, two in Marlborough and two at the family care centre is this preference the same for all of the practices.*

Dr George confirmed this was the view of all Seaham & Murton GPs..

(viii) *A Member asked with regard to the consultation who it was that picked the golf club with only a capacity for 87 people when the Town Hall would accommodate 300.*

(ix) *A Member stated that the Town Council needs to make representation to whoever has organised this that if they get to maximum capacity then they need to move it. The consensus amongst Members was that Seaham is a large town not a small village and to hold a consultation of this nature at a place like the golf club is wholly inappropriate.*

(x) *A Member stated that it would be beneficial if the GPs provided a description which detailed their aspirations and vision of what a Hub would look like i.e. what services and facilities would be provided.*

(xi) *A Member also reminded the Committee that there was the opportunity to submit views and comments via the listening consultations.*

(xii) *A Member asked what the planned duration was for the Hub.*

Dr Mansingh stated that they were passionate about healthcare in the Town and that the aim was for the Hub to continue indefinitely going from strength to strength.

(xiii) *A Member stated that people attending Peterlee walk in centre currently get referred to A&E at North Tees hospital, when there is a hospital only five miles away from Seaham at Sunderland.*

Dr George stated that unfortunately the ambulance services are different for each area so they would take patients to the hospitals they serve.

At this point the Chair thanked Dr Mansingh and Dr George for their attendance and for the information and advice they had provided and they then left the meeting.

In discussion, Members raised their concerns that the golf club was chosen for the public consultation rather than the leisure centre as had occurred in Peterlee. It was also agreed that the consultation documentation was very confusing and that such complexity would discourage people from sending in their views. It was difficult to find a way though it and it seems apparent that Peterlee is the chosen location already for the only remaining walk-in facility and it is up to everyone else to make up the best case that they can.

Members were extremely pleased and grateful that Seaham and Murton GPs have gotten together to provide a clear direction as to their preferred option for the best service for Seaham residents for future healthcare provision in the Town. It was also clarified that the CCG had created this document and that there had been some previous consultation over last 15 months. In general, it was considered that the Town Council was obliged to publicise this to the people of Seaham.

Members also thanked officers for arranging the attendance of the Drs at the meeting at such short notice.

RECOMMENDED:

- (i) The Council publicise via social media etc. the consultation using the description to be provided by the GPs of their vision for the Hub, to encourage as many residents as possible to respond.
- (ii) The Council contacts the NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group to express its extreme dissatisfaction that:
 - a) The golf club was chosen as the venue for the public consultation as it is unsuitable for a town the size of Seaham and that if demand for places at the meeting exceeds capacity then an alternative venue, such as the Town Hall or leisure centre, should be used for an additional meeting.
 - b) The Town Council was not regarded as a statutory consultee.

4. PAYSHEET NUMBER 12 - 2015/2016

4.1 Expenditure

RECOMMENDED:

- (i) that all payments in Paysheet Number 12 – 2015/2016 be approved, it being noted that the direct debits, BACS and cheque payments including Imprest expenditure amount to £58,558.69 being the total sum authorised under this Paysheet.

- (ii) that the BACS authorisation sheet be signed by three Members and the credit transfers be actioned immediately;
- (iii) that the cheques relating to suppliers not being paid by BACS be signed by three Members and the payments be released immediately; and
- (iv) that the Clerk's Imprest Account be reimbursed the sum of £2,818.44 for Civic Expenditure, and authority be granted for this to be signed by the Chairman and Responsible Financial Officer.

4.2 Income

RECOMMENDED the summary sheet showing the range of income received by the Council during the current month be accepted.

4.3 Bank Balances

The Committee considered a statement of Bank Balances held by the Council at the month end, a copy of which had been previously circulated. The Chair examined statements in respect of the Town Council's three bank accounts which were made available to view and the Finance Officer responded to queries raised.

RECOMMENDED the Council note the information and approve the Finance Officer's report.

5. APPLICATIONS FOR GRANTS

5.1 Letters of thanks

RECOMMENDED the letter from the Durham Miners Association which thanked the Town Council for its recent donation of £24, for continued membership of the Durham Miners' Gala, be accepted.

5.2 Request for Support from Parkside Community Centre

The Committee considered an application from Parkside Community Centre who sought a grant towards their costs for hosting 14 members of the Gerlingen party during their visit in April.

RECOMMENDED the Council agree to award a grant of £600.00 to Parkside Community Centre.

5.3 Seaham Theatre Productions and In Your Face Theatre

The Committee considered a letter from Seaham Theatre Productions and In Your Face Theatre who sought support in the form of an advertisement in their programmes for future productions of Little Shop of Horrors and

Blackadder which are to take place on 26th to 28th April, 2016 and 19th to 21st July 2016 respectively at a cost of £50 for a half page advert in one programme or £100 for a half page advert in both programmes.

RECOMMENDED the Council agree to take a half page advertisement in both programmes, at a cost of £100.

6. SEAHAM TOWN HALL – BOOKINGS

RECOMMENDED the schedule which detailed the bookings made in respect of the Town Hall for March, 2016, together with Income and Expenditure be noted.

7. STOLEN VOICES WORKSHOP

RECOMMENDED the details received from Nicky Locke of East Durham Creates of the Stolen Voices workshop to be held on Sunday 10th April, be noted.

8. SCAFFOLD TOWER

RECOMMENDED the request from Parkside Community Centre for the temporary loan of this equipment, be agreed, subject to the required assurances for safe usage, security and liability to the Town Council and as detailed by the Deputy Town Clerk.

9. SECURITY AT TOWN HALL

The Committee considered details provided by the Deputy Town Clerk concerning various security incidents that had occurred at the Town Hall in recent weeks. In discussion Members agreed that the safety of staff and users of the building was paramount.

RECOMMENDED the Deputy Town Clerk be approved to immediately implement the required measures, as discussed, and to continuously monitor the situation to ensure all possible actions are taken to minimise the risks.

10. PRESS OPPORTUNITIES

The Committee considered the items previously discussed and agreed that the completion of the NHS consultation detailed in item number 3 should be publicised.

RECOMMENDED the above item be promoted using all available media.