
OVERVIEW OF HEALTH AND PARTNERSHIP SCRUTINY COMMITTEE

1. Since the last meeting of the Council, the following are the main areas of work the Health and Partnership Scrutiny Committee has undertaken:-
 - (a) **Darlington Darzi Practice** – Members of the Committee established a Task and Finish Review Group to respond to the consultation in respect of the Darlington Darzi Practice Service Review and following the decision to decommission the Darlington Darzi practice from 31st March 2013. We will now scrutinise the implementation of the decision. NHS County Durham and Darlington has also established a Task and Finish Group to take forward work to ensure that resources are effectively reinvested so that new services in Darlington will be place beyond April 2013. The Group will seek assurance on behalf of Darlington Clinical Commissioning Group (CCG) and work closely with County Durham and Darlington NHS Foundation Trust to progress the integration of the Urgent Care Centre, currently at Dr Piper House, with the Emergency Department at Darlington Memorial Hospital and plans for unscheduled care. Members have recently met with Officers from the Group and welcomed the Communications and Engagement Plan and we will continue to meet regularly to be involved in the process and seek assurances.
 - (b) **Hyper Acute Stroke Unit – Special meeting at University Hospital North Durham** – County Durham and Darlington NHS Foundation Trust hosted a special meeting of the Committee in October 2012 and Members also visited the Hyper Acute Stroke Unit to see for ourselves the positive outcomes that are being achieved through centralising the Unit. We met with Dr Esi, Clinical Director, Consultant in Stroke and Elderly Medicine and the Head of Stroke and Elderly Medicine who have reassured us that the decision to centralise the Hyper Acute Stroke Unit was the right decision for Darlington patients. We believe that the majority of Darlington stroke patients are being successfully admitted to the Hyper Acute Stroke Unit, giving them direct access to a specialist team, resulting in faster high quality treatment, such as thrombolysis and reduced length of stay. We are however, aware of one or two incidents of patients being taken to the wrong hospital. We are extremely disappointed that there have been some changes in the way ambulance data is collected and reported which means that North East Ambulance Service (NEAS) is no longer able to collect or supply data on stroke as easily as it has done in the past. We have met with representatives of NEAS and are organising a further special meeting of the Committee to address our specific concerns.
 - (c) **Annual Report Director of Public Health** – We have welcomed the Annual Report of the Director of Public Health 'Back to the Future' and received an interesting and informative presentation from the Director. We were intrigued about the comparisons made when public health was previously a Local

Authority responsibility and are pleased that report looks forward identifying the further work needed to continue to improve the health and wellbeing of people in Darlington. We also considered the introduction of the concepts of using evidence on cost effectiveness and return on investment to shape public health commissioning from 2013. We will continue to receive updates about the transition arrangements and offer our support where we can to promote healthier lifestyles.

- (d) **Darlington Partnerships – Tangible outcomes** – Following a request from a Member of our Committee we have received a report highlighting some of the key positive outcomes achieved by Darlington Partnership. The report outlined the background to Darlington Partnership, described its purpose and highlighted three tangible, positive outcomes it has achieved. We have welcomed that successful oversight the Board has of One Darlington: Perfectly Placed the Board and we are delighted about establishing a successful project focused on a Partnership ‘Action Priority’ – The Foundation for Jobs. We hope that the numbers continue to rise and that the hard targets set are achieved. The Partnership has also created a vehicle to harness and increase employer supported volunteering and corporate social responsibility activity – Darlington Cares. Members feel reassured that the Partnership is delivering some very positive outcomes for our community and feel that the Board need to publicise these successes much more widely. The next stage of this work will involve Members forming a Task and Finish Review Group to scrutinise the relationships that the Council has and its significant partnerships considering how they deliver services and how efficiencies could be achieved.
- (e) **North East Primary Care Services Agency (NEPCSA)** – We have received a presentation from an Assistant Director who provided Members with an overview of NEPCSA, explained that the Agency was established in December 2010 and identified the structure of the organisation. It was explained that NEPCSA is responsible for the contract management of over 2,000 contracts, including out of hours contracts (excluding Darlington), home oxygen supply contracts and pharmacy management. We have noted the transitional arrangements for NEPCSA until responsibilities are transferred to the NHS Commissioning Board and Local Area Teams are established. We have made contact with Cameron Ward, Director of Local Area Team, Durham, Darlington and Tees and invited him to a future meeting of the Committee. We understand that NEPCSA currently act as the agents of the PCT but in future will act for the NHS Commissioning Board who hold the contracts for GPs, Dentists, Pharmacists and Opticians.
- (f) **Darlington Clinical Commissioning Group (CCG)** – The Chief Officer Designate and Chair of Darlington CCG attended our recent Committee meeting and updated us on where they are in the Authorisation process. Members received an abridged version of the Clear and Credible Plan 2012/13 – 2016/17 and we will continue to make reference to the CCGs priorities in shaping our future Work Programme. We will continue to meet quarterly with the CCG to ensure that we are familiar with its processes and endeavour to strengthen our relationship.

- (g) **The Friarage Hospital, Northallerton** – I have attended meetings with the Leader of Richmondshire District Council and leading Scrutiny Councillors from both Richmondshire and North Yorkshire County Councils in respect of the proposed consultation of a Midwife Led Maternity Unit and Paediatric Short Stay Assessment Unit at The Friarage Hospital. The Tees Valley Health Scrutiny Joint Committee has also received a briefing from representatives from South Tees Hospitals NHS Foundation Trust and County Durham and Darlington NHS Foundation Trust considering the implications of a decision being made. However, it has now been announced that the official public consultation has been put on hold. The Board of NHS North Yorkshire and York has confirmed that it would not include an option to retain a consultant led paediatric and maternity services at The Friarage Hospital in the formal consultation. This is because local GPs, Clinicians at South Tees NHS Hospital Trust and the Department of Health's National Clinical Advisory Team all agreed that this option was not clinically sustainable due to on-going staffing and recruitment issues. We will be monitoring on this issue and will respond to the public consultation. We need to ensure that as a result of any decision that Darlington Memorial Hospital is able to cope with additional number of births and has the capacity. We are reassured that currently there is capacity to take on an estimated additional 300 expectant mothers if the decision is taken to reduce the services provided at The Friarage Hospital.
- (h) **Consultation Task and Finish Group** – Following the establishment of the Consultation Task and Finish Review Group, the Group has met on three occasions to respond to the Department for Health's proposals for Local Authority Health Scrutiny, Joint Strategic Needs Assessments (JSNAs) and Joint and Health and Wellbeing Strategies (JHWSs) and Securing Best Value for NHS Patients. As Members of the Scrutiny Committee we feel that it is important to respond to consultations to represent the views of our residents.
- (i) **County Durham and Darlington NHS Foundation Trust Clinical Strategy and Vision** – We are continuing our work with the Trust of scrutinising individual work streams within the Clinical Strategy and our Task and Finish Review Groups and integrating well with each other.
- (j) **Tees Valley Health Scrutiny Joint Committee** – At our October meeting we met with the Chief Executive of North East Commissioning Support who providing Members with a brief background and the status of the North East Commissioning Support (NECS). Mr Childs detailed the transition to a Customer Focus Business, the lines of accountability, timeline, risks and challenges ahead. We found the presentation extremely informative and are looking forward to receiving further updates in the future. At the most recent meeting of the Joint Committee we received a presentation from three Directors of Public Health from across Tees Valley and considered the Public Health Transition Self-Assessment Documents, Health and Well Being Strategies and Annual Reports.

- (k) **North East Health Scrutiny Joint Committee** – At the recent meeting of the Regional Committee we received an implementation update on the North East Regional Scrutiny Review of Health and Well-being needs of the Ex-service Community. The next update will be the last one and a final progress report will be produced and forwarded to Association of North East Councils (ANEC), who will take over future responsibility for monitoring implementation of the recommendations. Officers from North East Ambulance Services attended the meeting and provide an update on the Accident and Emergency Review and we received a presentation on their priorities for Quality Accounts. We also received updates on Children’s Congenital Heart Services, Regional implementation of health reforms and progress of 111. Gateshead Council has agreed to be Chair of the North East Health Scrutiny Joint Committee for the remainder of this municipal year.
- (l) **Work Programme 2012/13** –We have given consideration to the Work Programme for this Committee for the Municipal Year 2012/13 and possible review topics and in doing so, we have taken into account the reduced resources available and ensured that, in recommending our work programme to Monitoring and Co-ordination Group, that any work we undertake will have demonstrable outcomes and contribute to the work of the Council and its strategic aims and objectives. Members of the Scrutiny Committee have attended a meeting to discuss the Work Programme and all have expressed commitment and enthusiasm to continue to work at such a pace to cover as much work as possible during the time of increasing change. This will mean that we will continue to work differently and take our own notes and undertake our own research.

Councillor Wendy Newall
Chair of the Health and Partnership Scrutiny Committee