

**HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE**

18th December, 2012

**PRESENT** – Councillor Newall (in the Chair); Councillors Donoghue, Francis, Macnab, Regan, E. A. Richmond, S. Richmond and H. Scott. (8)

**APOLOGIES** – Councillors Nutt and J. Taylor. (2)

**ABSENT** – Councillor I. Haszeldine (1)

**OFFICERS IN ATTENDANCE** – Chris Sivers, Assistant Director of Development and Commissioning.

**EXTERNAL REPRESENTATIVES** – Kate Jeffels, Darlington Drug and Alcohol Action Team Manager, Edmond Lovell, Associate Director of Marketing Communications and Mark Wright, Director of Nursing, County Durham and Darlington NHS Foundation.

**HP36. DECLARATION OF INTERESTS** – Councillor Newall declared a non-pecuniary interest in respect of HP38. below as the Chair of Darlington Citizen Advice Bureau and in HP43 below as a registered patient of Darlington Darzi Practice.

**HP37. MINUTES** – Submitted – The Minutes (previously circulated) of the meetings of this Scrutiny Committee on 23rd October 2012.

**RESOLVED** – That the Minutes be approved as a correct records.

**HP38. NHS AND PARTNERS UPDATE** – The Assistant Director of Development and Commissioning advised Members that the tender for HealthWatch had gone out and acknowledged that Darlington was later than Tees Valley counterparts. A number of workshops have been held with potential providers and there has been some positive interest in tendering for Healthwatch. Members were also informed of observations of how other Tees Valley Local Authorities have progressed with procurement exercises and the possibility of future joint working.

Members expressed concerns in regards to the tender process, and were disappointed that the delay in the tender would shorten the handover period. The Assistant Director of Development and Commissioning added that delays due to Christmas period, was also inevitable and recognised that it would be difficult for legal advice to be sought and as a result the tender period has been extended by ten days.

Members commented how Darlington LINK has successfully built up a lot of expertise that hoped it would be preserved in the handover period. The Assistant Director agreed to keep Members updated with this process.

Members were updated on Long Term Conditions Collaborative which has built on the work of the Dementia Collaborative which was very successful and had positive outcomes and made significant savings. Both collaborative' s involve this Council, Tees,

Esk and Wear Valley NHS Foundation Trust, County Durham and Darlington NHS Foundation Trust and Darlington Clinical Commissioning Group.

The Long Term Conditions Collaborative will challenge how services are delivered and a whole system approach will be taken, based on a person centred pathway rather than condition focused. It had been agreed to focus on individuals rather than be disease specific as people often suffer from multiple long term conditions. Patient experience would be crucial to this work and discovery interviews were being undertaken independently for the Group to consider in due course. Members expressed concerns about the approach but looked forward to receiving future updates. Councillors' Richmond advised they were looking forward to becoming more involved in this piece of work given their work on the Long Term Conditions within the Trusts Clinical Strategy.

The Assistant Director also reported the impending changes to the welfare benefits system coming into being on the 1st April 2013 and the impact on Council Services. It was anticipated that there would be an increased volume of telephone calls, website hits, face to face contacts which may lead to security issues. Staff were continuing to be prepared through training, awareness raising and IT systems are being updated to ensure the system can cope with the increased demand. Preparation is underway for the wider staff teams who may come into contact with members of the public anticipating that every contact being a welfare reform contact. Staff will be trained at a basic level to be able to offer assistance. It was also noted that there may be a number of staff affected by these changes.

Work is underway considering the impact on the social economy and a Darlington Assembly has been called and businesses would be invited together with other stakeholder and Councillors to discuss solutions. Members expressed concerns that the general public are not aware of the impending changes and suggested incorporating a piece in their Ward Newsletters.

The Director of Nursing, County Durham and Darlington NHS Foundation Trust reported that a new Medical Director has been appointed, Professor Chris Grey to start in the new financial year and until then Dr Robin Mitchell will continue as the Medical Director.

The Director reported that Clostridium Difficile (C-Diff) remained a challenge for the Trust, the target is to remain under 51 cases in a year, however, the Trust currently stands at 47 cases, 9 of which could have been prevented through antibiotics prescribing. The Trust are currently reviewing prescribing antibiotics after five days in a bid to combat the prevalence of C-Diff. In relation to MRSA Bacteraemia there has only been one case reported this year and the target is 2.

The Director advised that the Trust has seen an increase of 70% of norva virus this year, which had hit early. Across the Trust 5 Wards have been closed because of the outbreak across Darlington Memorial Hospital (DMH) and University Hospital of North Durham (UHND), although, the impact was more so on UHND. The Director stated promoting hand washing, and decontamination gel was key to preventing the spread of the virus. The Trust were also advocating visitors not to visit if they are ill as norva virus is very easily spread and contagious. Visitors and staff are being encouraged to wash hands on entry to wards and a feasibility review is underway to consider the benefits of equipping all wards with hand basins at the entrance.

The Director also highlighted that there has been increase in Accident and Emergency and None Elective Admissions which increased longer waiting times. It was noted that last Wednesday 70 patients were seen with fractures to the cold weather conditions. Members requested a breakdown of the fractures and expressed an interest in hip fractures. The Director commended the staff for coping with the pressures well. It was acknowledged that UHND has one of the highest level of hospital of admissions by ambulance in the North East and 50% of those are to admitted and discussions were being held with North East Ambulance Services to address this.

The Director expressed concerns number of falls in hospitals and the difficulty staff have of balancing preservation of dignity of patients as some patients do not like to be escorted in the bathrooms, where a high number of falls take place.

The Director reported that he was undertaking a piece of work assessing whether there are the right number of nurses and health care assistants on each Ward. He advised he would share the outcome of his work with Members in due course and said the report did not include the community, but good practices could be rolled out into the community.

Discussion ensued on care in Residential Homes and Nursing Homes and whether more training can be given to carers on determining symptoms.

**RESOLVED** – That the updates be noted.

**HP39. WORK PROGRAMME 2012/13** – The Director of Resources submitted a report (previously circulated) requesting that further consideration be given to the previously approved work programme of this Scrutiny Committee for the Municipal Year 2012/13.

In addition to the previously approved Work Programme, Members were requested to consider and approve Appendix 1 to the submitted report, which detailed that status of each item. A number of Quad of Aims in relation to Suicide Prevention, The Friarage Hospital and Obesity were considered by Monitoring and Co-Ordination Group and Members were requested to agree that the items be added to the Committees Work Programme.

The Chair made reference to the Committees work on Partnerships and suggested that work commence in January 2013 with partners of the Council and that the Cabinet report on Significant Partnerships to be the basis of the investigations.

**RESOLVED** – (a) That the current status of the Work Programme be noted.

(b) That Suicide Prevention, The Friarage Hospital and Obesity be added to the Work Programme.

(c) That the Committee commences its work on Partnerships in January 2013.

**HP40. ALCOHOL UPDATE**– The Director of Public Health submitted a report (previously circulated) providing Members with an update on progress of the work to tackle alcohol related harms in the Borough.

The Manager of Darlington Drug and Alcohol Team (DAAT) introduced the report and highlighted the salient points. The submitted report outlined progress made during the

period of the Safer Drinking - Safer Darlington Alcohol Harm Reduction Strategy 2008-2011 and The Next Steps refresh of the strategy for 2012-2015. It also looked at the implementation of recently commissioned integrated, adult drug and alcohol Connected Recovery treatment service; Social Norms findings; Darlington's Alcohol Awareness Week activities and campaigns, local implications around Minimum Unit Pricing and other forthcoming national consultations. The report also identified the key challenges for the future of tackling alcohol related harm and protecting investment, locally in the new landscape of Public Health in the Local Authority, Health and Wellbeing Board, the implementation of Clinical Commissioning Group and decrease resources.

The DAAT Manager reported that there has been an increase in alcohol related incidents and that the issue of alcohol remains an issue needing to be tackled through a partnerships approach, and changing the culture and attitude towards alcohol would be a big step towards combatting this. Members were surprised to learn that alcohol costs the Borough of Darlington £42m per year and there would be less than £500k available to be invested in tackling the problems. Members were keen to share this message and promote safer drinking levels, which would ultimately cut down in the amount the alcohol related incidents cost the town.

It was noted that binge drinking was the biggest problem in Darlington with 28% of adults binge drinking. The DAAT Manager highlighted that people within the age group of 20-30 were increasingly suffering with serious liver conditions and people under 40 were dying as a result.

The DAAT Manager advised the Government Strategy highlighted a number of important issues that will form the basis of national formal consultation including; looking to ban multi-buy promotions; Public Health as a Licencing objective and setting a level for minimum unit pricing. The minimum unit price consultation was launched in November 2012. If set at an effective level, Minimum Unit Price is a key tool in tackling alcohol related harm. National research (Sheffield University) suggested this should be a minimum of 50p and Balance is campaigning in the region to obtain public sign up to this rate. In Darlington, where alcohol related harms cost the Borough an estimated £42m+ per year, 59% of people (Balance data) already support Minimum Unit Price. The postcard campaign was launched locally in Alcohol Awareness Week - week beginning 19th November. Co-ordinated via the DAAT, local partners and organisations have committed to receiving, distributing and collecting the postcards in order to galvanise this support. The DAAT has circulated a 'myth-busting' document, prepared by Balance, with frequently asked questions and responses around Minimum Unit Price to assist with discussions. Postcards and publicity material was circulated to Members.

The DAAT Manager emphasised that Minimum Unit Pricing would not be a cure, but described it as a tool, emphasising the importance of still needing to raise awareness and treatment services.

Members welcomed the Social Norms survey results and were pleased the surveys have been rolled out to include adults as well as young people and there has been a year on year reduction in reported behaviour/perception. Discussion ensued about under age sales of alcohol and proxy provision and concerns were expressed whether certain crime/behaviour was directly related to alcohol, for example domestic abuse and

the correlation between alcohol use. The DAAT Manager reiterated that there is no ingredient in alcohol that makes a person behave totally out of character.

Members questioned whether home brewing was an issue, due to the complexity and length of such a process the DAAT Manager said this was unlikely to happen however issues such as illicit alcohol would need to be monitored.

**RESOLVED** – (a) That the progress made in relation to this area of working during 2008 - 2012 be noted.

(b) That Members approve and support the contents of the refreshed Alcohol Harm Reduction Strategy;

(c) That Member's support and encourage participation in the National Alcohol Strategy consultations around alcohol; and

(d) That where possible Members disseminate information regarding alcohol services in their Ward Newsletters.

**HP41. CONSULTATION TASK AND FINISH REVIEW GROUP – PROGRESS REPORT** – The Director of Resources submitted a report (previously circulated) to advise Members of the recent consultation that the Consultation Task and Finish Review Group have responded to on behalf of the Committee.

Following the establishment of the Task and Finish Review Group, the Group met to consider the recent consultation on the NHS Constitution. The Department of Health published its intention to strengthen the NHS Constitution and also seek views on how awareness of the NHS Constitution can be increased and its application and effect improved. The submitted report included details of the consultation that the Group has responded to on behalf of the Scrutiny Committee.

**RESOLVED** – That the Committee retrospectively approve the response submitted by the Task and Finish Review Group, as detailed in Appendix 1 of the submitted report.

**HP42. QUALITY ACCOUNTS PROGRESS REPORT** – The Director of Resources submitted a report (previously circulated) advising Members of the recent meeting in respect of County Durham and Darlington NHS Foundation Trust Quality Accounts.

The submitted report reminded Members that it had been agreed that this year the Scrutiny Committee would be more involved, at an early stage, with local Foundation Trusts Quality Accounts to enable them to have a better understanding and knowledge of performance when asked to submit a commentary on the Quality Accounts at the end of the Municipal Year 2012/13.

As a result, Members have established a Working Group with members of Darlington Link to receive quarterly performance reports from County Durham and Darlington NHS Foundation Trust. The report asked the Committee to consider the information gathered and note the detailed information in preparation for its response to the Quality Accounts in April/May 2013.

**RESOLVED** – That the notes of the meeting held on the 14th November 2012 in respect of County Durham and Darlington Foundation Trust be noted.

**HP43. DARLINGTON DARZI PRACTICE TASK AND FINISH REVIEW GROUP** – A Briefing Note from NHS County Durham and Darlington which outlined developments on communications and engagement, the decommissioning process and the reinvestment of resources at the Darlington Darzi Practice. Also submitted were the notes of the recent Darlington Darzi Practice Task and Finish Group meeting held on 29th November 2012.

**RESOLVED** – That the Briefing Note and notes be noted.

**HP44. CLINICAL STRATEGY TASK AND FINISH REVIEW GROUP –INTERIM REPORT** – The Director of Resources submitted a report (previously circulated) presenting the outcomes and findings of the Task and Finish Review Groups established by Health and Partnerships Scrutiny Committee to scrutinise County Durham and Darlington NHS Foundation Trust (CDDFT) Clinical Strategy and to seek Members views on a way forward.

The submitted report reminded Members that five Task and Finish Review Groups were established to progress this work based on the workstreams within the Trust's Clinical Strategy, as follows Emergency and Urgent Care, Long Term Conditions, Older People and End of Life Care, Surgery and Women and Children.

Councillor H Scott reported that the Emergency and Urgent Care Task and Finish Review Group evolved into a Committee wide Task and Finish Review Group, as the issue was broader than first realised and needed to involve all Members of the Committee.

The Democratic Officer reported on behalf of Councillors' Richmond that in relation to Long Term Conditions Task and Finish Group that work of this Group would continue and the Group will be meeting with e Clinical Commissioning Group in January 2013 and it was hoped the submit a report to this Committee in February 2013 building an a report that was considered by the Shadow Health and Well Being Board in relation to shared commissioning prioritises.

The Chair, on behalf of the Older People and End of Life Care Task and Finish Review Group reported that the Group has met regularly and explored specific areas. Particular reference was made to the Group meeting with Officers from St Teresa's Hospice which was a first for the Committee.

Councillor Regan reported that the Surgery Task and Finish Review Group acknowledged that there is a vast amount of work going on with the Trust and therefore had decided to focus on Bariatric Surgery. Following further discussions members have decided to focus on obesity and consider the whole pathway of care prior to resulting in bariatric surgery. Therefore a full Committee task and Finish Group would be established to consider Obesity.

Councillor Newall reported that the Women and Children Task and Finish Review Group have engaged widely with all levels of staff at DMH and have, develop good relationships and understanding. As part of this work the Review Group has become

involved with the impending consultation relating to the proposal of a Midwife Led Maternity Unit and Paediatric Short Stay Assessment Unit at the Friarage Hospital. The Chair suggested involving all members of the Committee in responding to the impending Consultation and suggested that the Women and Children Task and Finish Review Group evolve into The Friarage Task and Finish Group.

Members agreed that they had enjoyed this piece of work and thought it was time to streamline this work. Members expressed their thanks to Officers within the Trust for their co-operation and attending meetings. Members discussed whether the report should be sent to cabinet for information.

**RESOLVED** – (a) that the recommendations contained within the Appendices of the submitted report be noted; and

(b) That the Democratic Officer give consideration to submitting the Interim report to Cabinet for information.