

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

14th February, 2012

PRESENT – Councillor Newall (in the Chair); Councillors Donoghue, Macnab, Nutt, Regan, E. A Richmond, S. Richmond, H. Scott and J. Taylor. (9)

APOLOGIES – Councillor Francis (1)

ABSENT – Council I. Haszeldine (1)

ALSO IN ATTENDANCE – Councillors Copeland, Harman and A. Scott.

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

EXTERNAL REPRESENTATIVES – Dr Harry Byrne, Chair Darlington Shadow Clinical Commissioning Group and Martin Phillips, Interim Chief Operating Officer, Darlington Shadow Clinical Commissioning Group; Mary Bewley, Head of Communications and Public Relations; NHS County Durham and Darlington; Miriam Davidson, Director of Public Health Darlington Borough Council/NHS County Durham and Darlington; Tom Hunt, Commercial Director; Edmund Lovell, Associate Director of Marketing and Communications, County Durham and Darlington NHS Foundation Trust and Sharon Pickering, Director of Planning and Performance, Tees, Esk and Wear Valleys NHS Foundation Trust.

HP24. DECLARATION OF INTERESTS – There were no declarations of interest reported at the meeting.

HP25. MINUTES – Submitted – The Minutes (previously circulated) of the meetings of this Scrutiny Committee on 13th December 2011 and 10th January 2012.

RESOLVED – That the Minutes be approved as a correct record.

HP26. NHS TRUST UPDATE – The Assistant Director – Development and Commissioning submitted a briefing note (previously circulated) in respect of the development of a Health and Wellbeing Board in Darlington. The briefing note explained the current themes of the Health and Social Care Bill in relation to the formation of Health and Well Being Boards, including its purpose and key functions, Local Authority responsibilities, membership arrangements and matters for local discretion. It was reported that in Darlington a development group began meeting on February 2011, to develop relationships between Local Authority Officers and GPs. This Group became a Formative Health and Wellbeing Board and over the past 12 months focused on a mutual understanding of the Corporate Strategies of the main provider organisations. The Group has committed to become a Shadow Health and Wellbeing Board by 1 April 2012 and will meet that commitment. Ms Sivers advised that given the changing agenda, the Group has been keen not to rush into a decision that may not be right for Darlington, but instead wait until the full picture on local flexibility is known.

Members welcomed the update and enquired as to why there is no involvement of local LINKs/Healthwatch on the Board. Ms Sivers explained that the Board were simply not at that place yet and were taking it slowly to fully develop the Group before invited others to the

membership and a discussion still hadn't taken place about provider involvement on the Board. It was noted that the Leader had only recently been invited to attend the meetings. NHS Commissioning Board representation on the Board was thought to be helpful, to enable local influence of the NHS Commissioning Board.

The Director of Public Health submitted a briefing note (previously circulated) in respect of the transfer of public health functions to Darlington Borough Council. The briefing note explained that the Council has developed an options appraisal to assist in deciding the best model for integration of public health functions into the Council. Some aspects of public health planning would need to be closely aligned to Durham County Council and Durham Constabulary (such as emergency planning), some functions would sit well alongside existing council responsibilities (such as environmental health) and some would benefit from co-ordination across the Tees Valley (such as smoking cessation campaigns). Close working with each internal and external partner is necessary for the successful delivery of public health outcomes and local political leadership from elected Members will also be critical in promoting public health. The Director outlined that public health functions and responsibilities that will transfer to Council and advised that a Darlington Public Health Transition Plan has been developed, together with a number of workstreams.

Mrs Davidson also highlighted the risks identified in the transfer of public health functions, reassuring Members that risks have been described within each work stream action plan and aggregated, at a high level on each respective organisations Risk Register. It was noted that there is still a gap in the information/guidance from Government in respect of the budget allocation, staffing allocation, the skill set of allocated staff and the skill set of partner Councils also acquiring the public health functions.

In response to a question, Mrs Davidson explained that until the budget allocation was known it was difficult to predict how many staff would form the public team health within the Council. She predicted a small locality team in Darlington with a maximum of four people and that other support would be required to support and manage the contracts in places (approximately 200) and discussions are underway with the Commissioning Support Service. This will be a good opportunity for Public Health to influence the shadow CCG and Local Authority Strategies, to jointly deliver some important health improvement services.

The Commercial Director, County Durham and Darlington NHS Foundation Trust (CDDFT) reported that Sue Jacques would be replacing Stephen Eames as interim Chief Executive from the end of February and that the Trust are currently advertising for a Director of Nursing following the departure of Laura Robson; Diane Murphy and Linda Templey are temporarily sharing the role.

The Associate Director of Marketing and Communications, CDDFT made reference to the recently published the National Clinical Advisory Team (NCAT) report into women's and children's services at the Friarage Hospital, Northallerton, and in particular the comments around the future of Darlington Memorial Hospital (DMH). He reported that CDDFT had not been part of the process which has led to this report, and that the Trust are keen to talk to North Yorkshire commissioners about it. The Trust sees themselves as a real option and would like to explore opportunities for North Yorkshire patients to have the choice of coming to Darlington, as an alternative to Middlesbrough. Mr Phillips added that the CCG had written to NCAT expressing their disappointment at the Tees CCG not working together and the unhelpful comments about DMH.

Mr Lovell also highlighted the recent wrap around supplement to the Advertiser highlighting the recent £40million investment into DMH to secure its future. Some Members advised that the Advertiser to did not reach all Wards in Darlington and Mr Lovell agreed to circulate an electronic copy of the document for members to distribute within their Wards.

Reference was also made to the BBC documentary programme Inside Out which was shown on Monday 13th February 2012. The programme was based on complaints the BBC had received about care at University Hospital North Durham (UHND). The BBC refused to share details of the complaints with the Trust and on that basis the Trust did not participate in the programme. The BBC had also seen a report published in error by the Care Quality Commission (CQC) on their website, which the CQC has said is inaccurate but the BBC made reference too. The Trust has received a response from the CQC advising that the Trust is complaint with essential standards, although, the Trust has acknowledged that there are times when care does fall short of patient expectations. Following the BBC programme Members suggested doing some positive promotion of the Trusts services including promoting that they are compliant against the standards.

Mr Lovell reported that following national coverage about the PIP implants the Trust are writing to women who have had PIP implants (approximately 450) requesting that they visit their GPs if they have any concerns. He said only a couple of women had been in touch.

The Director of Planning and Performance, Tees, Esk and Wear Valleys NHS Foundation Trust reported that the Trust are continuing to review the Crisis Services, working with the Shadow CCG, promoting the Darlington Dementia Collaborative Large Scale Change Project 2009 – 2011 Evaluation Report and are holding a stakeholder event on 20th February 2012 to discuss the Trusts Quality Accounts and encouraged Members of the Committee to attend.

RESOLVED – That the updates ben noted.

HP27. WORK PROGRAMME 2011/12 – The Director of Resources submitted a report (previously circulated) requesting that consideration be given to the Work Programme items scheduled to be considered by this Scrutiny Committee during the current Municipal Year and to the development of Terms of Reference and Quad of Aims (also previously circulated) for those topics.

The submitted report outlined the original Work Programme and requested Members to reconsider the Work Programme to accommodate further issues that need to be included and approve a number of Terms of Reference and a Quad of Aims for some additional items.

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

(b) That the submitted Terms of Reference in respect of Clear and Credible Plan from the Shadow Clinical Commissioning Group and developments of the Police Crime Commissioners appended to the report be approved; and

(c) That the submitted Quad of Aims in respect of Telehealth appended to the report be approved.

HP28. DARLINGTON SHADOW CLINICAL COMMISSIONING GROUP – CLEAR AND CREDIBLE PLAN 2012/13 – 2017/18 AND DEVELOPMENT PLAN 2011/2012 – Dr Harry Byrne, Chair and Martin Phillips Interim Chief Operating Officer, Darlington Shadow

Clinical Commissioning Group (CCG) jointly introduced a powerpoint presentation describing the Clear and Credible Plan (CCP) 2012/13, Mr Phillips commented that the aim was to shrink the CCP onto one page. The CCP outlines the vision/purpose of the CCG, the summary of key health challenges/opportunities facing the CCGs, details the achievements so far, an overview of key priorities, initiatives to be implemented and details about how the CCG will perform and manage the delivery of initiatives.

Mr Phillips reminded Members that the CCG's overall vision/aim/purpose is to improve health and wellbeing of the people of Darlington and the ambition is for excellence always. The CCP and the Development Plan is an attempt to develop a strategic alignment to the Local Authority. Dr Byrne reported the achievements of CCGs, building on the success of the Practice Based Commissioning Groups in respect of Muscular Skeletal, Urgent Care and Long Term Conditions. The vision is to get a synergy of service across all 12 GP Practices in the town to provide equity of quality of services at every Practice in the Borough. It was noted that sometimes this might mean decommissioning current services if the service does not provide value for money or is a poor performing service.

Members welcomed the involvement of LINKs and the regular contact the CCG has with them. The membership of the CCGs Governing Board will include a Lay Member and it was hoped to involve LINK in that process. Mr Phillips explained that the LINK represents the patient voice and hoped that they would help develop the understanding of the changing role of the GP with members of the public. The CCG are also building relationships with Darlington Partnership, Chief Executives of Foundation Trusts as well as the Council. Mr Phillips reported that the CCG were working on the Clinical Strategy and that he hoped to bring this to the Scrutiny Committee in due course.

In response to a question, Dr Byrne explained that GPs in Darlington collectively work together very well and always have done. The challenge now was working together to ensure that GPs are at the forefront of change and commissioning decisions, based on what meets the needs of their locality and patients. He added that there was support in Darlington to develop the CCG and that some GPs and Practices that are at different stages but all are supportive. He commented that the recently reported polls about negative support reflect only a small proportion of GPs opinion. Things could have continued under current arrangements but there would have been no accountability, by creating a CCG with governance arrangements the CCG are held accountable for the decision they make.

It was noted that services can be commissioned by the CCG specifically to meet the needs of Darlington although, specialist services will need to be commissioned across larger populations and the CCG will look to work and build relationships with other CCGs, i.e. Durham and Tees Valley. Mr Phillips reported that there would be a maximum of ten staff supporting the CCG and therefore decisions would be need to taken to prioritise the work of the CCG given its capacity. GPs are currently undertaking web based learning in respect of finance etc, and Dr Byrne acknowledged that there was a huge knowledge base that needs to be built up by GPs.

Members welcomed the discussion about the CCP and the Development Plan and felt reassured by Mr Phillips and Dr Byrne that good, steady progress was being made by the Darlington Shadow CCG. Members requested that further update reports be brought to future meeting of the Scrutiny Committee.

RESOLVED – (a) That the Clear and Credible Plan and Development Plan be welcomed.

- (b) That further updates about the progress of the Darlington Shadow CCG be considered at future meetings of this Committee; and
- (c) That the Terms of Reference be amended accordingly.

HP29. POLICE AND CRIME COMMISSIONERS TRANSITION UPDATE – The Director of People submitted a report (previously circulated) outlining the key proposals and issues in relation to the development of Police and Crime Commissioners (PCCs) in Durham and Darlington. The Assistant Director – Development and Commissioning presented the report explaining that Police and Crime Commissioners are due to be introduced from November 2012, as a result of the Police Reform and Social Responsibility Act 2011. Under the new arrangements, Police and Crime Panels (PCP) will also be established and include local elected Members. Durham Police Authority has established a set of transition arrangements, including a Transition Board and a number of project workstreams.

The duty of the PCC is to ensure that the Police Force is providing an effective and efficient service behalf of the public. Elections for the PCCs will be held on 15th November 2012. PCCs will be expected to make a number of staffing appointments, including a Chief Executive and a Chief Financial Officer. PCCs will have the power to appoint and dismiss the Chief Constable, though the Chief Constable will continue to appoint all police officers.

Members expressed concern that the responsibility for the Community Safety Funding will transfer from Local Authorities to the PCCs from 1 April 2013. PCCs are also likely to hold joint responsibility for some drug treatment monies, alongside public health. The PCCs will work in partnership with the Community Safety Partnerships (CSP) in Local Authority areas, and will have powers to bring together such partnerships across the force area. It was acknowledged that the relationship between the PCC and CSP still needed to be worked out, together with its relationship with the Scrutiny Committee.

The PCP will have a variety of functions and there are a number of issues to be resolved prior to establishing the PCP for Durham and Darlington.

RESOLVED – (a) That the contents of the report be noted; and

(b) That a further update be brought to this Scrutiny Committee in the next municipal year; and

(c) That the Terms of Reference be amended accordingly.

HP30. POLICY REVIEW – (A) REVIEW OF PROGRESS ON POLICY REVIEW ITEMS – (i) **Clinical Strategy Task and Finish Review Group** – The notes of the meeting of the Task and Finish Review Group held on 10th January 2012 were considered (previously circulated). Mr Hunt reported that the Clinical Strategy has been reaffirmed by the Foundation Trust Board.

RESOLVED – That the notes be agreed.

(ii) **Darlington Health Profiles Task and Finish Group** – The notes of the meeting of the Task and Finish Review Group held on 19th January 2012 were considered (previously circulated). Councillor Regan reported that the young people from within the Cockerton West area have started work on the production of a DVD about the dangers of second hand smoking and requested to show the DVD once produced at a forth coming Committee meeting.

RESOLVED – (a) That the notes be agreed.

(b) That the DVD produced by the young people of Cockerton West be invited to the April Committee meeting to show their DVD.

(iii) Local Strategic Partnership Task and Finish Review Group – The notes of the meeting of the Task and Finish Review Group held on 2nd February 2012 were considered (previously circulated).

RESOLVED – That the notes be agreed.

(B) REVIEW ITEMS FINAL REPORTS – There was nothing to report.