

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

23rd October, 2012

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

APOLOGIES – Councillors Francis and Nutt. (2)

ABSENT – Councillors I. Haszeldine. (1)

ALSO IN ATTENDANCE – Councillors Copeland and Lawton.

OFFICERS IN ATTENDANCE – Seth Pearson, Director of Partnerships.

EXTERNAL REPRESENTATIVES – Miriam Davidson, Director of Public Health, NHS County Durham and Darlington; Dr Andrea Jones, Chair and Martin Phillips, Chief Officer Designate, Darlington Clinical Commissioning Group; Edmund Lovell, Associate Director of Marketing and Communications, County Durham and Darlington NHS Foundation Trust; Denise Jones, Head of GP Contracts & Commissioning and Sheila Lister, Assistant Director – PCPP, North East Primary Care Services Agency.

HP25. DECLARATION OF INTERESTS – There were no declarations of interest reported at the meeting.

HP26. MINUTES – Submitted – The Minutes (previously circulated) of the meetings of this Scrutiny Committee on 28th August and 9th October 2012.

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

HP27. NHS AND PARTNERS UPDATE – Martin Phillips, Chief Officer Designate Darlington Clinical Commissioning Group (CCG) reported that the CCG were heading towards Authorisation and were currently uploading its evidence within the six domains of clinical focus, meaningful engagement, leadership, clear and credible plan, governance and collaboration. Mr Phillips was pleased to report that the 360 degree survey received 97% feedback from the health and social colleagues and the responses on the whole were favourable and demonstrated that the CCG are performing above average. Dr Jones reported that the CCG are extending its alliances across the 12 CCGs in the Region and are now including discussions with Cumbria to consider effective collaborative working. Representatives from the 12 CCGs meet monthly to discuss how collaborations can be achieved. Mr Phillips announced that the CCG had now appointed its Chief Finance Officer.

Edmund Lovell, Associate Director of Marketing and Communications, County Durham and Darlington NHS Foundation Trust reported that the Trust have re launched its smoke free sites campaign and believe it has had impact but the onus is on staff to implement it and challenge smokers on the Trusts land. Mr Lovell reported that the Trust had received a successful visit from the new Health Minister, Dan Poulter, publicised the Obstetrics and Gynaecology event on 9th November 2012 and thanked Members for visiting the Trusts Stroke Unit at University Hospital North Durham. Mr

Lovell also reported that the new appointed Director of Nursing will commence his duties at the Trust on 5th November 2012 and that Diane Murphy has recently taken on the role of Clinical Director of Service Transformation.

Mr Lovell reassured Members that Darlington Memorial Hospital has capacity to take on an estimated additional 300 expectant mothers if the decision is taken to reduce the services provided at the Friarage Hospital, Northallerton and acknowledged that the Trust had recently attended the Tees Valley Health Scrutiny Joint Committee. The Trust are working closely with Officers from South Tees Hospital NHS Foundation Trust to discuss options of a way forward. Mr Lovell advised that physically and staff wise the Trust has capacity and consideration is being given to whether a further influx of over 600 births would be manageable. Mr Lovell reaffirmed the Trusts commitment to maintaining two Paediatric and Maternity Units across the Trust.

Discussion ensued about the perceived problems about the Urgent Care services transfer to Accident and Emergency Department. Dr Jones reported that the CCG have considered the Business Case and are in the process of ironing out the details and Mr Lovell confirmed that Dr Piper House would retain the provision of urgent care services until a long term solution was agreed. Mr Phillips was optimistic that he would be able to report back to the Committee in December 2012 a further update.

RESOLVED – That the updates be noted.

HP28. 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 Community Safety – substance misuse, Annual Report of the Director of Public Health and overview of local alcohol services 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 recent Work Programme meeting and expressed her gratitude to members of the Committee for their hard work and enthusiasm for undertaking such a vast and varied amount of work.

RESOLVED – (a) That the Work Programme be noted; and

(b) That items in respect of Community Safety – Substance Misuse, Annual Report of the Director of Public Health and overview of local alcohol services be approved and added to the Committees Work Programme.

HP29. ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH COUNTY DURHAM AND DIRECTOR OF PUBLIC HEALTH DARLINGTON 2011/12 – The Director of Public Health submitted a report (previously circulated) presenting the 2011/12 Annual Report of the Director of Public Health for County Durham and the Director of Public Health for Darlington to Members of the Health and Partnerships Scrutiny Committee.

Miriam Davidson, Director of Public Health introduced a PowerPoint presentation which highlighted the salient points in the Annual Report. A full version of the Annual Report was attached to the submitted report for Members and further copies were made available at the meeting. Mrs Davidson reported that theme of the 2011/12 Annual Report looked backwards to the time when public health was previously a Local Authority responsibility; and looked forwards identifying further work needed to continue to improve the health and wellbeing of people in Darlington.

Members welcomed the report and congratulated the Director of Public Health on the report and her presentation. Particular reference was made to alcohol misuse being more prevalent in the older generation and the Director explained that alcohol and older people featured in the Darlington Alcohol Prevention Strategy and is included in the Strategic Needs Assessment. Members also queried whether the Scrutiny Committee could play a role in promoting bowel cancer screening kits and the Director welcomed the Committee's support and undertook to provide some key messages from Dr Nick Springham to Public Health Consultant to be circulated to Members.

The Director of Partnerships advised that Darlington Partnership were pursuing a work strand involving a social norms campaign in Darlington workplaces based on alcohol. The Council has invited all employees to participate in the survey and so far the results demonstrate that there is gap between reality and perception, similar to the social norms surveys carried out in schools. Mrs Davidson explained that the feedback would be used to build an educational campaign to challenge perceptions.

Councillor Regan bestowed his thanks to the Director for including reference to Cockerton West Community Partnership with Darlington Tobacco Alliance developing a smoking and health project for two Darlington Schools to produce a DVD explaining the health risks of second hand smoking.

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

(b) That it be noted it is the final joint report of Directors of Public Health from County Durham and Darlington.

HP30. AN ECONOMIC CASE FOR PUBLIC HEALTH – The Director of Public Health submitted a report (previously circulated) informing Members and introducing the concepts of using evidence on cost effectiveness and return on investment to shape public health commissioning from 2013.

The Director of Public Health reported that there was a growing demand for methods and evidence to support the case for investing in public health interventions by demonstrating the potential return on that investment. It was explained that there are a range of tools available to decision makers to assist with prioritisation including economic evaluations which deal with the relationships between costs and outcomes when choices have to be made between competing options. Members are aware that Public Health in Darlington Borough Council after 1st April 2013 will be focused on making population level changes to improve health. The team intend to work with elected Members and Officers in applying a range of tools, e.g. health impact assessment, health needs assessment and economic appraisals to inform investment decisions.

RESOLVED – That the contents of the report be noted and that all Members of the Scrutiny Committee make every effort to attend the Members training session in February 2013.

HP31. DARLINGTON PARTNERSHIP – TANGIBLE OUTCOMES – Pursuant to Minute HP16 Aug/2012 the Director for People submitted a report (previously circulated) highlighting some of the key positive outcomes achieved by Darlington Partnership. The submitted report outlined the background to Darlington Partnership, described its purpose and highlighted three tangible, positive outcomes it has achieved.

Seth Pearson, Director of Partnerships guided Members through the submitted report, advising that Darlington Partnership has two purposes to enable a common understanding of the priorities for Darlington to be reached across the broadest range of stakeholders as possible and to ensure effective, concerted action is being taken to address them. It was noted that in response to a changed environment, the Partnership has instigated more direct action to address priorities which have better engaged other sectors than just the public sector. In March 2011, the Partnership Board reaffirmed its commitment to delivering One Darlington: Perfectly Placed but in addition, aimed to develop contribution from a broader range of people and to target that contribution directly at priorities.

Mr Pearson reported that Darlington Partnership has kept a successful oversight of One Darlington: Perfectly Placed and the last full Comprehensive Area Assessment of Darlington was published in December 2009 and the assessment found many positive things to comment on and no areas where there were significant concerns or where action was needed.

At its meeting in September 2011, the Partnership Board agreed that it would focus on only a small number of annual Action Priorities, which rely on the contributions of each sector, private, public, voluntary and community and which can make a measurable impact in the short term. Its Action Priorities for 2012 are: Giving our young people a better chance of getting a job, the harm caused to our community through the misuse of alcohol and ensuring the elderly in our community are well supported. Good progress is being made in the development of actions which address each Action Priority and significant achievements have been made in developing vocational opportunities for young people which is receiving local, regional and national recognition.

Establishing a successful project focused on a Partnership ‘Action Priority’ – The Foundation for Jobs has been very successful and the initiative will run throughout 2012 and beyond and aimed to provide young people a better chance of finding work by developing more effective links between Schools, Colleges, Universities and employers to help young people get a better understanding of the world of work and to get better connected with local employers. A key feature of the initiative has been the establishment of hard targets to be achieved within the year are the creation of 100 apprenticeships for Darlington Borough residents by end of March 2013, the creation of 100 internships or work experience placements for Darlington Borough residents by end of March 2013, ensuring 1,000 young people at Darlington Schools and colleges have meaningful contact with industry by end of March 2013 and that at least 50 Darlington Borough residents are given entrepreneurial skills training by end of March 2013. The Partnership is currently on target to meet these key milestones.

Mr Pearson explained how the Partnership has created a vehicle to harness and increase employer supported volunteering and corporate social responsibility activity – Darlington Cares. Darlington Cares will assist businesses and other local employers to fulfil their corporate social responsibility commitments by identifying local projects to get involved in. It brings together the skills and expertise of businesses, local employers and their employees to make a positive difference to the local community through a range of initiatives. The aim for Darlington Cares is to be fully funded by contributions from its membership. The target for the first year's contributions from other than the Council was set at £25,000 which has been exceeded with a total of £30,000 having been pledged. To allow Darlington Cares time to build up its membership to a point where it can self-sustain, up to £100,000 of Performance Reward Grant has been approved by Darlington Borough Council's Cabinet following approval by the Darlington Partnership Board. Five of the larger employers in Darlington have joined Teesside University and Darlington Borough Council to form the Board of Darlington Cares and committed to an annual contribution towards the running costs.

Members were delighted at the positive number of young people accessing apprentices and interns and hoped that good progress was sustainable in the long term. Mr Pearson commented that research has demonstrated that young people being engaged with employers' means they are more likely to be employable when they leave school than those who do not.

Mr Pearson briefly reported that the recent Community Briefing had taken place and that three new Community representatives had been elected to be members of Darlington Partnership Board. The meeting also received an update from him and the Police.

The Chair thanked the Director of Partnerships for the report and suggested that further scrutiny of the Council's relationships with partners and its significant partnerships was required and suggested establishing a Task and Finish review Group to undertake this.

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

(b) That a Task and Finish Review Group be established to scrutinise the Council's significant Partnerships.

HP32. NORTH EAST PRIMARY CARE SERVICES AGENCY – The Assistant Director of North East Primary Care Services (NEPCSA) submitted a presentation (slides previously circulated), providing Members with an overview of the NEPCSA explaining that it was established in December 2010 and identified the structure of the organisation. Shelia Lister, Assistant Director explained that NEPCSA was responsible for the contract management of over 2,000 contracts, including out of hours contracts (Darlington not included), home oxygen supply contracts and pharmacy management. It was noted that the Darzi practice decision was taken by local Primary Care Trusts (PCT) but NEPCSA had undertaken a review of the service and produced a report to enable them to make an informed decision. NEPCSA are also working towards the revalidation of GPs and working with the CCGs to achieve this.

Ms Lister outlined the transitional arrangements for NEPCSA until responsibilities are transferred to the NHS Commissioning Board and Local Area Teams are established. There will also be Local Professional Networks and a Single Operating Model in place by 1st April 2013. The key features of the Single Operating Model will include a single system nationally, quality and safety will be paramount, clinical leadership, common policies and procedures and single accountability framework. In summary there'll be an increased clinical input, shift additional functions currently with PCTs e.g. Secondary Care Dental Services commissioning with no additional resources.

Members welcomed the presentation and discussed how NEPCSA and the Local Area Teams will build relationships with Overview and Scrutiny Committees. Mr Phillips added that the 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.

RESOLVED – That the presentation be noted.

HP33. DARLINGTON CLINICAL COMMISSIONING GROUP – The Chief Officer Designate of Darlington CCG reported that the Clear and Credible Plan produced for enabled the PCT to hold the CCG into account and in future that role would fall to the NHS Commissioning Board. The clear underlying aim of the Plan is to work together with partners to improve the health of the population of Darlington. It was noted that Darlington CCG is one of the smallest CCG in the Country and therefore it is crucial to build robust relationships to be effective and provide joined up services. The CCG are keen to promote recognition of the need to work together and pool budgets in attempt to bridge the health inequality gap of 13 years across specific areas of Darlington.

Dr Jones reaffirmed that the CCG are striving to create a future which is transformed against the current challenges and make the systems work to achieve the best services for Darlington residents. It was noted that all Darlington GP Practices are now on the same IT system which enables information to be easily disseminated between Practices.

It was noted that the long term strategies for the CCG will be created by the Clinical Leadership Group following input from providers, clinical leaders and stakeholders. Dr Jones advised the Regional Clinical Networks would be key to shared delivery of services and assist with driving up quality of services and share good practice. It was acknowledged that meaningful engagement is key to how the CCG moves forward and a Council for Patient, Public and Carers has been established and a terms of reference is being developed. This forum will build on the credibility of the lay member on the Governing Board and enable more patient feedback to be gathered. This must be handled carefully to ensure that patients are aware of the limitations of the CCG and that the intention is to save money to reinvest into better quality of services and to achieve this more joined up working to identify services is needed.

Members welcomed the abridged version of the Clear and Credible Plan 2012/13 – 2016/17 but would like a copy of the full document, Mr Phillips agreed to circulate document after the meeting. Members also requested a copy of the structure of the CCG once all the appointments had been made.

RESOLVED – (a) That the update be noted.

(b) That Mr Phillips circulates the requested information outside the meeting.

HP34. CONSULTATION TASK AND FINISH REVIEW GROUP – The Director of Resources submitted a report (previously circulated) advising Members of the recent consultations 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, that 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. The submitted report included details of the consultations that the Group has responded to on behalf of the Scrutiny Committee.

RESOLVED – That the Scrutiny Committee retrospectively approve the responses submitted by the Task and Finish Review Group, as detailed in (Appendix 1, 2 and 3) of the submitted report.

HP35. REVIEW OF PROGRESS ON POLICY REVIEW ITEMS – Clinical Strategy Task and Finish Review Groups – Members of the Surgery Task and Finish Group, Long Term Condition Task and Finish Review Group and Older people and Long Term Conditions Task and Finish Group provided a verbal update of the work undertaken so far.

Councillor Regan reported that the Group had an extremely informative meeting and would be receiving a six month update, but in the meantime would explore the possibility of undertaking a piece of work in relation to obesity and bariatric surgery.

Councillor E. A Richmond reported that the Long Term Conditions Task and Finish Review Group had continued to hold positive meetings exploring utilising the facilities at the Dolphin Centre as a drop in centre to promote Long Term Conditions, but expressed some frustration that respective organisations were not moving forward as quickly with the proposal as the Group would have liked.

Councillor J. Taylor reported that the Group were meeting with representatives from St Teresa's Hospice, Council Officers and representatives from the Trust to ensure that partnership working is robust and achieving the positive outcomes.

RESOLVED – That the updates be noted.