HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE
11th June, 2013

PRESENT – Councillor Newall (in the Chair); Councillors Donoghue, Francis, Macnab, Nutt, Regan, E. A Richmond, S. Richmond, H. Scott and J. Taylor.(10)

ABSENT – Councillor I Haszeldine (1)

OFFICERS IN ATTENDANCE – Ken Ross, Principal Public Health Specialist and Chris Sivers, Assistant Director of Development and Commissioning.

EXTERNAL REPRESENTATIVES – Rosemary Granger, Project Director and Jackie Kay, Assistant Chief Officer, NHS Darlington Clinical Commissioning Group (CCG); Wendy Stephens, Primary Care Contract Manager, NHS England Area Team and Andrea Goldie, Healthwatch Darlington.

HP1. DECLARATION OF INTERESTS – Councillor Newall declared a non-pecuniary interest in respect of HP7. below as a Darzi Practice former patient.

HP2. **TIMES OF MEETINGS FOR MUNICIPAL YEAR 2013/14** – **RESOLVED** – That for the remainder of the Municipal Year 2013/14, meetings of this Scrutiny Committee will be held at 9.30am.

HP3. MINUTES – Submitted – The Minutes (previously circulated) of the meetings of this Scrutiny Committee on 16th April and 8th May 2013.

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

HP4. WORK PROGRAMME 2013/14 – 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 2013/14. 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.

The Chair suggested that two additional items be added to the Scrutiny Committees Work Programme, namely Accident and Emergency Pressures and Access to GP appointments. The Assistant Chief Officer, Darlington CCG welcomed the Committee's intention to visit GP Practices and requested that the information be shared with the CGG.

Particular reference was made to Telehealth/telecare and it was suggested that this piece of work remain deferred at this time, until the Health and Well Being Board have considered a report on Telehealth: A potential Tees Valley Approach.

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

(b) That Quads of Aims be developed in respect of Accident and Emergency Pressures and Access to GP appointments and that both items be added to the Committee's Work Programme.

HP5. SECURING QUALITY IN HEALTH SERVICES (FORMLEY ACUTUE SERVICE QUALITY LEGACY PROJECT) – The Project Director, NHS Darlington CCG submitted a report inviting Members to consider the report on the findings and recommendations from the Acute Services Quality Legacy Project.

Members were reminded that the Acute Services Quality Legacy Project commenced on April 2012 and was completed in March 2013. The project was part of the process for Primary Care Trusts (PCT) to transfer commissioning responsibility to Clinical Commissioning Groups (CCGs) and it covered the PCT clusters across County Durham and Darlington and Tees Valley. The overall objective of the project was to enhance the commissioning of acute hospital services by reaching consensus on the key clinical quality standards in acute hospital care that should be commissioned by CCGs. The project aimed to produce a report that would describe the agreed clinical quality standards in the context of the financial and workforce resources that are expected to be available to support implementation of the standards.

Members were interested to note that the process of taking forward the report recommendations is now being led by the Clinical Commissioning Groups (CCGs) across County Durham, Darlington and Tees; and that Darlington are taking the lead on this. The project will also feed into, and supported by the work of the Area Team of NHS England.

The work considered the clinical community to define what the best possible care should look like in hospitals and begin to outline the next steps of how projects should be delivered, given the likely financial future and the workforce that will be available. The findings and recommendations set out in the project report have implications that range from potential changes to be made to provider contracts through incorporating the agreed clinical quality standards, to potential service reconfiguration across County Durham and Tees Valley. The Clinical area includes Acute Paediatrics, Maternity and Neonatal Service, Acute Care, End of Life Care and Long Term Conditions.

Discussion ensued about the falling number of trained mid-wives, availability of Consultants in Paediatric Wards and Neonatal Services; development of 12 hour services and 24hour/7days diagnostic services; communications of pathways of care available and the review of End of Life Care and Palliative Care being undertaken by the three Darlington and County Durham CCGs.

The objectives for the next phase of work which is expected to be complete by the end of the summer 2013, are to assess the feasibility of, and options for, implementing the standards and progressing implementation. This work will further explore the views about implementation set out in the report, with a particular focus on the views of Royal Colleges and local clinicians that some quality standards around medical and nursing workforce may not be met within the current configuration of services.

Particular reference was made to the immense challenge of workforce planning and the difficult conversations that need to be had with the general public about potential changes, including trying to promote understanding of moving away from the traditional

District General Hospitals and move towards Specialist Centres of Excellence. Members welcomed the involvement of other clinical staff apart from Consultants as the project moves into the feasibility analysis and requested to be kept informed at every stage of the project.

RESOLVED – (a) The report be noted; and

(b) That a further update report be brought to a future meeting of the Scrutiny Committee.

HP6. DARLINGTON HEALTH AND WELL BEING BOARD – The Director of People submitted a report (previously circulated) updating Members of the Scrutiny Committee of Darlington's progress in developing a Health and Well Being Board.

The Assistant Director Development and Commissioning introduced the report and highlighted the salient points. The submitted report reminded Members of Health and Social Act 2012 requirements for every Local Authority to establish a Health and Well Being Board, its statutory functions, statutory membership and local discretionary elements. The Work Programme of the Board was discussed and the Health and Social Care Delivery Plan which outlines the shared priorities for health, social care and public health for 2013 – 16. The Delivery Plan sits underneath Darlington's Health and Well Being Strategy and its purpose is to focus collective action on improvement of health and social care outcomes and narrowing the gap in outcomes within Darlington and between Darlington and the rest of England. There are three priority actions within the Delivery Plan; those are to focus resources in the areas of highest need, to create a sustainable health and social care economy and to improve the management of Long Term Conditions.

Discussion ensued around the priority actions and particular reference was made to proportionate universalism. The Principal Public Health Specialist advised that proportionate universalism was featured in the Marmot Report "Fair Society: Healthy Lives" as focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. This is known as proportionate universalism.

Members welcomed the wider membership of the Board and looked forward to the Board developing and the relationship between the Board and the Scrutiny Committee being clarified.

The Health and Social Care Provider Event was highlighted and the Assistant Director reported that the Chair of this Scrutiny Committee had agreed to attend to be on the Question and answer Panel to raise the profile of Scrutiny within the provider Forum.

RESOLVED – (a) That the report be received; and

(b) That an update report and the progress of the Health and Social Care Delivery Plan 2013-2016 be considered at the next meeting of the Scrutiny Committee.

HP7. DR PIPER HOUSE BRIEFING REPORT – The Primary Care Contract Manager, NHS England Area Team submitted a report (previously circulated) updating Members of the dispersal of the Dr Piper House Practice registered patient list.

The submitted reported outlined that at the time the decision was taken to terminate the contract there were 957 patients registered at the GP Practice. Following the closure of Dr Piper House Practice on 31 March 2013, a total of 577 (60%) patients have re-registered with GP Practices across Darlington and other areas of the North-East Region. On the date of closure were 480 patients still to register with another Practice. All patients who were deemed to be vulnerable patients (by nature of clinical condition), were re-registered by 31 March 2013.

Each patient received four letters in total in relation to the closure and the letters contained details of local GP Practices and also a link to the NHS Choices website to aid patients in making a choice of GP Practice. The letter also referred patients to HealthWatch should they need assistance in choosing a GP practice. The records of those remaining patients are being held by the Area Team until such times patients register with a new Practice. No complaints or concerns have been raised with the Area Team in relation to patients not being able to access alternative GP Practices and the Area Team continue to monitor patient movement. Members noted that as at 23 May 2013 there were still 380 patients to re-register with another GP Practice, a total of 140 female patients and 240 male patients and a final letter was issued to Practices on the 20 May 2013. A graph was appended to the submitted report showing the dispersal of patients across Darlington GP Practices.

Discussion ensued and Practice boundaries and the difference between the inner Practice boundary and the outer Practice boundary and the difficulty people may have encountered trying to re-register at GP Practices.

Particular reference was made to the funding associated with the Darzi Practice which Members had previously been informed would be returned to be invested into Darlington's Health Economy. It was noted that the funding follows the patient and therefore if a patient has chosen to re-register outside Darlington then the funding would go to the practice whom has registered the patient.
The Assistant Chief Officer explained that Darlington CCG has identified a sum of money from its overall financial allocation agreed with NHS England and is in the process of confirming schemes for investment from the funding released from the Darzi APMS contract. It was noted that there would still be some money wrapped around those patients who still have not re-registered, although it was pointed out that amongst the remaining number of patients are those who are resident in The Priory Hospital (who will not be re-registered with another practice) and possibly a high cohort of patients who no longer reside in Darlington. Members noted that a patient has the choice not to re-register with another practice and it is often the case that patient will no register elsewhere until they have a clinical need to do so.

A specific question in relation to the services provided to the Gate was discussed and the Principal Public Health Specialist reported that the service provided at the gate was through a contract with NECCA.

Members expressed frustrations that it has taken such a long time to receive this information.

RESOLVED – (a) That report be noted; and

(b) That clarification about the funding be requested.

HP8. CHALLENGING PERFROMANCE, MAKING a DIFFERENCE– The Assistant Director of Development and Commissioning introduced a powerpoint presentation (previously circulated) informing Members of performance information within the remit of this Scrutiny Committee and outlined the future role of involvement of this Scrutiny Committee in the monitoring of this information. The presentation made reference to the Frameworks and Delivery Plans within the remit of this Committee and particular reference was made to the Health and Social Care Delivery Plan.

The Principal Public Health Specialist tabled definitions in relation to the information contained with the public health outcome slides and made reference to Public Health England has launching a new web based tool, Longer Lives, which maps Local Authority's according to their premature mortality rates. It was pointed out that data fluctuates and there are often seasonal difference displayed.

Discussion ensued around smoking prevalence especially at the time of delivery (the percentage of pregnant women known to smoke at the time of delivery); self-reported well-being; positive data around life expectancy figures at 75 years of age and the difference between avoidable mortality and death amenable to health care.

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

(b) That regular exception reporting be brought to Health and Partnerships Briefings and if Members have any concerns or desire to undertake a piece of work the matter be referred back the this Scrutiny Committee for determination.

HP9. SUPPLEMENTARY ITEM – OBESITY TASK AND FINISH REVIEW GROUP FINAL REPORT – With prior approval of the Chair to the matter being treated as urgent to enable the Scrutiny Committee to consider the Final Report at the earliest opportunity.

The Director of Resources submitted a report (previously circulated) presenting the Final Report of the Obesity Task and Finish Review Group. Members were reminded that the Task and Finish Review Group was established to consider the services that combine to provide an obesity pathway of care.

RESOLVED – That the report be approved and the recommendations be agreed.

HP10. SUPPLEMENTARY ITEM – HEALTH AND SOCIAL CARE INTERGRATION PIONEERS PROGRAMME – With prior approval of the Chair to the matter being treated as urgent to enable the Scrutiny Committee to consider the issue at the earliest opportunity.

The Assistant Director Development and Commissioning reported that a late report was being submitted to the Health and Well Being Board that evening, to consider the new

Pioneer programme for integration of health and social care, and to seek support for a submission to the programme. This Assistant Director brought the item to this Committees attention for information.

It was explained that a new partnership of national health and social care organisations has established a vision for the integration of health and social care, which was released recently. As a part of implementing this vision for person centred care and support, local areas have been invited to become Pioneers for integration where better integration is to the benefit of patients, people who use services and local communities. Expressions of Interest (EOI) have been invited from partnerships in local areas, based on the needs and experiences of patients and partners in the local areas. Darlington Council and Darlington CCG have been involved in discussions with other Tees Valley Authorities with a view to developing collaborative models for integration within place and across places. Preliminary conversations have taken place across all five Tees Valley Local Authorities and all three Tees Valley CCGs, with conversations between Darlington, Middlesbrough and Redcar and Cleveland Councils and Darlington and South Tees CCGs being pursued most actively.

It was noted that a collaborative model further has the potential to draw down resource from the Department of Communities and Local Government (DCLG) who are keen to encourage such collaborative effort amongst Local Authorities. In order to do so, effective governance arrangements would need to be established with the willing partners as mentioned above. There is likely to be some significant resource requirements needed to provide assurance on progress, and to ensure the effective decision making and implementation of models of delivery.

RESOLVED – That the information be noted and this Scrutiny Committee be kept informed of the process.