

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

24 February 2016

PRESENT – Councillor Newall (in the Chair); Councillors Crichlow, H Scott, J Taylor and Tostevin. (5)

APOLOGIES – Councillors Donoghue, Nutt, EA Richmond and S Richmond. (4)

ALSO IN ATTENDANCE – (0)

OFFICERS IN ATTENDANCE – Suzanne Joyner, Director of Children and Adults Services, Ken Ross, Public Health Principal, Rachel Osbaldeston, Public Health Portfolio Lead and Allison Hill, Democratic Officer.

EXTERNAL REPRESENTATIVES – Jackie Kay, Assistant Chief Officer and Dr Andrea Jones, Darlington Clinical Commissioning Group; Jon Tomlinson, Programme Director, Better Health Programme, Darlington, Durham and Tees, North East Commissioning Support; Janet Sedgewick, Associate Director, Service Development and Lynn Hammal, Service Transformation Facilitator, Country Durham and Darlington Foundation Trust; Jo Dawson, Head of Adult Mental Health and Substance Misuse Services, Durham and Darlington and Sarah Callaghan, Senior Planning and Performance Manager, Tees, Esk and Wear Valleys Foundation Trust.

HP50. DECLARATIONS OF INTEREST – There were no declarations of interest reported at the meeting.

HP51. MINUTES – Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 13 January 2016

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

HP52. MATTERS ARISING – In relation to Minute HP43 Members were advised by the Public Health Principal that the Public Health grant allocation had been awarded for the next two years but there were no details on the revised formula. Once this was known Members would be advised.

In relation to Minute HP47 Scrutiny was advised that several Members had recently attended an event and it was commented that veterans were not always asked, when presenting at hospital, whether they were veterans or not. The Associate Director, Service Development of Country Durham and Darlington Foundation Trust (CDDFT) agreed to feed this back to the Trust.

HP53. WORK PROGRAMME 2015/16 – The Director of Neighbourhood Services and 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. In addition to the previously approved Work Programme, Members were requested to consider and approve Appendix 1 to the submitted report, which detailed the status of each item.

It was emphasised that the work programme was a rolling programme and any Member of this Scrutiny could request an item to be included provided that a Quad of Aims had been submitted to the Scrutiny Committee prior to ensure that it contributed to the strategic aims of the Council.

The submitted report outlined the Work Programme and requested Members consider the areas of work already listed and, if appropriate, include any further issues.

There was detailed discussion on the current status of various topics on the work programme.

In relation to Stroke Services the Chair advised that she had attended, along with the Vice-Chair, a meeting of the Stroke Association. It was stated that, although the service was good, people who were being discharged following a stroke were not necessarily ready for that information although would be willing to engage at a later date. It was suggested that, in these instances, patients may need a follow-up. Concerns were also raised that service users did not have access to transport to enable them to access the service at Bishop Auckland, however, Members were advised that the CCG would have information relating to service users. The Assistant Chief Officer, Darlington CCG advised that work was currently underway in relation stroke and that a report would be submitted to Scrutiny in the near future.

The Chair advised that she had recently attended a meeting in connection with Telehealthcare where it was evident that GP's were appreciating the benefits of digital services and the first year of focus for the Primary Care Transformation Fund was around digital technologies.

With regard to urgent care, the CCG reported that the Strategy had gone through an Interim Committee and the Board had recently received a presentation. A 'Plan on a Page' was currently being devised and a progress report would be submitted to a future Scrutiny Committee. Members were informed that there were still issues around space for co-location and that further dialogue with CDDFT was required.

Access to GP Services was due to be submitted to Scrutiny in Spring, however, the CCG representative stated that, as a range of initiatives were pending evaluation, it would be more useful to defer this item until June.

The CCG requested that Winter Debrief be deferred to June to enable the Systems Resilience Group to undertake necessary evaluations.

Particular reference was made to the possibilities of joint working with Adults and Housing Scrutiny Committee to ensure there was no duplication of work. Learning and Disability and the Better Care Fund were highlighted as potential joint issues and it was suggested that the Lead Scrutiny would need to be determined.

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

(b) That the Work Programme be updated to reflect the decisions of this Scrutiny Committee.

HP54. PERFECT WEEK – DARLINGTON MEMORIAL HOSPITAL – The Associate Director, Service Development and Service Transformation Facilitator, Country Durham and Darlington Foundation Trust gave a presentation on Perfect Week, part of a whole systems approach to transforming emergency care.

It was stated that the driver for this piece of work was the increased demand for emergency patients and the need to ensure resources were in the right place, better working and how services could be improved.

Members were informed that the aims of the Trust were to deliver the best possible care across the whole patient pathway; right care first time, every time, to improve the experience of patients and staff; better collaboration and team working; working smarter and leaner; and shared learning, working together for sustainable improvements.

Perfect Week provided a system overview at both Durham and Darlington acute sites and community hospitals with over 825 issues being raised and resolved in real time; over 200 volunteers completing over 400 shifts as a Liaison Officer; over 700 staff and patient surveys being completed; 40 different clinical areas in scope; and the involvement of 15 different external partners including CCG's, local authorities and Ambulance Services.

Members noted that the top three issues were highlighted as medical/speciality review, availability of beds and access to diagnostics/results. Early discharge rates and weekend discharge rates were lower than expected highlighting that more pro-active discharge planning and greater use of discharge lounge and criteria-led discharges were still required.

Priorities for the domains of clinical, leadership and enablers were provided together with the next steps for the Trust.

Following a question, Scrutiny were informed that the Junior Doctors strike had minimal impact on discharges where Trusts had taken extra measures, senior decisions were key and the challenge was to find a way of cutting through bureaucracy to put patients first.

The Chair requested that a progress report with particular reference to Discharge Management be submitted to a future meeting of this Scrutiny Committee.

RESOLVED – (a) That the Associate Director, Service Development and Service Transformation Facilitator, Country Durham and Darlington Foundation Trust be thanked for her informative presentation.

(b) That a report be submitted to a future meeting of this Scrutiny Committee in relation to progress of Discharge Management.

HP55. MENTAL HEALTH CRISIS CONCORDAT – The Head of Adult Mental Health and Substance Misuse Services, Tees, Esk and Wear Valleys Foundation Trust gave a presentation in relation to progress on the Crisis Care Concordat, launched in October 2014, to develop joined up service responses to people in crisis.

It was stated that an initial Action Plan had been produced and the key partners were the Police, Fire Authority, CCG and the local authority.

Members were provided with progress within each of the five objectives of commissioning to allow earlier intervention and responsive crisis services; access to support before crisis; urgent and emergency access to crisis care; quality of treatment and care when in crisis; and recovery and staying well/preventing future crisis.

Scrutiny was informed that there was still a significant amount of work to be done on crisis care and it was important to manage service redesign against commissioning implications. Funding had been secured via the UEC Vanguard to support street triage and police support and regular monitoring meetings and workshops of the steering groups ensured close monitoring of the action plan.

Members noted that the Darlington CCG does not currently fund the Children and Young People Crisis Service and that discussions were currently ongoing regarding funding of the service.

Concerns were expressed regarding the number of children and young people with mental health issues and whether it was appropriate to combine children and young people with adults.

RESOLVED – (a) That the thanks of this Scrutiny Committee be extended to the Head of Adult Mental Health and Substance Misuse Services, Tees, for her informative presentation.

(b) That a further report be submitted to a future meeting of this Committee at the end of Summer when further data would be available to scrutinise.

HP56. BETTER HEALTH PROGRAMME – The Programme Director, Better Health Programme, Darlington, Durham and Tees, North East Commissioning Support gave a presentation in relation to the Better Health Programme (BHP), a programme of clinically led work that considered the future of health services in Darlington, Durham and Tees.

It was stated that the workforce position in relation to Senior Doctors was severe and current services could not be sustained, however, with fully staffed teams outcomes would be better. There were concerns that the current position would deteriorate in the next five years and plans had to be made for future provision.

Nationally there is a shortage of doctors and locally Trusts have struggled to recruit to consultant posts, there are pressures on the availability of nurses and GP practices also have difficulties in recruiting doctors to meet the needs of local people.

Members were informed that the key challenges were the changing health needs of local people; meeting recommended clinical standards; availability of highly trained and skilled staff; high quality seven-day services; providing care closer to home; and making the best use of money.

It was noted that people were living longer and had different conditions and health needs, some conditions had become major challenges with more people having long-term health conditions and needing support and management, often for many years.

As part of the BHP 100 clinicians were asked to consider what the best possible care would look like for patients across Darlington, Durham and Tees at the hospital services of Acute Medicine, Acute Surgery, Accident and Emergency, Critical Care, Acute Paediatrics, Maternity and Neonatology (services for very small babies) and Interventional Radiology. Also considered was care outside of hospital including services and support which would help reduce the number of people who required hospital care, and help for people to maintain independent lives in their homes or normal places of residence.

Particular reference was made to over 700 clinical standards and without significant changes to the workforce only two-thirds of those would be met.

Details were provided of the 'Not in Hospital' Darlington Blueprint which comprised key elements needed to make up the future way care was provided, making the best use of expertise, skill and capacity available across health professionals and voluntary and community sectors. Members were informed that a potential test model was almost complete which used the key elements with health professionals and the public on how different ways of working could help address the critical elements needed to do better, improving patient experience and outcomes thereby making it a better environment to work and insuring the future workforce.

RESOLVED – (a) That the thanks of this Scrutiny Committee be extended to the Programme Director, Better Health Programme, Darlington, Durham and Tees, North East Commissioning Support for his informative presentation.

(b) That a further report be submitted to the next meeting of this Scrutiny detailing progress with the Darlington Blueprint.

HP57. OBESITY STRATEGY – The Director of Public Health submitted a report (previously circulated) providing an overview of obesity in Darlington together with national evidence in relation to tackling obesity, including the Sugar Reduction report.

It was stated that obesity was a major public health challenge and risk to the health and wellbeing of the population, both now and in future years, and that tackling obesity would have substantial and far reaching health benefits.

Members were informed that Darlington was working at a local and regional level to tackle obesity, in line with national guidance, and was taking a 'whole systems approach' by working with partners to address the obesogenic environment,

environments that encourage people to eat unhealthily and do not undertake enough physical activity.

Particular reference was made to sugar being a significant contributory factor in the intake of excess calories in children and adults and as such, sugar reduction must be considered as part of the package of measures taken to tackle obesity.

A successful sugar reduction programme would need to contain a broad and balanced range of measures with no single action being sufficient to tackle the problems due to their scale and complexity. A number of suggested measures included reduction in price promotions, marketing and advertisement on high sugar food and drink products in all retail outlets, including supermarkets, convenience stores and restaurants; gradual sugar reduction in everyday food, combined with reductions in portion size; introduction of a price increase of 10 to 20 per cent on high sugar products through the use of a tax or levy; ensuring that accredited training in diet and health was routinely delivered to all of those who had opportunities to influence food choices in the catering, fitness and leisure sectors and others within local authorities; and continued raising of awareness around concerns of sugar levels in the diet to the public as well as health professionals, employers and the food industry.

It was reiterated that a partnership approach was the key to successfully address obesity and the obesogenic environment.

The forthcoming national Childhood Obesity Strategy would help inform the collation of Darlington specific Obesity Strategy which would build on the work of the previous Health and Partnerships Scrutiny Obesity Task and Finish Group.

Scrutiny participated in an interactive exercise using a Sugar App which advised how much sugar was in certain foods and drinks. Members were surprised at how much sugar was in foods and drinks labelled as healthy and noted that low fat products did not necessarily mean less sugar.

Discussion ensued on dental health and increased tooth decay due to excessive sugar intake, the partnership approach required to address obesity in Darlington and the north east and the need to undertake a Task and Finish Review on Obesity.

RESOLVED – (a) That the report be noted.

(b) That a meeting of the Obesity Task and Finish Review Group be arranged to give consideration to the Obesity Strategy.

HP58. HEALTH AND WELL BEING BOARD – Members are aware that the Board's Work Programme items were reflected in its agendas, that it was useful to have Members of Scrutiny on the Board, that the process was more focussed and there was an excellent cross section of representation.

Councillors Newall and Mrs Scott advised Scrutiny that there was a lot of disappointment amongst Members following the CCG's decision not to appoint a Joint Commissioning Director and in doing so raised concerns regarding how abruptly the

decision was taken. The last meeting of the Board had considered New Models of Care, Learning Disability Transformation, Urgent Care Strategy, the Darlington Children and Young People's Mental Health and Well Being Transformation Plan 2015/20 and the Annual Reports of the Safeguarding Adults and Children's Boards.

RESOLVED –That, Members look forward to receiving an update of the work of the Health and Well Being Board at the next meeting of Scrutiny Committee.

HP59. MANAGEMENT OF CHANGE PROGRAMME – QUARTER 3 – RESOLVED –
That this item be deferred to the next ordinary meeting of Scrutiny.