

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

13th December, 2011

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

APOLOGIES – Councillor J Taylor (1)

ABSENT – Council I. Haszeldine (1)

ALSO IN ATTENDANCE – Councillor A Scott.

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

EXTERNAL REPRESENTATIVES – Mary Bewley, Head of Communications and Public Relations and Ken Ross, Public Health Specialist; NHS County Durham and Darlington; Ken Haggart, Clinical Director; Edmund Lovell, Associate Director of Marketing and Communications and Robin Mitchell, Medical Director, County Durham and Darlington NHS Foundation Trust and Paul Newton, Director of Operations for County Durham and Darlington; Tees, Esk and Wear Valleys NHS Foundation Trust.

HP12. DECLARATION OF INTERESTS – There were no declarations of interest reported at the meeting.

HP13. MINUTES – Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee on 25th October 2011.

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

HP14. MATTERS ARISING – Pursuant to Minute HP6 Health/October2011 in relation to orthodontic services provided by South Tees NHS Foundation Trust and proposals to remove the clinics at Darlington Memorial Hospital (DMH) and Bishop Auckland General Hospital (BAGH), the Chair reported that Darlington had supported that Tees Valley Health Scrutiny Joint Committee's response to the proposals; whilst it was disappointing that services would no longer continue at DMH, based on the evidence, it was understandable as to why the service could no longer continue. Edmund Lovell, Associate Director of Marketing and Communications, County Durham and Darlington NHS Foundation Trust commented that it was important to understand the case for change and why DMH could not be used as the preferred location over the Friarage Hospital.

Pursuant to HP9 Health/October 2011 the Chair was pleased to report that Dr Landes was impressed by the questions raised by Members at the last meeting and encouraged by Members commitment to raise the profile of dental health in Darlington, he has offered to fund an information leaflet for distribution in Darlington. The Chair hoped that Members would include a piece in their Ward newsletters if they had not already done so, about the importance of dental health and hygiene. It was agreed to establish which Dental surgeries provide NHS services in Darlington for inclusion in the leaflet.

HP15. NHS TRUST UPDATE – Mary Bewley, Head of Communications and Public Relations, NHS County Durham and Darlington reported that the Shadow Clinical Commissioning Group (CCG) for Darlington are expected to produce a Clear and Credible Plan to demonstrate their commitment and way forward for the future, which would include the future aims/vision and priorities and set out the CCGs formal commissioning intentions. It is hoped that the Clear and Credible Plan and Engagement Plan would be able to be shared with the Committee in early 2012.

Paul Newton, Director of Operations for County Durham and Darlington; Tees Esk and Wear Valleys NHS Foundation Trust reported that following a review of access to services, the feedback received from GPs has been positive and work is continuing to meet with all the CCGs within the Trusts patch. The new approach will be rolled out as a pilot in one area first and the outcome will be reported back to the Committee in due course.

RESOLVED – That the updates be noted.

HP16. 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 for some additional items.

The report also requested Members approval to establish a Task and Finish Review Group to thoroughly scrutinise the Community Health Profile of 2011: Health Summary of Darlington. The purpose being to focus on three specific areas; hip fractures in over 65's; indicators in relation to smoking and indicators in relation to alcohol.

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

(b) That the submitted Terms of Reference appended to the report be approved;

(c) That a Task and Finish Review Group be established to thoroughly scrutinise the Health Profiles for Darlington and the respective Terms of Reference be approved; and

(d) That the proposals in relation to the Medium Term Financial Plan and the review of the Darlington Partnership be noted.

HP17. COUNTY DURHAM AND DARLINGTON WINTER SURGE PLANS – The Director of Public Health submitted a report (previously circulated) presenting the work undertaken to prepare for the winter months in County Durham and Darlington. Ken Ross, Public Health Specialist explained that all NHS and partner organisations have made appropriate preparations for winter and there is an expectation that operationally all agencies are prepared to enable a collaborative approach to any surge in activity. In addition all organisations have reviewed their plans to ensure they reflect any NHS structural changes and the plans have been tested at exercise in September to provide sufficient time to update any gaps highlighted

Mr. Ross advised that locally NHS County Durham and Darlington are required to provide assurance to the Department of Health via the Strategic Health Authority on the levels of preparedness of all organisations within the cluster area. As well as the immediate operational preparedness NHS County Durham and Darlington is also required to report assurance for their flu vaccination campaign. Mr. Ross reported that in Darlington 70% of people over the age of 65 years old had received their flu vaccinations. It was noted that the Foundation Trust have been encouraging their staff to be vaccinated and that 40% of front line staff have been vaccinated. Mr. Ross stated that very low levels have been reported although incidents are expected to rise in the next few weeks. Of those cases reported there has not been H1N1 (swine flu) strain of flu reported.

Discussion ensued about whether GP are able to follow up people who have not taken up the opportunity to be vaccinated against flu; how the availability of specialised transport provision is available to stop a delay of transfer during the winter months as NEAS are reporting good performance and quick turnaround; why staff are reluctant to have a flu vaccination; why there isn't a uniformed approach by GP practices of informing people that they are eligible for flu jabs and how winter surge plans are reviewed every year to improve for the next years planning processes.

RESOLVED – That the contents of the report be noted.

HP18. DARLINGTON STRATEGIC NEEDS ASSESSMENT 2011 – KEY MESSAGES –

The Director of Public Health submitted a report (previously circulated) presenting key and emerging issues to Members. Mr. Ross reminded Members that the Directors of Public Health, Children's Services and Adult Services have a statutory duty to produce a Joint Strategic Needs Assessment (JSNA) to inform decision makers and stakeholders about the health and social care needs of Darlington people. The Strategic Needs Assessment (SNA) is a refresh of the 2010 report and includes a broader range of data. It was explained that the document brings together into one single point relevant information available on the needs of Darlington's population. It is a combination of quantitative data with softer intelligence and feedback from the community and service users. It is intended to provide a powerful tool for defining priorities and shaping future services for Darlington and highlights areas where more is needed to be done to improve the health and wellbeing of Darlington's communities' and specific health and social care issues that require targeted actions.

The SNA specifically relies on the index of multiple deprivation and demographics of Darlington to consider a variety of needs including health, education and skills; business and economy; economic well being; housing and community safety.

Discussion ensued about community safety and vulnerable groups with specific links to alcohol; the perceived rise in child protection issues; the rise in binge drinking figures; improvements in identifying alcohol related hospital admissions; better ways of identifying COPD(Chronic Obstructive Plumary Disease); problems with underage drinking and the results of the social norms survey. Members were particularly interested in a number of issues and requested further information, outside of the meeting.

RESOLVED – That the contents of the report be noted.

HP19. COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST - CLINICAL STRATGEY AND VISION –

Members received a presentation from senior representatives from County Durham and Darlington NHS Foundation Trust (CDDFT) outlining

the Trusts Clinical Strategy and vision for the future. Dr Robin Mitchell, Medical Director introduced the presentation reminding Members that the Trust are now an integrated care provider working towards improving health for its patients. Work is underway on several care closer to home pathways including children, urgent care/accident and emergency, long term conditions, surgery, older people and adults and end of life care. The Trust are continuing to sustain core services in both DMH and University Hospital of North Durham (UHND). Although, there are a number of challenges and future developments on the horizon, including interdependence of hospitals (quality finance and critical mass); focussing on complex and emergency care at DMH/UHND; trauma units at DMH and UHND; maternity and paediatric services review; changes in the wider health economy and strategic partnerships with Newcastle hospitals/other local Foundation Trusts.

Mr Mitchell explained that the Trust are creating specialist centres of excellence within their three Trust hospitals and services centred at DMH include upper limb surgery, Ears, Nose and Throat (ENT), bariatric surgery and upper gastro intestinal surgery. Members were reminded of the £40million site investment the Trust have spent on DMH which included a new energy centre and site infrastructure project, an eight bed Intensive Treatment Unit, expansion of Accident and Emergency department, new car parking and maintenance including fire, health and safety.

Mr Mitchell updated the meeting on the centralisation of the hyper acute stroke services at UHND. It was reported that the stroke unit at DMH would close on 19th December 2011 and all stroke admissions would be directed to UHND. From 19th – 23rd December 2011 previously admitted stroke patients at DMH will be transferred to Bishop Auckland General Hospital for rehabilitation or be discharged, as appropriate. From 23rd December 2011, DMH patients on the stroke pathway who remain medically unwell will be transferred to UHND and on 24th December 2011 the current DMH workforce will move to UHND to create a single team.

Particular reference was made to how the Trust are communicating with members of the public and whether they think they have done enough to make the public aware of how hospital services are changing. Officers stated that it was a challenge to communicate with the public and they have invested in a website, communication systems within the hospitals and supplement in the local Advertiser to address this.

RESOLVED – (a) That the presentation be noted.

(b) That the Officers be thanked for their attendance at the Committee meeting.

HP20. COMMUNITY CONTRIBUTION TO DARLINGTON PARTNERSHIP – The Director of People submitted a report (previously circulated) seeking Members views on developing a Task and Finish Review Group to organise the contribution from communities to the Darlington Partnership. The submitted report advised that the Task and Finish Review Group would develop a proposal for how a community contribution to Darlington Partnership is developed and that it would sit alongside mechanisms to deliver public, voluntary and private sector contributions. It was explained that the proposal has been developed from earlier discussions with elected Members, including Member briefings earlier in the year and is put forward as a starting point for debate and is not a finalised proposal.

Councillor Andy Scott, Cabinet Portfolio holder for Health and Partnerships reported that he had visited a number of Community Partnerships since September 2011 and found a lot of good work was being undertaken in the community. He said that lots of work is being undertaken on

particular issues within these areas, but there was no common theme, the common denominator was an elected Member being present at each meeting.

Members welcomed the proposals and more involvement of elected Members within Darlington Partnership.

RESOLVED – (a) That the report be noted.

(b) That a Task and Finish Review Group be established, under the leadership of this Scrutiny Committee, but including membership from across communities to address a number of questions detailed in the report.

HP21. POLICY REVIEW – (A) There was nothing to report.

(B) REVIEW ITEM FINAL REPORT – DECOMMISSIONING TASK AND FINISH REVIEW GROUP – INTERIM REPORT – The Director of Resources submitted a report (previously circulated) reporting the work undertaken by the Decommissioning Task and Finish Review Group. This Committee agreed to establish a Task and Finish Review Group to consider the Decommissioning Policy of NHS County Durham and Darlington. The Task and Finish Review Group met on two occasions and the Final Report was appended to the submitted report. The Head of Communications and Public Relations, NHS County Durham and Darlington thanked Members of the Task and Finish Group for undertaking this important piece of work.

RESOLVED – That the recommendations of the Decommissioning Task and Finish Review Group be approved.