

**HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE**

29<sup>th</sup> October, 2013

**PRESENT** – Councillor Newall (in the Chair); Councillors Macnab, E. A Richmond, S. Richmond and H. Scott. (5)

**APOLOGIES** – Councillors Donoghue, Francis, Nutt and J. Taylor. (4)

**ABSENT** – Councillors I. Haszeldine and Regan. (2)

**OFFICERS IN ATTENDANCE** – Duncan Clark, Interim Assistant Director of Commissioning, Miriam Davidson, Director of Public Health and Sharon Raine, Head of Organisational Planning.

**EXTERNAL REPRESENTATIVES** – Jackie Kay, Assistant Chief Officer and Dr. Jenny Steel, Primary Care Strategy Clinical Lead, NHS Darlington Clinical Commissioning Group (CCG); Diane Lax, Healthwatch Darlington, Siobhan Jones, Senior Communications and Engagement Locality Manager, North of England Commissioning Support (NECS) and Sarah Callaghan, Tees, Esk and Wear Valleys NHS Foundation Trust.

**HP20. DECLARATION OF INTERESTS** – There were no declarations of interest reported at the meeting.

**HP21. MINUTES** – Submitted – The Minutes (previously circulated) of the meetings of this Scrutiny Committee held on 3<sup>rd</sup> September and 11<sup>th</sup> October 2013.

Pursuant to Minute HP14/Sept/2013 the Assistant Chief Officer, NHS Darlington CCG provided a brief update on the Community Innovation Fund and whether there was still time for the Scrutiny Committee to respond to the Government funding proposals for the CCG.

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

**HP22. 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 made reference to the Committee's work load and suggested that the Partnerships Review be deferred and that an update on Telehealthcare be brought to a briefing session. Following the evaluation of the Long Term Conditions Collaborative and the opportunities for improvement identified, Councillors Richmond suggested re-establishing the Task and Finish Group to enable all Members of the Scrutiny Committee the opportunity to be informed of the progress. Diane Lax highlighted a

stroke rehabilitation event scheduled to take place on 14<sup>th</sup> November 2013 organised by NECS and suggested Members from the Scrutiny Committee may want to attend

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

(b) That the work of Partnerships Task and Finish Review Group be deferred at this time;

(c) That the Long Term Conditions Task and Finish Group be re-established to enable Members to monitor the outcome of the opportunities for improvement;

(d) That Telehealthcare be brought to a Health and Partnerships Briefing in the near future; and

(e) That Members try to attend where possible the Stroke Rehabilitation event scheduled to take place on 14<sup>th</sup> November 2013.

**HP23. HEALTH PROFILE 2013** – The Director of Public Health submitted a report (previously circulated) informing Members of the key messages in the Darlington Health Profile 2013. The profile provides a picture of health in the area and is designed to give the Council and NHS services an understanding of local needs so that work can be jointly planned to improve health and tackle health inequalities.

The Director of Public Health explained that Darlington Health Profile 2013 shows how the health of people consists of 32 indicators across five domains: Communities, Children and young people's health, Adult's health and lifestyle, Disease and poor health and Life expectancy and causes of death.

Members were disappointed to note that the overall message is that the health of people in Darlington continues to be worse than the England average in over 50 per cent of the indicators. There are enduring complex challenges to improving the health and wellbeing of our local population and 17 out of 32 indicators are rated as significantly worse than the England average.

Members were pleased that life expectancy for both men and women has steadily increased; however, a major gap still remains for men and women between the most deprived and least deprived areas of Darlington. The top seven areas for action are high blood pressure, smoking, high cholesterol, obesity, poor diet, physical inactivity and alcohol consumption. An additional priority for narrowing the life expectancy gap is raising awareness of cancer, improving the update of screening programmes and earlier diagnosis.

Particular reference was made to whether there was any link between smoking in pregnancy and starting breast feeding and Members expressed their disappointment that after the work the Scrutiny Committee had done in the past on these issues, the indicator remains significantly worse than the England average. Members also made reference to obesity, healthy eating and alcohol. The Chair suggested looking at some of the data relating to hospital stays for alcohol related harm and alcohol specific hospital stays (under 18) following the Committee's previous interest in this issue.

The Director shared Members concerns about the gap between the most deprived and least deprived areas of Darlington and reminded Members of the work being undertaken in respect of the Health and Well Being Delivery Plan, as reported to the last meeting.

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

(b) That a Task and Finish Review Group be established to make key lines of enquiry around the indicators concerning alcohol.

**HP24. BUILDING BLOCKS FOR GOOD HEALTH IN DARLINGTON – ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH** – The Director of Public Health introduced a PowerPoint presentation (slides previously circulated) outlining the draft headlines of the very first Darlington Annual Report of the Director of Public Health. The chapter headings include The Best Start (Children and Young People’s Health), Building Better Health Outcomes (Disease and Poor Health and Health and Lifestyle), No Health without Mental Health, Growing Older, Ageing Well and Building a Good Life (improving health in a fair way, building resilient communities and investing together).

Particular reference was made to the scale of inequality in life expectancy in Darlington and Members acknowledged that quite often people in the Park West are asset rich and cash poor and have a more traditional way of living, such as growing own produce, home cooking and take better care of themselves. The Chair made reference to a community project she was involved with and a community allotment scheme to encourage residents to grow their own vegetables and eat healthily.

**RESOLVED** – That the presentation be noted and the Annual Report be welcomed.

**HP25 HEALTH AND SOCIAL CARE WINTER PLANNING** – The Assistant Chief Officer NHS Darlington CCG submitted a report (previously circulated) which provided Members with an overview of the collaborative approach being taken by NHS North Durham CCG, NHS Durham Dales, Easington and Sedgefield CCG and NHS Darlington CCG, in developing a strategy which captures the actions that the three CCGs will undertake to monitor and manage the increased service pressures which occur during the 2013/14 winter period.

The Assistant Chief Officer explained that the County Durham and Darlington Urgent Care Board, includes membership from the three CCGs, NHS County Durham and Darlington Foundation Trust, Tees Esk and Wear Valley NHS Foundation Trust, Durham County Council, Darlington Borough Council, North East Ambulance Service NHS Foundation Trust, HealthWatch and NHS England Area Team. The Urgent Care Board requested that all partner organisations share their winter plans for consideration to provide assurance across the whole health and social care economy.

Appended to the submitted report was the Strategy, which outlined; the Winter Planning Process including work with the Urgent Care Board and partner organisations, the initiatives being considered in preparation for winter and the monitoring and management arrangements.

Reference was made to the ‘Keep Calm’ campaign which would be used as the winter messages campaign, replacing the ‘Choose Well’ campaign. Members were particularly interested in the promoting availability of GP appointments during evening and

weekends (given their Review of access to appointments Minutes HP28. refers). The Assistant Chief Officer advised that additional appointments at every GP Surgery was not required but a hub model of extended hours (including Urgent Care) was being considered and reminded Members that there was no additional funding for winter planning and that the CCG were making the best use of resources made available to them. Members reiterated comments about the need for clear and concise messages and publicity and expressed concerns about delays in ambulance handovers and ambulances being stacked up at Accident and Emergency Departments.

Discussion ensued about patients making the right choice about the level of service they require and trying to avoid patients going to Accident and Emergency Departments with a sore throat or a bad back they've had for a day. Comments were made about the service at Dr Piper House creating a demand that now cannot be sustained and how people need to take responsibility for managing their own health and treatment and not being so heavily reliant on needing to see a GP. It was noted that traditional family values and advice appeared to have been lost and how pharmacies can play a larger role.

Members welcomed that report and the joined up ways of working but requested regular assurance that plans and strategies were being successfully implemented, managed and monitored.

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

(b) that Winter planning and preparedness be a regular item on the agenda to provide Members with assurance that the local NHS is surviving and managing the winter pressures. .

**HP26. DR PIPER HOUSE RELOCATION OF URGENT CARE SERVICES – COMMUNICATIONS PLAN** – The jointly produced Communications and Engagement Plan by Darlington CCG and County Durham and Darlington NHS Foundation Trust with support from North of England Commissioning Support (NECS) (previously circulated) outlined the short to medium-term communications plan to support the relocation of urgent care services from Dr Piper House to Darlington Memorial Hospital (DMH) overnight from 5pm. This service will re-locate on Monday 9 December 2013 subject to some minor structural changes at DMH and the outcome of a staff consultation.

Members welcomed an agreement of a date for the proposed move of services and were pleased to see dates listed within the document. It was noted that while there is a need to advise current service users, clinical and other staff of changes to the location of this service, there must be public messages reinforcing the importance of self-care, appropriate use of GP practices and NHS 111 as the gateway to urgent care services.

Members requested that if there were any changes to the timescales to contact the Democratic Officer.

**RESOLVED** – That the Communications and Engagement Plan be noted.

**HP27. PRIMARY CARE STRATEGY – INTERIM REPORT** – The Primary Care Strategy Clinical Lead, Darlington CCG introduced a power point presentation (slides

previously circulated) outlining the process undertaken to review the current primary care provision and the emerging options that have emerged.

Dr. Jenny Steel, GP Blacketts Medical Practice has been leading this process and has visited all 11 GP Practices in Darlington; spoken to GPs; Practice Managers; Administrative Staff; Nursing Staff; Community Council for Patients; liaised with the Foundations Trusts and taken part in local Regional and National events regarding the direction of primary care.

The feedback gathered has been considered and emerged into four options, those being: do nothing (which is not an option); address some local issues (improvement to training sessions, nurse and administrative staff contracts, access and sharing extending hours and weekend provision); consider options of primary care redesign for Darlington (five to ten year vision) and working with partners to develop a true and fully integrated model of care for people of Darlington.

Members were delighted with the work that has been undertaken and felt uplifted by the options being considered and fully supported the development of a fully integrated model of care for Darlington. However, Members acknowledged there were a whole host of challenges to overcome before this could be fully explored, including the need for full strong clinical leadership and an agreement from all GP Practices to sign up and engage with the work that is done and support at all levels.

It was noted that 90 per cent of people who access health care start with primary care yet primary care only receives nine per cent of the total NHS spend. Dr Steel believes that there is huge potential to radically change the way that primary care is delivered in Darlington and be a National pilot.

Members were informed that there was a shortage of GPs in Darlington and that recruitment was a problem. Dr. Steel advised that becoming a GP needed to be more attractive to junior doctors and commented on the high numbers of GPs and Nurses that were over the age of 50. She added that GPs and Nurses needed to be recruited urgently and make them valued and retained to avoid a significant problem in the next five to ten years.

Members were enthused by the presentation and very much welcomed and pledged support to the initiative and requested a progress report in six months' time.

**RESOLVED** – That the presentation be noted and the Committee receive a progress report in six months' time.

## **28. ACCESS TO GP APPOINTMENTS TASK AND FINISH REVIEW GROUP –**

Members of the Access to GP Appointments Task and Finish Review Group provided a note of the meeting held 11<sup>th</sup> September, 2013 (previously circulated) and Members gave a verbal update on the current position with the review and particular reference was made to the two members attending to GP Practice Managers meeting.

The Chair suggested that Members continue with this piece of work during the winter months to compare the findings from the summer survey to assess any change, in access, by undertaking another questionnaire. It was also proposed that Members meet with the MP for Darlington who has also carried out some work on access to GP

appointments to share intelligence and avoid duplication. It was also noted that Members would be meeting with the Chair of the Local Pharmacy Network to establish the role Pharmacies have in supporting improved access to primary care, therefore it was envisaged that work would continue into the spring with a Final Report anticipated in April 2014.

**RESOLVED** – (a) That the notes be approved and the work of the Group be noted; and  
(b) that the proposed way forward be agreed.

**HP29. SUPPLEMENTARY ITEM – STRATEGIC (SINGLE) NEEDS ASSESSMENT REFRESH 2013** – 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 Head of Organisational Planning introduced a PowerPoint presentation (slides previously circulated) reminding Members of the background, purpose of Strategic (Single) Needs Assessment (SNA), development and publishing a new SNA for 2013-2014 and continuous on-going development through a series of 'products'. The issues for partners were explained together with some key headlines impacting on Darlington such as alcohol/substance misuse/smoking, learning disability/autism, dementia, business and economy, teenage conceptions, welfare reform/poverty, obesity, education and skills, crime and community safety, vulnerable people and child protection.

Discussion ensued on next steps and how the SNA could be developed as a tool for strategic planning to identify gaps and focus on particular issues or themes. Particular reference was made to healthy eating and Members made links to the Darlington Health Profile 2013 and the Annual Report of the Director of Public Health and shared concerns about gathering and collating data being shared with partners. It was acknowledged the common theme was behaviour change and the enormity of that challenge could not be achieved alone.

Members recognised that there were many cross cutting issues and felt that the item should be considered Monitoring and Co-ordination Group to discuss how a strategic approach to any scrutiny work should be carried out.

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

(b) That an item on the SNA and Annual Report of the Director of Public Health be considered by Monitoring and Co-ordination Group to consider how a strategic approach to any scrutiny work should be carried out.