

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE
17th JUNE 2014

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

APOLOGIES – Councillors Donoghue and Nutt. (2)

ALSO IN ATTENDANCE – Councillors V Copeland, Adult Social Care and Housing Portfolio Holder and Councillor Culley. (2)

OFFICERS IN ATTENDANCE – Ken Ross, Public Health Principal, Mary Hall, Senior Engagement Officer and Karen Graves, Democratic Officer.

EXTERNAL REPRESENTATIVES – Tom Hunt, Executive Commercial Director, County Durham and Darlington NHS Foundation Trust (CDDFT); Jackie Kay, Assistant Chief Officer, Darlington Clinical Commissioning Group (CCG); and Diane Lax, Healthwatch Darlington.

HP1. DECLARATIONS OF INTEREST – Councillors Newall and Macnab each declared an interest in Minute 8/Jun/14 as members of Citizen’s Advice Bureau.

HP2. TO CONSIDER TIMINGS OF MEETINGS FOR THE REMAINDER OF THE MUNICIPAL YEAR 2014/15 - RESOLVED – That meetings of this Scrutiny Committee be held at 9.30 a.m. for the remainder of the Municipal Year 2014/15.

HP3. MINUTES – Submitted – The Minutes (previously circulated) of meetings of this Scrutiny Committee held on 15 April and 7 May 2014.

RESOLVED – (a) That the Minutes of 15 April 2014 be approved as a correct record.

(b) That in relation to Minute HP68 of Minutes of 7 May ‘to be’ be replaced with ‘been’ in the first line of the second paragraph and ‘that they would like to see’ be replaced with ‘they were pleased to see’ in the second line of the fifth paragraph.

HP4. MINUTES – Submitted – The Minutes (previously circulated) of the joint meeting of Adults and Housing and Health and Partnerships Scrutiny Committees held on 19 May 2014.

RESOLVED – That, with the insertion of Councillor H Scott in the list of Councillors submitting apologies, the Minutes be approved as a correct record.

HP5. WORK PROGRAMME 2014/15 – 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 that 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.

Discussion ensued on the current status of various topics on the work programme in particular Telehealthcare, where Members were advised by the CCG that there were differing views regarding the evidence base. There were some specific disease areas where there were more certain positive outcomes. But overall clinicians yet developed a consensus of the benefits of digital healthcare. Scrutiny was advised that the Better Care Fund was investigating new technology to assist monitoring patients and that the Trust had piloted new schemes such as nutrition, which had been well received by patients.

In relation to A& E/Urgent Care integration the CCG reported that since the urgent care service had transferred to D M H between the hours of 8.00am to 6.00pm there had been a drop in the number of patients attending during these hours to around 200 patients per month. An Urgent Care Task and Finish meeting was held every two weeks to note the progress and any qualitative impacts of the service.

The Chair voiced her concerns over the delay in the proposed integration and in doing so reiterated that Scrutiny had always been behind the proposal in view of the potential benefits for both the Trust and patients. Members had visited the Urgent Care Centre at D M H and had seen the service and the excellent new treatment rooms for themselves. Once further valuation had been completed the CCG stated they would submit further update reports to Scrutiny.

With regard to Access to GP Appointments the Chair reported that the Review had been scaled down due to the introduction of new flexible arrangements and extra funding for Access to GP Appointments. The CCG informed the Committee that the Prime Minister's Challenge Fund had kick-started the work and a feasibility study regarding access for primary care. Dr J Steele was the lead clinician and could provide Scrutiny with an update. Members were advised that GP Practices all have lead clinicians and it was possible that each Practice could become a particular specialism centre for patients across the Borough.

The Chair also requested that a meeting be arranged after the recess to give consideration to Sight Loss and that Healthy Eating would possibly link in with Darlington Health Profiles which were to be published in September. Healthwatch Darlington confirmed it would share the information it has gathered on eye health with the Health and Partnerships Scrutiny Committee.

It was also suggested that Scrutiny look at promoting awareness for Prostate Cancer.

The Chair also advised Scrutiny that she had attended an excellent Audiology presentation as part of GOLD and suggested Scrutiny also consider this subject as part of the Work Programme.

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.

HP6. HEALTH AND WELL BEING BOARD – Councillor Scott informed Scrutiny that its Work Programme items were reflected in the Board's 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. The CCG confirmed that the Board's feedback was good and there were many items which could be submitted to the Board.

RESOLVED – That the update be noted.

HP7. PUBLIC HEALTH: TACKLING ALCOHOL RELATED HARM – The Director of Public Health submitted a report (previously circulated) which outlined the progress on work to tackle alcohol related harms in the Borough.

Particular emphasis was given to the Safer Drinking – Safer Darlington Alcohol Harm Reduction Strategy: the Next Steps 2012-2015 which demonstrated how partnerships were working in Darlington to reduce alcohol harm. Scrutiny considered the performance of the Drug and Alcohol Action Team (DAAT) commissioned services and an update on social norms work. It also noted the key challenges which had been identified for the future of tackling alcohol related harm locally.

Scrutiny also gave consideration to the Alcohol Strategy Action Plan which outlined the updates in relation to its objectives and priorities. Particular references were made to the Connected Recovery Adults Drug and Alcohol Treatment Service, SWITCH Young People's Treatment Service, Homelessness Service and the Substance Misuse Training Service.

Members raised concerns that the cost to Darlington of alcohol misuse across the public sector and the work place was some £41m. However, it was noted that for every £1 invested in adult alcohol treatment £5 was saved in costs to society.

There was also discussion on the success of the correct training being given to staff to ensure that patients receive the correct help and the need to educate over 18's to the dangers and cost of alcohol mis-use. Members were keen to include information about alcohol misuse, the costs and the services available in their Ward newsletters.

RESOLVED – (a) That the report be noted.

(b) That a meeting of the Alcohol Review Group be arranged prior to the Recess and the Licensing Committee be invited to receive their views.

HP8. STRATEGIC GRANT PERFORMANCE REPORT – The Chief Executive submitted a report (previously circulated) which included details of performance delivery of six organisations which currently receive strategic grants from the Council.

The submitted report informed the Committee that a voluntary sector infrastructure review was underway, by an independent consultant, looking at what would be required to support the community and voluntary sector organisations in the future. It would also contribute to the wider debate on the Council's MTFP.

Scrutiny was advised that the appointed consultant had limited time to undertake the review and that the Council had formulated a list of small and large organisations, community and voluntary groups to consult, although during the review further contacts were suggested. It was stressed that it was very important to get a balanced view as the infrastructure affected all.

RESOLVED – That Scrutiny agreed to re-convene the Strategic Grants Task and Finish Review Group and a meeting be arranged to give consideration to the findings of the infrastructure review.

HP9. CDDFT 3-5 YEAR OPERATIONAL PLAN – The Executive Commercial Director of the County Durham and Darlington Foundation Trust gave a presentation to the Committee regarding its clinical strategy two and five year Operational Plan for submission to Monitor, the sector regulator for health services in England.

The Committee as informed that hospital, community and health and wellbeing services come together to make County Durham and Darlington Foundation Trust the largest provider of integrated healthcare in the North East. Following consultation and discussion with staff and stakeholders it had been agreed that unscheduled care, integration and care closer to home, women and children's services and Centres of Excellence were the key issues of the Trust.

It was confirmed that work on the Operational Plan was to be completed this month and submitted to the Board and Governors for agreement. A summary version of the plan will be published and made available to the public in due course.

Discussion ensued on the need to implement all plans in order to provide assurance to both staff and patients. It was stressed that clinicians including Consultants recognised the significance of the Better Care Fund and Centres of Excellence and were now focussed on how to change the way, means and point of delivery of services. In that regard a series engagement events for staff were being held to enable all staff to be made aware of the challenges and outcomes.

RESOLVED – (a) That the thanks of this Committee be extended to Mr Hunt for his informative presentation.

(b) That Scrutiny Committee welcome the opportunity to consider the Plan.

HP10. BREAST CLINIC– The Executive Commercial Director of the County Durham and Darlington Foundation Trust gave a presentation informing Members of the reasons why the Breast Clinic was recently temporarily transferred from Darlington Memorial Hospital to Bishop Auckland General Hospital.

The Committee was advised that since the two-week standard wait for breast referrals was introduced it had been increasingly difficult to achieve the national standard using four sites, especially as referrals continued to increase, therefore a review of the service was to be undertaken.

It was reported that the temporary change had been undertaken to ensure a safe, effective service which enabled patients with possible cancers to be seen promptly. Following discussion with CCG commissioners, from mid-May, all out-patient clinics for South Durham and Darlington were being held at Bishop Auckland Hospital; and from early June a similar arrangement for the North took place transferring services from Chester Le Street to University Hospital North Durham.

The Review of the Breast Clinic will consider options and make recommendations for the creation of a sustainable out-patient breast service which was consistent with national and local commissioning priorities.

Members expressed their concerns that no advance publicity or consultation had taken place prior to this temporary relocation and received an apology assurances from the Trust's representative that lessons had been learned from this oversight.

Discussion ensued on the implications of moving the digital equipment from Bishop Auckland to Darlington as there were more Darlington patients affected by relocating the service to Bishop Auckland.

RESOLVED – (a) That representatives of Health and Partnerships Scrutiny undertake a visit to the Breast Clinic at Bishop Auckland to see what impact the transfer of services has had on Darlington residents.

(b) That the temporary transfer of the service be monitored by Scrutiny.

HP11. ANY OTHER BUSINESS – Councillor Regan informed Scrutiny that he is the lead role in the Council to champion Men's Health to raise the awareness of the public of the issues affecting men's health. He stated that the Men's Health Forum was looking into mental health; during the period 2010-12, 88% of Darlington suicides were men and it was considered that it was their pride preventing them not talking about their fears and worries. It was being considered that local sporting figures be approached to get their support to get men's health messages across as it was felt that men could influence men better.

It was also reported that there was to be a feature in Darlington Together regarding Men's Health.