

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

16th April, 2013

PRESENT – Councillor Newall (in the Chair); Councillors Donoghue, Francis, Macnab, Regan, E. A. Richmond, S. Richmond and H. Scott. (8)

APOLOGIES – Councillors Nutt and J. Taylor. (2)

ABSENT – Councillor I. Haszeldine (1)

ALSO IN ATTENDANCE – Councillor A. Scott.

OFFICERS IN ATTENDANCE – Miriam Davidson, Director of Public Health and Seth Pearson, Executive Director of Darlington Partnership.

EXTERNAL REPRESENTATIVES – Steven Bartley, Service Improvement Manager, Paul Latimer, Acting lead Charge Nurse, Cardiac Arrest Prevention Team, Edmund Lovell, Associate Director of Marketing and Communications, Joanne Todd, Associate Nursing (Patient Safety and Governance) Director County Durham and Darlington NHS Foundation; Sharon Pickering Director of Planning and Performance, Tees, Esk and Wear Valleys NHS Foundation Trust.

OTHER REPRESENTATIVES – Diane Lax, HealthWatch.

HP68. DECLARATIONS OF INTEREST – There were no declarations of interest reported at the meeting.

HP69. MINUTES – Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee on 12th February 2013.

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

HP70. NHS AND PARTNERS UPDATE –

The Director of Planning and Performance, Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) reported that the eating disorder day service has 15 in patient beds at West Park. There has been some non-recurrent funding for step down care for the service which is currently based at Stockton. It was noted that NHS England would now commission the service and the Trust are seeking to secure recurrent funding for the service. If this is provided then the Trust will look to provide the service at a more local level.

The Director reminded Members that TEWV used to have crisis beds based at Seaham for County Durham and Darlington people, but based on the level of need of the patients experienced, the venue became unsuitable for them and therefore the contract has ceased. There has been a number of crisis beds developed in Shildon for this cohort of patients. The Trust is currently in the process of reviewing it

rehabilitation services to ensure there is appropriate provision of rehabilitation services, both inpatient and community.

The Associate Director of Marketing and Communications, County Durham and Darlington NHS Foundation Trust reported that the response to the second Francis Report has been discussed at Board and Governors meetings. It was noted that the Quality Impact Assessments (QIA) which are clinically led and are being carried out to improve efficiency. The Director of Nursing has taken a lead role in the QIA process this year and all service improvements and development have been through the QIA process.

The Associate Director advised that the Trust will be submitting feedback to the Department of Health concerning staff events that are being held.

He also reminded Members that the recent Centre of Excellence had been successfully attended. It was noted that a report would be produced of the event and be shared with Members. Members commented that the event was extremely interesting and queried whether there was a timetable for implementation. The Associate Director explained that there was a programme of clinicians leading on service development and developing overall services. The feedback from all the listening events is incorporated into this process.

The Associate Director reported that Professor Chris Gray has been appointed as the new Medical Director and that interviews were currently being held for the Finance Director at the Trust.

The Director of Public Health reported that a letter has been circulated from Duncan Selby, Chief Executive of Public Health England. Public Health England have identified five priorities which are; helping people to live longer by reducing preventable deaths associated with smoking, high blood pressure, obesity insufficient exercise and alcohol; reducing the burden of disease in life by focusing on the conditions with the greatest impact; anxiety, depression, drug decency and joint pain; protecting the country from infectious diseases and environmental dangers, including the growth problem of infections that resist treatment with antibiotics; supporting families to give children the best start in life, through working with health visitors, family nurse partnerships and the Troubled Families Programme and improving health in the workplace by encouraging employers to support their staff in making healthier choices.

Particular reference was made to the recently reported measles outbreak in Wales and incidents in the North East. The Director explained that the local Public Health Team are working closely with the Foundation Trust and Darlington GPs. The responsibility for Immunisation and Vaccinations rest with Public Health England, although, the local Public Health Team have the local knowledge and expertise required providing support. There was discussion on Teesside about running a Schools Catch Up Programme but at the moment parents were being directed to their GP Practices. In Darlington, it was noted that there has not been the escalation of figures as appearing across Tees. There has been a gradual build-up of cases, but generally immunisation rates are above than the national average and work has

continued to promote clear message about the benefits of having children vaccinated.

RESOLVED – That the updates be noted.

HP71. WORK PROGRAMME 2012/13 – 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 2012/13. 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.

Discussion ensued about the Committees work around Telehealth and Members discussed whether this work should be resurrected. Councillor Regan reported that the work on Obesity would continue until Members felt assured they had reached a satisfactory conclusion.

The Chair made reference to the Committees work on Partnerships and suggested that work commence in May 2013 around Strategic Grants, with the aim being to scrutinise the Strategic Grants provided by the Council to the Voluntary and Community Sector to decide whether they are delivering outcomes and providing good value for money. It was suggested that this work would feed into the Council's Budget Advisory Panels work.

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

(b) That the Obesity Task and Finish Group continue to meet until conclusions can be made;

(c) That Members consider the benefits of resurrecting the Committees work on Telehealth; and

(d) That work on Strategic Grants be undertaken to commence the overarching Review of the Councils Partnerships and Relationships.

HP72. DARLINGTON PARTNERSHIP – The Director of People submitted a report (previously circulated) summarising the recent Partnership's activity, including revised operating arrangements for Darlington Partnership, progress on last year's Action Priorities, Action Priorities for 2013-14, Planning and Performance, Feedback from Darlington Assembly and a proposed model for understanding the Partnership's roles and relationships.

The Executive Director of Darlington Partnership guided Members through the report and highlighted the salient points. The submitted report outlined the revised operating arrangements for Darlington Partnership, reminding Members that a specific board member would be identified as the operational lead for each of the key work areas of the Partnership.

In September 2011, in addition to oversight of the delivery of One Darlington: Perfectly Placed, the Board agreed to focus on only a limited number of 'Action

Priorities', the aim being to instigate action which visibly addressed issues facing Darlington. The criteria applied challenged whether the issue is significant, would addressing it rely on the contributions of each sector – private, public, voluntary and community and could a measurable impact be made in the short term (12 months).

At the November Board meeting three Action Priorities were agreed for 2012-13 as follows, Alcohol, Vocational opportunities for young people and Ageing. The Action Priority 'Vocational opportunities for young people' has made the greatest progress, with the development of Foundation for Jobs, which has brought together a number of organisations, employers and education providers. The Action Priorities for 2013-14 have recently been considered and in March 2013, the Board agreed that developing 'A Good Neighbouring Scheme' would be its only Action Priority for 2013.

It was agreed that although it would not be an Action Priority for 2013/14, that work to continue the Foundation for Jobs would remain and that members of the Board would appreciate periodic updates on progress. The Board recognised the importance of providing young people with employment opportunities remains a key issue for the local area.

The submitted report also outlined feedback from the Darlington Partnership Assembly held in January 2013, focussing on Welfare Reforms and their impact on Darlington. The Assembly concluded that that action was needed involving all sectors and that Darlington Partnership needed to play a role in co-ordination.

A Welfare Reform Action Group has been established, work streams have been identified and work stream leads appointed. Darlington Partnership will continue to provide co-ordination of support for people in coping with Welfare Reforms throughout 2013 -2014.

Members welcomed the update report and were pleased to note that the Good Neighbouring Scheme would encompass the current schemes that operate such as Community Connectors, Community Support Network and Darlington Cares and provide some cohesion. Particular reference was also made to using Neighbourhood Watch Schemes as it only exists in some Wards, throughout the Borough. The Executive Director acknowledged that there was a role for Neighbourhood Watch but the key was to encourage members of the community to take responsibility for their own community.

RESOLVED – That the report be noted.

HP73. DO NOT ATTEMPT TO RESUSCITATE – DISPELLING THE MYTHS – The Charge Nurse Cardiac Prevention Team, County Durham and Darlington NHS Foundation Trust introduced a powerpoint presentation and explained that Do Not Attempt to Resuscitate (DNAR) relates to a Cardio Pulmonary Resuscitation (CPR) in a traumatic event and has a poor survival rate. It was understood that CPR is not suitable for all patients and for many patients it would be unsuccessful, Members were also reminded that in reality CPR is not like it is shown on the Television.

Given the recent press coverage about DNAR and the Liverpool Pathway, Members were pleased to note the difference between the two and that both are difficult

conversations for clinicians to hold with the patient but conversations that are often necessary. DNAR is based on a clinical decision, that is not taken lightly and is made in the event of the heart stopping, with no further action being undertaken and a dignified death is able to take place. It does not mean that the patient will not be treated. The decision is taken between the clinical and the patient as consent must be gained. Decisions are reviewed on a regular basis and if the patients' conditions were to change the decision could be revoked.

Discussion ensued about the use of deliberators and in particular people being trained to operate defibrillators in community settings. Reference was also made to the difficulties family members and carers often face when the patient has made the decision for DNAR but this has not been communicated to them and they wish to overturn the decision.

It was noted that completion of DNAR forms are monitored monthly and is reported back to the Care Groups. The Associate Nursing Director added that DNAR was not currently part of the Trusts Quality Accounts but would be included in future, under patient safety and education. It was explained that conversations of this nature needed to become second nature to staff and that transferring their knowledge skills to enable them to do so as they do with end of life care was crucial.

Reference was made to the Deciding Right Campaign which impacts on all Trusts and Community staff also need to be fully trained and aware of this.

RESOLVED – That the information be noted.

HP74. QUALITY ACCOUNTS – PROGRESS REPORT – The Director of Resources submitted a report (previously circulated) advising Members of the recent events and meetings in respect of the local Foundation Trusts Quality Accounts.

The submitted report reminded Members that it had been agreed that this year the Scrutiny Committee would be more involved, at an early stage, with local Foundation Trusts Quality Accounts to enable them to have a better understanding and knowledge of performance when asked to submit a commentary on the Quality Accounts at the end of the Municipal Year 2012/13.

As a result, Members have established a Working Group with members of Darlington Link to receive quarterly performance reports from County Durham and Darlington NHS Foundation Trust. Members have also committed to attending the stakeholder events hosted by both local Foundation Trusts. The report asked the Committee to consider the information gathered and note the detailed information in preparation for its response to the Quality Accounts in April/May 2013.

RESOLVED – (a) That the briefing notes from the stakeholder events hosted by County Durham and Darlington NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust be noted.

(b) That the notes of the meeting held on the 21st March 2013 in respect of County Durham and Darlington NHS Foundation Trust be noted.

HP75. COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST – CLINICAL STRATEGY – TASK AND FINISH REVIEW GROUP FINAL REPORT –

Pursuant to HP44/December/12 the Director of Resources submitted a report (previously circulated) presenting the outcome and findings of the Task and Finish Review Groups established by Health and Partnerships Scrutiny Committee to scrutinise County Durham and Darlington NHS Foundation Trust (CDDFT) Clinical Strategy. To progress work Members established five small groups to consider each workstream in detail and have met with a variety of Officers. The workstreams are Emergency and Urgent Care; Long Term Conditions; Older People and End of Life Care, Surgery and Women and Children.

Members of this Committee have worked hard over the past 18 months scrutinising the operational workstreams and as reported in the Interim Report in December 2012, the workstreams the work in relation to Emergency and Urgent Care, Surgery and Women and Children was either completed or transformed into another piece of work.

The Final Report presented conclusions and recommendations for the remaining workstreams of Long Term Conditions and Older People and End of Life Care Task and Finish Review Groups.

The Service Improvement Manager, County Durham and Darlington NHS Foundation Trust reported that he has been seconded to be the Long Term Conditions Collaborative Co-Ordinator and provided Members with an update of progress in relation to reference in the Long Term Conditions Task and Finish Review Group Final Report.

It was reported that Darlington Association on Disability (DAD) have been carrying out Discovery Interviews with people living with long term conditions and currently 26 interviews have been completed. The target is 50 patient interviews and partners are being encouraged to identify suitable candidates with a single or multiple long term condition. It was explained that after the findings of the Discovery Interviews are known a High Level Value Stream mapping exercise will be undertaken which will scope out what areas require Rapid Process Improvement Workshops (RPIW). The anticipated outcome of this would be improved quality of care, more streamlined and joined up process and ultimately efficiency savings. The RPIW's will be carried out in line with LEAN Principles and aim to achieve tangible outcomes which do tend to be formulated when staff are given to opportunity to bring their improvement ideas to RPIWs.

Members queried whether the costs of patients in Nursing Homes would be taken into account during the process and it was noted that consideration the methodology of anticipated outcomes around finance would be taken into account, i.e. whether working collaboratively will reduce costs, how spend on long term conditions is defined, whether all costs spent on patients with long term conditions can be tracked and calculated, etc.

RESOLVED – (a) That the recommendations detailed in the Final Reports be approved;

(b) That consideration be given to forward the overall final report to either Cabinet or the Health and Well Being Board;

(c) That all Officers be thanked for their commitment to this piece of work;

(d) That the Final Reports of all the five workstreams be forwarded to the Chief Executive of County Durham and Darlington NHS Foundation Trust for consideration; and

(e) That this Committee receive an update on all of the recommendations in six – 12 months' time.

HP76. CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) TASK AND FINISH REVIEW GROUP FINAL REPORT – The Director of Resources submitted a report (previously circulated) presenting the Final Report of the Chronic Obstructive Pulmonary Disease (COPD) Task and Finish Review Group. Members were reminded that the Task and Finish Review Group was established to consider the COPD pathway and associated services as COPD as a condition is highly prevalent in Darlington.

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