

## HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

2 September 2014

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

**APOLOGIES** – Councillors Donoghue and Regan, Ken Ross, Public Health Principal and Sharon Pickering, TEWV.

**ALSO IN ATTENDANCE** – Councillors V Copeland, Adult Social Care and Housing Portfolio Holder. (1)

**OFFICERS IN ATTENDANCE** – Miriam Davidson, Director of Public Health, Emma Reah, Healthy Darlington Development Manager and Karen Graves, Democratic Officer.

**EXTERNAL REPRESENTATIVES** – Jackie Kay, Assistant Chief Officer, Darlington Clinical Commissioning Group (CCG) and Diane Lax, Healthwatch Darlington.

**HP14. DECLARATIONS OF INTEREST** – Councillors Newall and Macnab each declared an interest in Minute HP23 below due to their involvement with Citizen's Advice Bureau (CAB).

**HP15. MINUTES** – Submitted – The Minutes (previously circulated) of meetings of this Scrutiny Committee held on 17 June and 7 July 2014.

**RESOLVED** – That the Minutes be approved as correct records.

**HP16. MATTERS ARISING** – There were no matters arising.

**HP17. 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.

The submitted report outlined the original Work Programme and requested Members to consider the areas of work already listed and if appropriate include any further issues. There was a discussion on the current status of various topics.

Members were keen to continue to monitor the community element of the stroke pathway within Darlington. They noted that there is to be a review of the thrombolysis treatment and the possible negative effects on some stroke patients and await the results with interest. Members also agreed to continue to monitor the progress of the co-location of Urgent Care Services and the Accident & Emergency Department at Darlington Memorial Hospital (DMH) and expressed concern about the delay in implementations. They were advised that the estate options are still being investigated but County Durham and Darlington Foundation Trust (CDDFT) is committed to the project.

With regard to Telehealth Members were informed that this is part of a large Digital Care programme across the Tees Valley, on which the Council is represented, and that a detailed report would be submitted to a future meeting of Scrutiny. Members were concerned that there seemed to be no progress in this area but were assured that the Better Care Fund would allow for acceleration of some schemes and that Ian Briggs of CDDFT was currently involved in the progress of several projects. It was agreed, therefore, that this topic remain on the work programme for a future date.

Members discussed their worries about a petition and rumours which were circulating in the town together with letters in the local press about the potential down grading of the Accident & Emergency Department at DMH. It was agreed that the Chair write to Sue Jacques, the Chief Executive at CDDFT requesting clarification of the rumours and a statement of intent.

The Chair requested sight of the Final Report of the Patient Experience Group in order for Scrutiny to identify where further work could be undertaken on Access to GP's Appointments.

In relation to Long Term Conditions Jackie Kay of the CCG advised that a Project Co-ordinator had now been appointed by the Board and that this work would now progress. Councillors S and E Richmond will continue to represent Health and Partnerships Scrutiny Committee on matters relating to Long Term Conditions.

With regard to the Breast Clinic Members were keen to be kept fully informed of the temporary arrangements.

Scrutiny also agreed to give consideration to the Impact of Sight Loss on Darlington Residents and Eye Health, Healthy Eating, the Better Care Fund and the problems relating to the North East Ambulance Service (NEAS).

**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.

**HP18. 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.

**RESOLVED** – That the update be noted.

**HP19. PERFORMANCE – RESOLVED** – That this item be deferred to the next ordinary meeting of Scrutiny Committee.

**HP20. HEALTHY DARLINGTON** – The Healthy Darlington Development Manager gave a PowerPoint presentation which outlined the functions of the soon to be established Healthy Darlington Hub which will be located in the Dolphin Centre.

Members were informed that the Hub would be led by a team of staff trained in behaviour change and will to be a new single point of contact, from October for residents who want to participate in a healthier lifestyle.

The Healthy Darlington Hub will be open seven days a week and be available for both walk-in clients and medical practitioner referrals. It will make the most of modern technology and communication methods and sign post where appropriate to medical professionals.

Discussion ensued on the need to encourage and support people if they wanted to change their life styles to become more healthy and active and also the need to help people to maintain behaviour change.

Members suggested ways that The Hub and its objectives could be widely advertised to the public and welcomed the initiative which will help to enhance the quality of life and the wellbeing of residents.

**RESOLVED** – (a) That the thanks of this Scrutiny Committee be extended to the Healthy Darlington Development Manager for her interesting and informative presentation.

(b) That a report be submitted to a future meeting of this Scrutiny Committee once The Hub has been established and utilised.

(c) That it be requested that Member briefings be arranged to highlight the function of the Hub.

**HP21. DARLINGTON HEALTH PROFILE 2014** – The Director of Public Health submitted a report (previously circulated) informing Members of the key messages in the Darlington Health Profile 2014. The profile provided a picture of health in the area and was designed to give the Council and NHS services an understanding of local needs so that work could be jointly planned to improve health and tackle health

inequalities.

The Director of Public Health explained that the Darlington Health Profile 2014 showed how the health of people was reflected in 32 indicators across five domains: Child Health, Adult Health, Deprivation, Life Expectance and Health Inequalities.

Members were disappointed to note that the issues of adult obesity, alcohol related harm and self-harm continued to be worse than the England average. There are enduring complex challenges to improving the health and wellbeing of our local population and 13 out of 32 indicators are rated as significantly worse than the England average.

Members were pleased to note that life expectancy for both men and women has again steadily increased; however, a major gap remains for men and women between the most deprived and least deprived areas of Darlington. The priorities to reduce inequalities in health and wellbeing between Darlington and England are deprivation, long-term unemployment, smoking during pregnancy, breastfeeding initiation at birth, under 18 year conceptions, poor adult nutrition and hospitalisation from harm caused by excess alcohol consumption.

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.

Discussion ensued on the need for Scrutiny to understand what the CCG and other partners were doing to solve problems and how it could help.

**RESOLVED** – (a) That the Director Public Health be thanked for her informative presentation.

(b) That a Task and Finish Review Group be established to explore healthy eating, with particular emphasis on poor nutrition in adults. .

**HP22. ALCOHOL TASK AND FINISH REVIEW GROUP** – Submitted – The notes of the Review Group held on 7 July 2014.

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

**HP23. STRATEGIC GRANTS TASK AND FINISH REVIEW GROUP** – Submitted – The notes of the Review Group held on 18 July 2014.

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