
OVERVIEW OF HEALTH AND WELL BEING SCRUTINY COMMITTEE

1. Since the last meeting of the Council, the following are the main areas of work the Health and Well Being Scrutiny Committee has undertaken: -
 - (a) **County Durham & Darlington NHS Foundation Trust – Seizing the Future** – The lead Members of the Scrutiny Committee continue to attend the Seizing the Future Delivery Oversight Board, along with colleagues from Durham County Council and other NHS Partners and brief the Scrutiny Committee at regular intervals.
 - (b) **Stroke Services** – At the recent Committee meeting Members were briefed by the Associate Director of Marketing and Communications, County Durham and Darlington NHS Foundation Trust, Edmund Lovell advised that the Trust has taken steps to strengthen the medical staffing within the stroke service. A locum care of the elderly consultant has been appointed to enable the other consultants to spend more time managing stroke patients. The Trust has also recruited a doctor to work in the stroke service supporting the remaining consultants. The Trust is looking to recruit a locum stroke consultant, although, as highlighted previously there are recruitment issues with stroke specialists. Members welcomed the short term solution although queries were raised about the long term solution. Mr Lovell reiterated that the Trust are hopeful about recruiting a locum stroke consultant but explained the difficulties the Trust are facing recruiting permanent consultant staff reflected a national issue. The Director of Partnerships and Services, NHS County Durham reassured Members that the outcome of the Regional Review was integral to the provision of stroke services and added that the outcome of the review would be subject to public consultation if the outcome was a suggested change to the current configuration of services.
 - (c) **Staff Consultation on Car Parking Darlington Memorial Hospital (DMH)** – The proposals are to reduce demand for staff car parking and increasing capacity for patients and visitors. The proposals are to restrict parking for staff living within one mile radius of DMH; greater incentives for car sharing for all staff; and park and shuttle from Bishop Auckland General Hospital. This is a four week consultation exercise. Members expressed concerns about the impact of residents if more staff were going to be using on street car parking. Mr Lovell agreed to share the consultation document with the Committee.
 - (d) **Supporting People Review of Services for homeless people, people at risk of homelessness and vulnerable parents** – The Committee has received a report which advised that the Supporting People Team have undertaken an open tendering exercise for the procurement of services for homeless people, people at risk of homelessness and vulnerable parents, in seven separate lots. Following the evaluation of the tenders received, approval was sought from Cabinet, in their meeting of 1 December 2009, to re-tender lots for 1, 2 and 5. This was due to concerns raised by the Tender Panel

regarding the financial viability of the proposed services for lots 1 and 2, and that there were no tenders received for lots 5. Therefore tenders were awarded for lots 3, 4, 6 and 7. Tenders received for the second procurement exercise are currently being evaluated and will be reported to Cabinet for award of contracts, in their meeting of 30 March 2010. A further report will be forwarded to the next ordinary meeting of this Committee.

- (e) **Cancer Screening across the Darlington and Tees Valley** – Members received a report from a consultant in Public Health which reported positive figures for Darlington in relation to cancer screening services. Members were pleased to note that the breast screening programme is currently preparing to expand the age range of women invited for screening to 47 – 73 years. The expansion should be in place by December 2012. The first round of invitations will be randomised as part of a national trial to determine the efficacy of the expansion in reducing mortality from breast cancer. Therefore all eligible women aged between 47 – 73 are expected to be routinely invited for screening every three years by 2016. It was noted that around five women in Darlington get cervical cancer every year. Between 2004 and 2006 local incidence rates of cervical cancer were lower than regional and similar to national rates. Mortality rates for cervical cancer in Darlington are lower than regional and national rates. The coverage of the cervical cancer screening service in Darlington has been dropping for some years but increased in 2007-08 and 2008-9 (thought to be the ‘Jade Goody affect’). It remains higher than both regional and national rates. Current waiting time for cervical screening results in Darlington is less than 3 weeks.
- (f) **Practice Based Commissioning** – Members received an overview from the Practice Based Commissioning (PBC) Manager at a recent meeting. NHS County Durham and Darlington are required to ensure that PBC is at the forefront of the commissioning agenda and that frontline clinicians have the opportunity to lead and influence the commissioning of services to improve health, health services and well being of the local population. The Darlington PBC group are currently restructuring to ensure a more inclusive and integrated approach with key stakeholders. The Darlington PBC group are in the development stages of a five year strategy with a corresponding delivery plan based on the commissioning priorities for the local population. The delivery plan aligns with the strategic direction of NHS County Durham and also takes into account the delivery of Local Area Agreements. Members welcomed that work of the PBC Group and look forward to receiving updates on successful work streams.
- (g) **Darlington LINK – Darlington General Practitioners Access** – Diane Lax and Michelle Thompson Darlington LINK introduced the draft report to Members and explained that the report was split into two parts general access to GP Practices and access for patients with learning disabilities. The main aim of the piece of work is to improve access in terms of appointment times, accessible information and correctly trained staff. Also the LINK will share best practice and highlight surgeries that already have established policies and procedures to increase access for patients and carers. Members welcomed the report and thanked Ms Thompson and Ms Lax for sharing the report with the Committee; this is the first report which the LINK has referred to the Committee.

- (h) **NHS Constitution** – A Task and Finish Review Group was established to respond to ‘The NHS Constitution: Consultation on a new patients rights’. The Task and Finish Review Group met on 18th January 2010 and explored the introduction of a new right to access services within maximum waiting times or for the NHS to take all reasonable steps to offer a range of alternative providers if this is not possible; the introduction of a new right to a NHS Health Check every five years for those aged 40-74, to come into effect in 2012, and the right to see an alternative provider if not offered one by the provider you approach; the introduction of a number of potential future rights; and the role of ‘Constitution Champion’. A response was submitted ahead of the deadline on behalf of the Committee.
- (i) **Service Inspection of Adult Social Care** – A Task and Finish Review Group was established to examine the outcome of the Service Inspection of Adult Social Care by monitoring the Action Plan. Lead Members of the Committee identified four areas in scrutinise in depth regarding performance of Home Equipment Loans Services, waiting lists for Wheelchairs, Carers Assessment document and PACT meetings with GOLD. Members of the group have fully investigated these issues and are satisfied that work is being undertaken and that no further work is required by the Task and Finish Group.
- (j) **Home Equipment Loans Services** – Members have previously expressed concerns about the Home Equipment Loans Service (HELs) and some felt there had been little or no improvement since the Committee had undertaken their Review into the service in 2002/03 and therefore established a Task and Finish Review Group. The Group has met with lead Officers from NHS Darlington and Darlington Borough Council and explored each original recommendation in detail. Following these discussions Members are reassured that some improvements have been made to the service. Members will meet with the Officer leading on the project initiated by NHS County Durham Corporate Improvement Team to review the service specification for Home Equipment Loans and Wheelchair Services following its completion.
- (k) **Tees Valley Health Scrutiny Joint Committee** – I have recently attended the Tees valley Health Scrutiny Joint Committee and the meeting considered the Quality Accounts from the South Tees Hospitals NHS Foundation Trust. This will assist us when the Committee considers the Quality Accounts of Tees, Esk and Wear valley NHS Foundation Trust and County Durham and Darlington NHS Foundation Trust. The Joint Committee has also established a Task and Finish Group to consider the capacity of the North East Ambulance Service and as Chair I represent Darlington on this Group.
- (l) **Regional Health Scrutiny** – As Chair I have attended a Regional Health Scrutiny Member Meeting recently and a draft protocol has been considered by all 12 Local Authorities. Work is underway on a light touch review of alcohol misuse services across the region to test out the draft protocol. This will culminate in a meeting at the end of March with witnesses including Professor Stephen Singleton NHS North East, Dr David Chappel, North East Public Health Observatory and Colin Shevills Balance. Officers are preparing a scoping/evidence gathering day in relation to the Review of health of veterans project which will be held after the Elections.

- (m) **Work Programme 2009/2010** – We have given consideration to the Work Programme of this Committee for the Municipal Year 2009/10 and possible review topics. We have examined Cabinet’s Forward Plan, in order to identify areas of particular interest or concern and I have extended an open invitation for the inclusion of additional items on the Committee’s Work Programme.
2. Since the last meeting of Council, the Chair of the Committee has attended various briefings with Officers.

Councillor Marian Swift
Chair of the Health and Well Being Scrutiny Committee