
OVERVIEW OF HEALTH AND PARTNERSHIP SCRUTINY COMMITTEE

1. Since the last meeting of the Council, the following are the main areas of work the Health and Partnerships Scrutiny Committee has undertaken.

Darlington Darzi Practice

2. As previously reported we have agreed to monitor the decommissioning process of Darlington Darzi Practice which closed on 31st March 2013. We will continue to be updated on this and work closely with the Darlington Clinical Commissioning Group to allay our concerns.

Quality Accounts

3. We are hosting a Special meeting of the Committee to enable Members to confirm their commentaries to respond to the draft Quality Accounts for County Durham and Darlington NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust.
4. Members have routinely met with Officers and attended Stakeholder events to gather information and evidence to enable us to feel confident about commenting on the Trusts future and previous priorities.

County Durham and Darlington NHS Foundation Trust Clinical Strategy Task and Finish Groups

5. We have now completed our work of scrutinising the County Durham and Darlington NHS Foundation Trust's (CDDFT) Clinical Strategy as the final reports from the Long Term Conditions and Older People/End of Life Task and Finish Review Groups have completed their work. The recommendations have been shared with the Trust and we look forward to revisiting this work in 12 months' time.
6. Members who have undertaken this piece of work have thoroughly enjoyed it and found it extremely beneficial talking to Clinicians and Managers of services to gain a better understanding of the real issues and have cited this approach as Best Practice for all future Scrutiny Reviews and investigations.

Chronic Obstructive Pulmonary Disease Task and Finish Review Group

7. We have completed our review of Chronic Obstructive Pulmonary Disease (COPD) and made a number of recommendations for this Council, Darlington CCG and the CDDFT to consider and we look forward to reviewing our recommendations in 12 months' time.

8. We have found this piece of work interesting and hope that colleagues support our recommendation regarding incorporating an article in Ward newsletters highlighting the issue of COPD.

Obesity Task and Finish Review Group

9. We are half way through our review of the Obesity pathway leading to Bariatric Surgery and a number of meetings have taken place.
10. We are in the process of arranging more meetings to complete this piece of working including meeting with a representative from the Community Eating Disorders Service.
11. The anticipated outcome is to collate some recommendations to inform Darlington CCG and The Trusts commissioning intentions.

County Durham and Darlington NHS Foundation Trust – Do Not Attempt to Resuscitate

12. At our recent Committee meeting we received a presentation from the Charge Nurse Cardiac Prevention Team, CDDFT who explained to us that Do Not Attempt to Resuscitate (DNAR) relates to a Cardio Pulmonary Resuscitation (CPR) in a traumatic event and has a poor survival rate.
13. We understand that CPR is not suitable for all patients and for many patients it would be unsuccessful, we also realise that in reality CPR is not like it is shown on the Television.
14. 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.
15. 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.
16. Members welcomed the presentation and feel more informed about DNAR if asked by a resident.

Darlington Partnership

17. The Chief Executive of Darlington Partnership submitted a report to our recent meeting which summarised 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.

18. Members welcomed the presentation and in particular the action priority for 2013/14 being 'A Good Neighbouring Scheme'. Members believe that this work will include elements of Community Connectors, Darlington Cares and Neighbourhood Watch.
19. We also received feedback from the recent Darlington Partnership Assembly which focused on the 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.
20. 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 thorough out 2013 -2014.

Partnerships Task and Finish Review Group – Strategic Grants

21. We have agreed to focus our Task and Finish Review Group work this year on partnership arrangements this Council has with a number of organisations. It is our intentions to scrutinise this work in various ways.
22. Our first area of interest is Strategic Grants the aim is to ensure that the Strategic Grants provided by this Council to the voluntary and community sectors are delivering outcomes and providing good value for money.
23. This Review will take place throughout May and June 2013 and we will meet with all the organisations who receive a Strategic Grant from this Council and devise a set of questions to ask each of them.

Tees Valley Health Scrutiny Joint Committee

24. My final meeting as Chair, provided Members with an update on the Wynyard development and we were received an overview of the new Hospital Project, financial implications, Workforce, Transformation, Community Premises and Communications and Engagement.
25. The new Hospital procure timeline was also shared with the meeting and Members requested a further update in due course.
26. Representatives from all NHS Trust across the Tees Valley were invited to attend the Joint Committee to discuss the impact of savings that NHS Trusts are required to make for 2013/14.
27. It was noted that nationally, the Department of Health has confirmed that the NHS is required to deliver £20bn of efficiency savings over the spending review period.

28. A very lengthy discussion was held with every Trust commenting about the challenging year ahead to find the required cost reduction of 4 per cent per annum recurrently.
29. Members are aware that the key to deliver efficiencies is transformation of services, while maintaining quality and safety of services ensuring they are accessible to everyone. Members commented that communication with the general public was vital to enable people to understand that there may be a change in the delivery of services.
30. After a very busy year, I am pleased to hand the Chair of the Joint Committee for the municipal year 2013/14 to Stockton-On-Tees Council.

Work Programme 2013/14

31. We have given consideration to the Work Programme for this Committee for the Municipal Year 2013/14 and possible review topics and in doing so, we have taken into account the reduced resources available and ensured that, in recommending our work programme to Monitoring and Co-ordination Group, any work we undertake will have demonstrable outcomes and contribute to the work of the Council and its strategic aims and objectives.

Councillor Wendy Newall
Chair of the Health and Partnership Scrutiny Committee