
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 Partnership 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.
3. At our recent meeting we received a report from NHS England Area Team which reported that at the time the decision was taken to terminate the contract there were 957 patients registered at the GP Practice. Following the closure of Dr Piper House Practice on 31 March 2013, a total of 577 (60 per cent) patients have re-registered with GP Practices across Darlington and other areas of the North-East Region. On the date of closure there were 480 patients still to register with another Practice. All patients who were deemed to be vulnerable patients (by nature of clinical condition) were re-registered by 31 March 2013.
4. Each patient received four letters in total in relation to the closure and the letters contained details of local GP Practices and also a link to the NHS Choices website to aid patients in making a choice of GP Practice. The letter also referred patients to HealthWatch should they need assistance in choosing a GP practice. The records of those remaining patients are being held by the Area Team until such times patients register with a new Practice.
5. No complaints or concerns have been raised with the Area Team in relation to patients not being able to access alternative GP Practices and the Area Team continue to monitor patient movement.
6. We have noted that as at 23 May 2013 there are still 380 patients to re-register with another GP Practice, a total of 140 female patients and 240 male patients and a final letter was issued to Practices on the 20 May 2013. A graph was appended to the submitted report showing the dispersal of patients across Darlington GP Practices.
7. We are frustrated that there has been mixed messages around the associated funding of the Darlington Darzi Practice patients and how that money would be re-invested in Darlington's Health Economy. We endeavour to resolve this issue and hope that the majority of the money can be clawed back and be invested to improve access to primary care in Darlington.

Securing Quality in Health Services (formerly Acute Services Quality Legacy Project)

8. We have recently received an update from the Project Director on the progress being made against the recommendations as a result of the work of the Acute Services Quality Legacy Project.
9. The work considered the clinical community to define what the best possible care should look like in hospitals and begin to outline the next steps of how projects should be delivered, given the likely financial future and the workforce that will be available.
10. The findings and recommendations set out in the project report have implications that range from potential changes to be made to provider contracts through incorporating the agreed clinical quality standards, to potential service reconfiguration across County Durham and Tees Valley.
11. The Clinical area includes Acute Paediatrics, Maternity and Neonatal Service, Acute Care, End of Life Care and Long Term Conditions.
12. We are interested to note that the process of taking forward the report recommendations is being led by Darlington Clinical Commissioning Groups (CCGs) on behalf of the CCGs across County Durham, Darlington and Tees. The project will also feed into, and supported by the work of the Area Team of NHS England.
13. We have requested further updates and intend to meet with representatives from County Durham and Darlington NHS Foundation Trust to seek a project progress update from them.

Health and Well Being Board

14. We have received a further progress report updating this Scrutiny Committee of Darlington's progress in developing a Health and Well Being Board.
15. We have been reminded that Health and Social Act 2012 requirements for every Local Authority to establish a Health and Well Being Board, its statutory functions, statutory membership and local discretionary elements.
16. The Work Programme of the Board was discussed and the Health and Social Care Delivery Plan which outlines the shared priorities for health, social care and public health for 2013 – 16. The Delivery Plan which sits underneath Darlington's Health and Well Being Strategy and its purpose is to focus collective action on improvement of health and social care outcomes and narrowing the gap in outcomes within Darlington and between Darlington and the rest of England.
17. There are three priority actions within the Delivery Plan; those are to focus resources in the areas of highest need, to create a sustainable health and social care economy and to improve the management of Long Term Conditions.

18. As a Scrutiny Committee we look forward to establishing a good working relationship with the Health and Well Being Board to ensure that we avoid duplication and work together to reduce the health inequalities of the residents of Darlington.

Challenging Performance, Making a Difference

19. We have received a presentation on the performance information within the remit of this Scrutiny Committee and also the future role of involvement of this Scrutiny Committee in the monitoring of this information. The presentation made reference to the Frameworks and Delivery Plans within our remit and particular reference was made to the Health and Social Care Delivery Plan.

Health and Social Care Integration Pioneers Programme

20. The Assistant Director of Development and Commissioning explained that a new partnership of national health and social care organisations has established a vision for the integration of health and social care.. As a part of implementing this vision for person centred care and support, local areas have been invited to become Pioneers for integration where it is to the benefit of patients, people who use services and local communities. Expressions of Interest (EOI) have been invited from partnerships in local areas, based on the needs and experiences of patients and partners in the local areas.
21. This Council and Darlington CCG have been involved in discussions with other Tees Valley Authorities with a view to developing collaborative models for integration. Preliminary conversations have taken place across all five Tees Valley Local Authorities and all three Tees Valley CCGs, with conversations between Darlington, Middlesbrough and Redcar and Cleveland Councils and Darlington and South Tees CCGs being pursued most actively.
22. It was noted that a collaborative model has the potential to draw down resource from the Department of Communities and Local Government (DCLG) who is keen to encourage such collaborative effort amongst Local Authorities. In order to do so, effective governance arrangements would need to be established with the willing partners as mentioned above. There is likely to be some significant resource requirements needed to provide assurance on progress, and to ensure the effective decision making and implementation of models of delivery.
23. We have noted this information and look forward to receiving further reports in due course.

Obesity Task and Finish Review Group

24. We have completed our review of Obesity and made a number of recommendations for this Council, Darlington CCG and the CDDFT to consider and we look forward to reviewing our recommendation s in 12 months' time.

25. 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 Obesity.

Partnerships Task and Finish Review Group – Strategic Grants

26. We have agreed to focus our work this year on the partnership arrangements this Council has with a number of organisations. It is our intention to scrutinise this work in various ways.
27. 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.
28. We have met on five occasions and met with all the recipients of Strategic Grants and found out about some of the valuable services these organisations provide with the assistance of a Strategic Grant.
29. We have recently submitted our Interim Conclusions and Recommendations to Cabinet for consideration.

Pressures on Accident and Emergency Departments

30. This Scrutiny hosted and, with the assistance of Public Health facilitated, an informative and interactive Members Training and Development Session discussing the pressures on Accident and Emergency Departments nationally and locally.
31. Clinical staff and managers attended the session and shared their experiences and discussions ensued about signposting patients to the right place, the right person, at the right time.
32. This Committee will keep a watching brief on Accident and Emergency pressures and a further session may be offered if this continues to be an issue.

Tees Valley Health Scrutiny Joint Committee

33. Stockton-On-Tees Council will host the Chair of the Joint Committee for the municipal year 2013/14 and Hartlepool Borough Council will take the Vice Chair.
34. At the first meeting of the new municipal year we received a presentation on the consultation on Reconfiguration of Critical and Emergency Medical Services for North Tees and Hartlepool NHS Foundation Trust.
35. The option that is being consulted is to bring critical care and emergency medical services together at the University Hospital of North Tees.
36. A Joint Committee has been established between Durham County Council, Hartlepool Borough Council and Stockton-on-Tees Council to respond to the consultation.

Work Programme 2013/14

37. 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