
OVERVIEW OF HEALTH AND PARTNERSHIPS 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.

Overview of the Complete Stroke Pathway

2. We have held a Special meeting to give consideration to the four strands of the complete stroke pathway at which we received presentations and reports.
3. In relation to the Single Site Hyper Acute Unit at University Hospital of North Durham, the Head of Stroke, Elderly Medicine and Gastroenterology outlined achievements following the centralisation of the hyper acute stroke service onto one site, provided information which focussed on Darlington patients who have suffered a stroke and outlined achievements relating to Thrombolysis based on the Safe Implementation of Treatment of Stroke (SITs) international database.
4. We were advised of the sustained and positive improvements across all the of Key Quality Indicators (QIs) in relation to 90 per cent of inpatient stays on the Stroke Unit, CT scans within 24 hours, CT scans within one hour, percentage of patients being admitted to the Stroke Unit within four hours of arrival, percentage of patients being seen by the Stroke Team within 24 hours of arrival and the percentage of swallow screening within four hours of admission.
5. In relation to the development of a Community Stroke Rehabilitation Service in County Durham and Darlington, the Commissioning Manager, Darlington Clinical Commissioning Group made reference to the development and implementation of a 'Gold Standard' Stroke Rehabilitation Service in County Durham and Darlington (CDD) to meet the requirements of the standards. The development of a 'Gold Standard' Stroke Rehabilitation Service is a Commissioning Intention for all three Clinical Commissioning Groups (CCG's) in County Durham and Darlington.
6. The North of England Commissioning Support Unit (NECS) is acting as the lead organisation in the development of this work supported by commissioning personnel from each of the CCG's.
7. The North of England Cardiovascular Network (NECNV) established a Stroke Rehabilitation Group to undertake a gap analysis of Stroke Services and reviewed the models of early Supported Discharge and Community Stroke Team. This work identified a number of areas that did not meet the requirements and recommendations were made to address these gaps.

8. In relation to the Stroke Association Working in Darlington, we received a presentation from the Stroke Association which explained some of the support that it provided nationally and locally. Nationally, the Stroke Association offer support to stroke survivors through funding research, providing welfare grants, offering support to Stroke Clubs and Groups, fundraising, providing stroke rehabilitation service and lead campaigns.
9. With regard to Exercise After Stroke the Sport and Physical Activity Development Officer provided Scrutiny with information relating to the Exercise After Stroke Programme in Darlington. He explained that Darlington Sports Development Team run a rehabilitation programme based at Eastbourne Sports Complex which consists of Group based exercises tailored to the individual's need. The programme is accessed by referral from medical professionals and other organisations such as the Stroke Association and Age UK.

NHS Talking about Cancer Team Engaging Local Communities and Cancer Symptom Awareness and Symptom Detection

10. Scrutiny Committee received a presentation from the Health Improvement Lead, County Durham and Darlington NHS Foundation detailing the work of the Talking About Cancer Team which is part of County Durham and Darlington NHS Foundation Trust.
11. Scrutiny were advised that it was a small well established Team of professionals who worked in the community raising awareness around a range of different cancer focuses. The Team is purely a cancer Information and Support service and not involved with any fund raising activity. Its focus was on signs and symptoms in the hope that, by increasing understanding, individuals would be encouraged to attend their GPs to ensure possible early intervention and diagnosis.
12. In January and February the Team focused on raising awareness around the National Bowel Cancer Screening Programme. This NHS programme currently screens adults in the age range 60-75, due to the increased risk of bowel cancer with age. There is also an opting in process for 75+ which was encouraged.

Winter Planning and Preparedness

13. Darlington Clinical Commissioning Group and NHS County Durham and Darlington NHS Foundation Trust advised Committee of winter planning and preparedness recently undertaken. Darlington CCG maintained regular contact with the CDDFT and recent activity was reported as down which could be due to several schemes, including Paramedic Ring Back and co-location urgent care from 6.00pm, taking the pressure off the service.
14. We were advised that the 111 service had been partially successful and the Trust was currently looking at the Emergency Care Intensive Support Team.

15. Particular reference was made to the Ambulance handover to the Trust being a national measure this year and that delayed discharge was dealt with as appropriate to the case as figures were worked out differently and delayed discharges were defined differently by various services. The processes and systems were currently being reviewed and there was a need to initially treat the patient and not focus on discharge.
16. Scrutiny expressed concerns that patients calling the 111 service were advised to initially contact their GP thereby alleviating accident and emergency pressure but placing further demands on GP Practices. Scrutiny was assured that the patient always came first and that an emergency appointment at a GP was often the best course of action.
17. Details were provided of a recent Stakeholder event at which Durham CCG had expressed concerns using GPs for emergencies, however, Darlington was in a better position although still had its challenges. There was an awareness that a change was required with regard to emergency care and that urgent care needed to be on site 24 hours a day.

Healthwatch Darlington Update – September 2013 to January 2014

18. We were given an update on the work of Healthwatch Darlington which included progress being made with regard to the development of a Social Enterprise.
19. Particular reference was made to the Healthwatch Work Plan and the seven Task and Finish Groups which were given consideration. These were Enter and View, GP Access, Data Intelligence, Equality and Diversity, Cancer Services, Mental Health and Children and Young People.
20. Two training and induction sessions have recently been held for current and new volunteers to meet other volunteers and staff members. This encourages the volunteers to sign up to the various Healthwatch Task Groups and access other training opportunities.
21. Healthwatch Darlington continue to work closely with various networks which help co-ordinate activities and give an opportunity for feedback between key organisations, service users carers and the public.

Annual Veterans Report

22. Darlington Borough Council has made a commitment to support work that takes place in partnership to support the Armed Forces and the delivery of the Community Covenant.
23. We continue to work closely with other Tees Valley Authorities to understand the issues faced by veterans and a joint proposal for a specialist worker, to help co-ordinate activity in relation to veterans, has been submitted.

24. Darlington has also successfully drawn down £35k to support cohesion activity at West Park Academy. This money was following a successful bid for Armed Forces Community Covenant Grant.

Quality Accounts

25. Members of this Committee have recently attended Working Group meetings with Officers from County Durham and Darlington NHS Foundation Trust and Tees, Esk and Wear NHS Foundation Trust. Members also attended Stakeholder events held during February and March.
26. The information gathered at these meetings will assist us when we have to submit our commentaries to the Draft Quality Accounts for 2013/14 in May 2014.

Alcohol Task and Finish Review Group

27. The Scrutiny Committee established an Alcohol Task and Finish Review Group to scrutinise the indicators relating to alcohol within the Health profile for Darlington for 2013, with particular emphasis on alcohol specific Hospital stays (under 18), increasing and higher risk drinking, and Hospital stays for alcohol related harm.
28. The Joint Commissioning Unit Manager of the Drug and Alcohol Team (DAAT) attended the initial meeting of the Review Group on 13 January. She provided the Group with detailed indicators in relation to drugs, alcohol and smoking from the Darlington Health Profile for 2013.
29. A Terms of Reference and an Action Plan have been drafted for this piece of work and future meetings will give consideration to night time economy problems relating to alcohol, alcohol related problems, National and Regional alcohol related issues and Darlington's position in comparison to other North East towns.

Access to GP Appointments Task and Finish Review Group

30. Since the last meeting of Council two further meetings of this Group have been held, one attended by Jenny Chapman MP at which her concerns were discussed and a further meeting attended by Healthwatch to share intelligence and consider feedback collected in its survey.
31. A letter has been circulated to all GP Practices in Darlington thanking them for their support in relation to this piece of work and requesting suggested questions for inclusion in a Access to GP Appointments Survey.

Work Programme 2013/14

32. 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.

Sustainable Community Strategy

33. Scrutiny held a special meeting to give consideration to a proposed vision for the Council which will be used as a basis for a revised Sustainable Community Strategy (SCS) which contains updated objectives and new conditions of Building Stronger Communities, Every Public Pound Well Spent and Economic Growth, to reflect the current climate. Our views were sought on the three objectives, relevant to Health and Partnerships Scrutiny, of more people active and involved, more people health and independent and enough support for people when needed.

Councillor Wendy Newall
Chair of the Health and Partnership Scrutiny Committee