

## HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

7 January 2015

**PRESENT** – Councillor Newall (in the Chair); Councillors Crichlow, Macnab, Nutt, Regan, EA Richmond, S Richmond, H Scott and J Taylor. (9)

**APOLOGIES** – Councillor Donohue, Miriam Davidson, Director of Public health, Jackie Kay, Assistant Chief Officer, Darlington Clinical Commissioning Group (CCG) and Sharon Pickering, Tees, Esk and Wear Valleys NHS Foundation Trust. (4)

**ALSO IN ATTENDANCE** – (0)

**OFFICERS IN ATTENDANCE** – Catherine Whitehead, Assistant Chief Executive, Ann Workman, Assistant Director, Adult Social Care; Sharon Raine, Head of Organisational Planning, Mary Hall, Senior Engagement Officer, Philippa Rayner, Process Manager, Organisational Planning, Ken Ross, Public Health Principal and Karen Graves, Democratic Officer.

**EXTERNAL REPRESENTATIVES** – Martin Phillips, Chief Officer Darlington Clinical Commissioning Group (CCG), Edmund Lovell, Associate Director of Marketing and Communications, County Durham and Darlington Foundation Trust (CDDFT), and Diane Lax, Healthwatch Darlington.

**HP37. DECLARATIONS OF INTEREST** – In respect of Minute HP43 below Councillors Newall, Macnab and Regan each declared a non-pecuniary interest.

**HP38. MINUTES** – Submitted – The Minutes (previously circulated) of meetings of this Scrutiny Committee held on 5 and 13 November and 3 December 2014.

**RESOLVED** – (a) That, with the following amendments in relation to the Minutes of 5 November :-

- i. The last sentence be deleted from Paragraph eleven of Minute HP29/Nov/14 on page two; and
- ii. In relation to Minute HP30, insert 'It was also stated that that the Police Authority had given an undertaking that no person with a mental health issue would be held in a police cell.' at the end of Paragraph two on page three

the Minutes be agreed as a correct record.

(b) That the Minutes of 13 November and 3 December be agreed as correct records.

**HP39. MATTERS ARISING** – In relation to Minute HP32/Nov/14 a Member requested clarification on the constitution of the Darlington Partnership and the term of tenure of the Chair and Vice-Chair of the Partnership and was advised that a report on this topic

was to be considered by Efficiency and Resources Scrutiny Committee on 8 January 2015.

In relation to Minute HP34, Discharge Summaries, a Member asked whether or not the reporting of patients discharged to Care Homes not always receiving the correct medication or no medication at all was reported to the Clinical Commissioning Group and subsequently investigated through the Incident Reporting System. The Associate Director of Marketing and Communications of the Trust gave an undertaking to verify and report back to Committee.

**HP40. 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 on the work programme.

In relation to Stroke Services Members enquired whether the review of thrombolysis treatment for stroke patients had been undertaken. A Member also reported that a family member had been taken to the University Hospital of North Tees, by ambulance, as admission to the Ward was immediate and would have taken much longer if presenting at University Hospital of North Durham. Again the Trust representative assured Members that they would investigate both queries and report back. The Chair also advised Members that she and the Vice-Chair will be undertaking a visit to the Darlington Stroke Club at Age UK which offers people who have suffered a stroke, and their carers, a place to go where they could feel safe, gain back confidence and take part in a range of activities. In response to a query concerning post stroke care Members were assured that Darlington CCG is working with the Trust to ensure excellent post-stroke care for patients.

It was reported that the North East Review of the health needs of the ex-service community would be brought to a future meeting of this Scrutiny Committee.

In relation to Urgent Care Integration Members were advised that there was a delay on the building works due to the impact on other services and Accident and Emergencies. It was also stated that a separate area for children was desired. It was essential that the right solution was in place to provide Accident and Emergency and Trauma Services. Members again raised concerns about the delay here.

Members queried whether there had been any impact on Darlington Memorial Hospital (DMH) paediatric services since the closure of Maternity and Children's Service at the Friarage Hospital, Northallerton and requested that information be brought to a future meeting of Scrutiny. It was also requested that a visit be organised to observe the service at DMH.

The Chair reported that, despite several requests, the Final Report of the Patient Experience Task Group had still not been made available and a further request would be made following this meeting. Members were also advised that the Chair and Vice had met with Dr Chris Mathieson to discuss the schemes which had begun as part of the Prime Minister's Challenge Fund. The CCG reiterated that the Prime Minister's Challenge Fund was only for six months and that it was difficult to change a way of working which had operated for over 25 years. Members were also advised that sustainability funding had been applied for to continue the schemes and the outcome was awaited.

It was also reported that the Five Year Forward Plan would be brought to a future meeting and that Dr Jenni Steele had indicated she would be willing to attend a future meeting once the evaluation of the Prime Minister's Challenge Fund had been completed.

The Chair advised that Winter Planning and Preparedness would be linked with the North East Ambulance Service (NEAS) item following consideration by Tees Valley at the end of January.

Members were advised that the Dementia Strategy was to be considered at the next Adults and Housing Scrutiny Committee and that all Members were invited to attend.

It was stated that the Home Equipment Loan Service was currently being reviewed with the tender process having recently closed pre-Christmas.

A Joint meeting with the Adults and Housing Scrutiny Committee was to be arranged to give consideration to the Better Care Fund which the Darlington CCG confirmed had now been approved.

A further meeting of the Eye Health Review Group would be arranged following the return to work of an employee and Healthwatch Darlington confirmed that a full report was now available on Eye Health and would be made available to Members.

There was discussion on Centres of Excellence. A representative of the Trust advised Members that consolidation of more services were being investigated e.g. with the possibility of paediatrics being located at Bishop Auckland Hospital. It was also stated that there were plans to replace DMH Theatres although the Trust was financially under pressure and a deficit had been posted for the first time ever. The Board had concerns and wished to retain financial stability.

It was also stated that discussions were on-going with Commissioners regarding the Clinical Strategy which was to be published in the next few weeks. An undertaking was given by the Trust that a report would be submitted to a future meeting of this Scrutiny Committee.

Councillor Regan, the Men's Health Champion, indicated that he could submit a report on Prostate Cancer to a future meeting of this Scrutiny Committee.

**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.

**HP41. BREAST CLINIC SERVICE** – Edmund Lovell, Associate Director of Marketing and Communications, CDDFT, provided Members with an update on the current position in relation to the temporary movement of the Breast Clinic from Darlington Memorial Hospital to Bishop Auckland Hospital.

The Breast Steering Group which had met before Christmas had made recommendations that a permanent move be made to a two site model of service, with the preferences being University Hospital North Durham (UHND) and Darlington Memorial Hospital (DMH) due to patient numbers.

It was re-iterated that the temporary move was because the kit at Bishop Auckland provided better images than that in Darlington, although since that time the kit at Bishop Auckland had broken down on several occasions. New kit was now required, would be based at DMH and was expected to be fully operational by April 2015. It was also stressed that a formal consultation exercise would be undertaken as there could be transport issues for Bishop Auckland patients in the same way as there had been for Darlington patients travelling to Bishop Auckland.

Members were also advised that staff at UHND were now under pressure, operating on Saturday and Sunday due to Sunderland Breast Clinic no longer operating, to provide an effective service with expertise radiologist and breast surgeon.

**RESOLVED** – That the current position be noted.

**HP42. SeQHIS – UPDATE** – Submitted – A Briefing Note prepared by the five Regional Commissioning Groups, working with the local hospital foundation trusts, in the County Durham, Darlington and Tees region provided Members with an update on the project to deliver high quality acute hospital services across Durham and the Tees Valley.

The Briefing Note highlighted that there was growing evidence that patient outcomes could be improved by increasing senior doctor's hours in hospital wards to make decisions about the assessment and treatment of patients and that there was also a need to reduce the time taken to assess, diagnose and treat acutely ill patients.

It was reported that Phase Three of the Project was now underway with the establishment of the SeQHIS Project Board comprising NHS and local authority organisations from across the Durham, Darlington and Tees regions who were working together to continue to improve services and identify how required clinical quality

standards could be delivered within the available resources. It was acknowledged that this could result in significant changes to the provision of services that would maximise abilities to meet the standards within available resources.

Details were supplied of a telephone survey that had been undertaken with the public which indicated that 80 to 90 per cent responses had a perception that the service would get worse, finances were troubled and although staff were under pressure they were always friendly and helpful. The public recognised the message that there was a need for a change. A Focus Group is currently exploring what services are important to keep local or transfer to Centres of Excellence. A report will be submitted to a future meeting of this Scrutiny Committee.

Discussion ensued on the composition of the Focus Group and it was stressed that it was important that each area was included as different services were required.

Following a question it was confirmed that Healthwatch had been involved in the design of the questionnaire and it seemed that initial concerns were ease of access and people's understanding of Centres of Excellence.

It was also stressed that it was important that the correct triage was undertaken when a patient presented at a GP Practice to ensure the best possible treatment. There is a role for Reception staff in asking questions of patients to signpost them appropriately.

Members were also informed that the Care Quality Commission (CQC) was visiting Tees Esk and Wear Valley Foundation Trust in mid-January, County Durham and Darlington NHS Trust on 2 February and all GP Practices before 31 March 2015.

Martin Phillips, Chief Officer Darlington Clinical Commissioning Group (CCG) informed Scrutiny of the changes in relation to NHS England. It was stated that two area north east teams had now merged into a very large area, North East and Cumbria, and a series of appointments had been made, although there had been no local director appointed to date. Members were pleased to note that the Darlington office was to be retained.

References were also made to discussions Darlington CCG were having with stakeholders in relation to co-commissioning and Members were advised that a decision on delegated commissioning had to be made by 9 January 2015. Details were supplied of a decision-making Joint Committee for Darlington with a majority lay membership and it was indicated that two members of the Health and Well Being Board and one Member of Health and Partnerships Scrutiny would be invited to have a role.

**RESOLVED** – (a) That the briefing note be noted.

(b) That a report detailing the results of the survey be submitted to a future meeting of this Scrutiny Committee.

**HP43. STRATEGIC GRANT PERFORMANCE** – The Assistant Chief Executive submitted a report (previously circulated) regarding performance delivered by the

Strategic Grant programme and updating Scrutiny on progress with the infrastructure review implementation.

It was stated that each organisation in receipt of strategic grant had been requested to submit a performance report for the period of the year which had now been analysed. Organisations have delivered a wide range of outcomes throughout the year and are continuing to perform or over perform, particularly where welfare changes have triggered increased demand.

Particular reference was made to proposals for achieving savings in the Medium Term Financial Plan (MTFP) and the extension of funding to allow for a review of services which was to be linked across the health and social care remit.

In relation to infrastructure support details were supplied of the draft Action Plan in September which had subsequently been presented to the Board of Evolution. It was envisaged that the Action Plan would be delivered by the end of March 2015.

Discussion ensued on the delivery of the Action Plan, the need for provision of financial advice in the future and the need to review grants to the remaining organisations including discussion with partners.

**RESOLVED** – (a) That the performance report be noted.

(b) That Scrutiny Committee acknowledge the work that has been achieved through the grant programme.

(c) That a report be submitted to a meeting of the Scrutiny Committee in June 2015 to examine end of year performance and options for future delivery.

**HP44. THE CARE ACT 2014** – The Director of Commissioning submitted a report (previously circulated) outlining the Care Act 2014 which is the biggest change to adult health and social care law in over 60 years replacing many other care laws considered to be old fashioned or confusing. A PowerPoint presentation given by the Process Manager, Organisational Planning accompanied the report.

Details were supplied as to why the Act was needed, demographic changes to the population, the main elements of the Act and the changes in relation to how care and support should be paid for in future years.

Particular reference was made to the work done within the Council and how and where it aligned to wider Health and Social Care integration, particularly the Better Care Fund.

Details were provided of the approach taken within Darlington to implement the Care Act, the work streams devised, resource implications within the work streams and interdependencies between this project and other projects within the change programme that had intrinsic links to the Adult Social Care programme especially the savings target identified within the MTFP.

Discussion ensued on the £72,000 care cap, a limit to how much people will pay for their care if you are assessed as having an eligible need for adult social care support when you are of pensionable age; the cap being for care alone and not food or accommodation costs; financial assessments being undertaken to determine an eligible need and many people who currently pay for their own care being eligible for a care cap. Members were also advised that the government had not stated what the cap on care costs would be for someone who is assessed as having an eligible need when they are aged between 18 and pensionable age.

Members were informed that under The Care Act care homes should not differ in standards or pricing structure whether or not their beds are occupied by private self-funders or by those placed there through a council contract.

The Act also makes the provision of deferred payments mandatory. A deferred payment allows a person, in some circumstances, to defer the payment of their residential care until they leave care. The local authority registers a charge against the property so that charges are recouped when the house is sold. Deferred Payments are not new in Darlington.

It is a requirement of the Act that the Council should provide advice and signposting to residents and Members were keen to ensure that the correct arrangements were in place to provide the best advice to service users. Members commented on the role of the voluntary sector in providing financial advice.

Challenges to the Council included funding, capacity, training and development and communications. Details were supplied of a Department of Health leaflet drop around several GP Practices within the Borough although the Council itself were not in receipt of any leaflets.

**RESOLVED** – (a) That the thanks of this Committee be extended to the Assistant Director, Adult Social Care and the Process Manager, Organisational Planning, for their informative presentation.

(b) That the report be noted.

(c) That a report be submitted to a future meeting of this Scrutiny Committee.

**HP45. ALCOHOL TASK AND FINISH REVIEW GROUP - FINAL REPORT** – The Assistant Chief Executive submitted a report (previously circulated) presenting the outcomes and findings of the Alcohol Review Group established by this Scrutiny Committee to scrutinise indicators relating to alcohol within the Health profile for Darlington.

It was stated that the Group had met on several occasions, attended Licensing Committee for the presentation on the Alcohol Harm Reduction Unit and GOLD Health Group for the presentation on the unsafe consumption of alcohol and harmful effects on the elderly. A visit to the Community Abstinence in Recovery Centre was also undertaken by several Members.

Discussion ensued on a refreshment of the alcohol strategy which was being undertaken and the 'reducing the strength campaign'.

**RESOLVED** – That this Scrutiny Committee approves the following recommendations of the Review Group for consideration by Cabinet:-

- (a) The County Durham and Darlington Trust is encouraged to develop and continue an awareness campaign surrounding liver disease, which is the UK's third most common cause of death, other serious conditions and the health implications of excessive alcohol consumption;
- (b) Darlington Borough Council be reminded that they have a corporate responsibility to support initiatives such as Dry January which highlight the impact of alcohol related harm on the individual and the wider community;
- (c) Facebook and Twitter and any other relevant forms of social media be utilised to promote any drink awareness campaigns;
- (d) GP's be encouraged to identify, using appropriate diagnostic tools, and be aware of early indicators of alcohol abuse in order to advise patients at an early stage of the support and services that are available to them;
- (e) The initiatives within Operation Aries, relating to under-age alcohol consumption, are endorsed by Darlington Borough Council as it is anticipated that this approach would bring positive changes in attitudes and behaviour for all concerned. Health and Partnerships Scrutiny Committee would welcome feedback on the outcomes of this project after six months;
- (f) Continued support and investment be given to the DAAT to enable it to continue its work relating to all aspects of substance misuse from education and prevention, treatment and control and enforcement. The Group considered that this would aid Darlington's Vision of One Darlington: Perfectly Placed by building strong communities, growing the economy and spending every pound wisely;
- (g) Every effort is made to de-stigmatise alcohol abuse and individuals be encouraged to seek help and make self-referral to the services available in order to achieve financial savings, an enhanced quality of life, reduced stress and anxiety and a happier home life;
- (h) More information be made available to victims of alcohol abuse so that they are aware of the pathways they can effectively utilise to aid self-referral;
- (i) Members welcomed the idea undertaken by the Middlesbrough based pharmacy and would like to see similar schemes to raise awareness of alcohol abuse in Darlington's pharmacies;
- (j) The 'Safer Drinking – Safer Darlington' Next Steps 2012-2015 be welcomed as its aim underpins three key objectives of Prevention, Recovery Treatment and

Control; and

- (k) That Darlington Borough Council continue to support Balance as it strives to campaign for a national policy on minimum unit pricing.

**HP46. PERFORMANCE MANAGEMENT FRAMEWORK** - Pursuant to Minute HP31/Nov/14, the Head of Organisational Planning submitted a report (previously circulated) on the baseline performance of One Darlington: Perfectly Placed together with updates on performance for the period April to September 2014. A PowerPoint presentation accompanied the report.

Particular reference was made to a revised approach to performance management which had been adopted to allow an assessment of the achievement of One Darlington: Perfectly Placed outcomes and the performance of services delivered by the Council which contributed to the achievement of those outcomes.

In relation to Quarter 2 performance Committee were advised that a total of 178 performance indicators were reported in the period April to September 2014, 40 of those did not have comparable data and, of those that did, 49 per cent had seen an improvement and 41 per cent a decline.

Details were supplied of indicators within the outcomes of children with the best start in life; a safe and caring community and more people active and involved; healthy and independent and enough support for people when needed; a place designed to thrive, and more businesses and more jobs and more people caring for our environment.

Discussion ensued on breast feeding rates for Darlington and the provision of a stop smoking service by midwives for new mothers.

**RESOLVED** – That the Head of Organisational Planning be thanked for her informative presentation.