

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 Health Profiles 2013

2. We have recently been informed of the key messages in the Darlington Health Profile 2013 by the Director of Public Health.
3. The Darlington Health Profile 2013 shows how the health of people consists of 32 indicators across five domains: Communities, Children and young people's health, Adult's health and lifestyle, Disease and poor health and Life expectancy and causes of death.
4. We are disappointed that the overall message is that the health of people in Darlington continues to be worse than the England average in over 50 per cent of the indicators.
5. We are pleased that life expectancy for both men and women has steadily increased, however a major gap remains for men and women between the most deprived and least deprived areas of Darlington.
6. The top seven areas for action are high blood pressure, smoking, high cholesterol, obesity, poor diet, physical inactivity and alcohol consumption. An additional priority for narrowing the life expectancy gap is raising awareness of cancer, improving the update of screening programmes and earlier diagnosis.
7. As a Scrutiny Committee we have investigated many of the top priorities for action but we feel there is still more to do. We have agreed to establish a Task and Finish Review Group to consider the priorities relating to alcohol to seek assurance of the actions being undertaken.

Building Blocks for Good Health in Darlington – Annual Report of the Director of Public Health

8. We were delighted to have sight of the draft headlines of the very first Darlington Annual Report of the Director of Public Health.
9. We believe that the headlines represent the major health inequalities that many people in Darlington face and welcome the projects, pathways and assistance available to address these.

10. The enduring, complex challenges to improving the health of our population will continue to be core business for the Council, in partnership with other organisations and communities; and be at forefront of planning our Work Programme.

Strategic (Single) Needs Assessment (SNA) 2013

11. We have received a presentation from the Head of Organisational Planning outlining the current status of the SNA and the issues for our partners.
12. The headlines of the key factors were highlighted with particular focus being on alcohol/substance misuse/smoking, learning disability/autism, dementia, business and economy, teenage conceptions, welfare reform/poverty, obesity, education and skills, crime and community safety, vulnerable people and child protection.
13. We made links to the Darlington Health Profile 2013 and the Annual Report of the Director of Public Health and shared our concerns about gathering and collating data to be shared with partners. We recognised the common theme of behaviour change and the enormity of that challenge could not be achieved alone.
14. We recognise that there are many cross cutting issues and therefore have requested that the SNA and Annual Report of the Director of Public Health be considered by Monitoring and Co-ordination Group to consider how a strategic approach to any scrutiny work should be carried out.

Winter Planning and Preparedness

15. We have received an overview of the collaborative approach being taken by NHS North Durham Clinical Commissioning Group (CCG), NHS Durham Dales, Easington and Sedgfield CCG and NHS Darlington CCG, in developing a strategy which captures the actions that the three CCGs will undertake to monitor and manage the increased service pressures which occur during the 2013/14 winter period.
16. The County Durham and Darlington Urgent Care Board, includes membership from the three CCGs, NHS County Durham and Darlington Foundation Trust (CDDFT), Tees Esk and Wear Valley NHS Foundation Trust (TEWV), Durham County Council, Darlington Borough Council, North East Ambulance Service NHS Foundation Trust (NEAS), HealthWatch and NHS England Area Team.
17. The Urgent Care Board has requested that all partner organisations share their winter plans for consideration to provide assurance across the whole health and social care economy.
18. We are pleased that there is a joined up approach to planning for winter learning from past experiences to avoid additional pressures. We have agreed to have a regular item on our agenda for the next six months to receive assurances of the processes in place to alleviate available pressures and challenges that the winter months bring to the NHS.

Relocation of Urgent Care Services

19. We held a Special meeting of the Scrutiny Committee to consider the proposals of relocating the Urgent Care Services from Dr Piper House to Darlington Memorial Hospital (DMH) from 5.00pm to 8.00am.
20. Members requested reassurance about the timescale of the proposed move of services and details of the Communications and Engagement Plan to ensure that the messages were shared with Darlington residents at the earliest opportunity.
21. At our recent ordinary meeting we received more details advising that the services will relocate from 9th December 2013 subject to some minor structural changes at DMH and the outcome of a staff consultation. We noted that communications to residents would commence in early November 2013 and the 'Keep Calm' campaign and winter messages would be publicised widely.
22. We believe that as part of our role as Community Leaders it is our duty to assist the NHS in communicating to our residents and promote these messages widely through our Ward Newsletters, Community Partnerships and memberships of outside bodies.
23. We will continue to be supportive of initiatives to assist the NHS in easing the winter pressures and treating patients in the right place, at the right time and we remain fully committed to the relocation of Urgent Care Services from Dr Piper House to the Emergency Department at DMH.
24. We will continue to be involved at the earliest opportunity regarding moving Urgent Care Services from Dr Piper House to the Emergency Department at DMH and report progress regularly to full Council.

Primary Care Strategy – Interim Report

25. We have recently received a very enthusiastic and enlightening presentation from the Primary Care Strategy Clinical Lead, Darlington CCG about the options for changing Primary Care for the future.
26. Dr Jenny Steel, GP leading this process has visited all 11 GP Practices in Darlington; spoken to GPs; Practice Managers; Administrative Staff; Nursing staff; Community Council for Patients; liaised with the Foundations Trusts and taken part in local Regional and National events regarding the direction of primary care.
27. The feedback gathered has been considered and emerged into four options, those being: do nothing (which is not an option); address some local issues (improvement to training sessions, nurse and administrative staff contracts, access and sharing extending hours and weekend provision); consider options of primary care redesign for Darlington (five to ten year vision) and working with partners to develop a true and fully integrated model of care for people of Darlington.

28. Members were delighted with the work that has been undertaken and felt uplifted by the options being considered and fully supported the development of a fully integrated model of care for Darlington. However, Members acknowledged there were a whole host of challenges to overcome before this could be fully explored, including the need for full strong clinical leadership and an agreement from all GP Practices to sign up and engage with the work that is done and support at all levels.
29. We have requested a report in six months' time to follow the progress of work and very much welcomed and pledged our support to the initiative.

Access to GP Appointments Task and Finish Review Group

30. We are continuing our work of assessing access to GP appointments and have met with representatives from Healthwatch and discussed issues that have been raised with them as part of the Survey currently being undertaken.
31. Two Members of our Committee have also attended a meeting of the GP Practice Managers to discuss their concerns and shared our interim findings.
32. We have decided to continue with this piece of work during the winter months to compare our findings from the summer survey to assess any change, in access, by undertaking another questionnaire. We will also meet with the MP for Darlington who has also carried out some work on access to GP appointments to share intelligence and avoid duplication.
33. We will also meet with the Chair of the Local Pharmacy Network to establish the role Pharmacies have in supporting improved access to primary care. It is therefore envisaged that our work will continue into the spring with a Final Report anticipated in April 2014.

Quality Accounts 2013/14

34. We have agreed to continue to be involved, at an early stage, with local Foundation Trusts Quality Accounts, to enable us to have a better understanding and knowledge of performance when asked to submit a commentary on the Quality Accounts at the end of the Municipal Year 2013/14.
35. As a result, Members have committed to attending the Stakeholder events hosted by TEWV and CDDFT and established a Working Group with members of Healthwatch Darlington to receive six monthly performance reports from both Trusts.
36. We have recently received our first performance report from CDDFT and are pleased that targets are showing signs of being achieved and implementation of changes from previous years are beginning to show signs of improvement.

37. We are particularly interested in the work that the Trust is undertaking in relation to patient falls in hospital and discharge from hospital and therefore will hold an additional meeting to discuss this in greater detail.

Long Term Conditions Collaborative

38. Councillors Richmond have been monitoring the progress of the work in respect of the Long Term Conditions Collaborative following the work undertaken by the Committee of one element of County Durham and Darlington NHS Foundation Trusts Clinical Strategy.
39. Members have regularly met with the lead on Long Term Conditions (LTC) Collaborative and are fully committed to supportive collaborative working. Councillors Richmond also attended one of the Rapid Process Improvement Workshop to witness first hand professionals coming together to strive to improve services.
40. I attended the latest briefing and as a result we have agreed to re-establish the Task and Finish Review Group to enable all Members of the Scrutiny Committee the opportunity to be informed of the progress.
41. This work has followed on the success of the Dementia Collaborative and we are delighted that the LTC Board has agreed that the work should be continued for a further two and a half years and look forward to receiving updates on progress.

Tees Valley Health Scrutiny Joint Committee

42. At the recent meeting of Joint Committee Members considered the proposals for Children's and Maternity Services at the Friarage Hospital. Members viewed the DVD which provided a brief overview of the case for change and the Options being consulted upon.
43. Discussion ensued about the number of ambulance transfers and the use of Accident and Emergency vehicles; opening hours of the Paediatric Short Stay Assessment Unit (PSSAU); the number of births at the Friarage; implications of the temporary suspension of the Midwifery Led Unit (MLU) at Bishop Auckland Hospital and the impact on Darlington Memorial Hospital.
44. The Joint Committee has submitted a response to the consultation supporting Option One to develop a PSSAU at the Friarage Hospital, to continue to deliver community paediatric nursing and consultant paediatric outpatient service at the Friarage Hospital and to invest in a MLU for women with low-risk births at the Friarage Hospital and continue to provide community midwifery and outpatient services locally.

Children's and Maternity Services at The Friarage Hospital

45. The consultation has closed regarding the options for Children's and Maternity Services at the Friarage Hospital and the Scrutiny Committee has submitted a response.

46. The Vice-Chair has attended a meeting of Redcar and Cleveland Borough Council's Health Scrutiny Committee and the matter was also discussed by the Joint Committee (see above) and I have attended meetings of North Yorkshire County Council's Scrutiny of Health Committee and a Richmondshire District Council meeting to listen to their views and opinions.
47. A Special meeting of this Scrutiny Committee was held on 12th November 2013 and representatives from CDDFT, Hambleton, Richmondshire and Whitby Clinical Commissioning Group and South Tees Hospitals NHS Foundation Trust provided an overview of the options. Obviously we were concerned about the impact on DMH and the capacity of the maternity and paediatrics wards.
48. We also invited representatives from Richmondshire District Council and North Yorkshire County Council to update us on the progress they have made researching into further options.
49. The meeting was well attended and a good discussion took place. We agreed to undertake a site visit to the Maternity Unit at Darlington Memorial Hospital to further enhance our knowledge before responding to the consultation ahead of the closing date of 25th November 2013.

North East Joint Health Overview and Scrutiny Committee

50. I have recently attended the North East Joint Health Overview and Scrutiny Committee and listened to an update on the Children's Paediatric Review from the Director of Systems Policy, NHS England. Although, we are not directly involved at this stage I will be monitoring the situation and any potential consultations that might occur in the future.
51. We also received an overview of Call to Action, the National initiative for all Clinical Commissioning Groups (CCG). This does not appear to be an issue locally but I will raise the issue with the Chief Officer, Darlington CCG at my next meeting with him.
52. Representatives from NEAS briefed Members on the NHS 111 service and provided an update on the review of Accident and Emergencies Services. I will ensure that we are kept informed of any changes relating to the location of ambulances as a result of this review and am pleased to report that 111 appears to be working well in Darlington. I have extended an invitation to representatives from NEAS to attend our next ordinary meeting to discuss winter pressures and preparedness.

Work Programme 2013/14

53. 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