

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

10th December, 2013

PRESENT – Councillor Newall (in the Chair); Councillors Francis, Macnab, Regan, E. A Richmond, S. Richmond and H. Scott. (7)

APOLOGIES – Councillors Donoghue and Nutt. (2)

ABSENT – Councillors I. Haszeldine. (1)

OFFICERS IN ATTENDANCE – Duncan Clark, Interim Assistant Director of Commissioning, Mary Hall, Senior Engagement Officer, Seth Pearson, Darlington Partnership Director, Ken Ross, Public Health Principal and Catherine Whitehead, Assistant Director – Resources Group.

EXTERNAL REPRESENTATIVES – Edmund Lovell, Associate Director of Marketing and Communications and Derek Murphy, Associate Chief Operating Officer, County Durham and Darlington NHS Foundation Trust (CDDFT); Andrea Goldie, Healthwatch Darlington; Simon Swallow, Head of Resilience and Special Operations, North East Ambulance Services (NEAS); Sara Woolley, Senior Commissioning Support Officer – Service Planning and Reform, North East Commissioning Support (NECS) and Andrew Kennedy, Corporate Strategy Development Manager, Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV).

HP32. DECLARATION OF INTERESTS – Councillor Newall declared a non-pecuniary interest in respect of HP37. below as a Chair of Darlington Citizens' Advice Bureau and the Vice-Chair chaired the meeting for consideration of the item. Councillor Macnab declared a non-pecuniary interest in respect of HP37. below as a member of the Board of Darlington Citizens' Advice Bureau.

HP33. MINUTES – Submitted – The Minutes (previously circulated) of the meetings of this Scrutiny Committee held on 29th October and 12th November 2013.

RESOLVED – That the Minutes be approved as a correct record.

HP34. WORK PROGRAMME 2013/14 – The Director of Resources submitted a report (previously circulated) requesting that further consideration be given to the previously approved Work Programme of this Scrutiny Committee for the Municipal Year 2013/14. 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.

The Chair made reference to the Committee's work load and highlighted the two Special meetings of the Committee scheduled for January 2014 and suggested that any questions be submitted to the Democratic Officer in advance of the meeting.

RESOLVED – That the Work Programme be noted.

HP35. NORTH EAST WINTER PREPAREDNESS 2013 – 2014 – The Head of Resilience and Special Operations, North East Ambulance Services (NEAS) introduced a PowerPoint presentation and guided Members through the salient points. Mr Swallow advised Members that NEAS plans for winter all year round and acknowledged that it had been a challenge with the introduction of Clinical Commissioning Groups (CCG) and the close down of Primary Care Trusts (PCT). It was noted that the aims and objectives for winter planning include maintaining the response standards for Emergency Care and Patient Transport Services, proactive management of key service delivery via Business Continuity, Services provided are adequately resourced via resourcing plan and using of intelligence forecasting figures.

Members were assured that about the readiness of NEAS following the lessons learned from previous years, the robust business and contingency plans that are in place and the Demand and Capacity Working Group which has been established and meets monthly. There is a proactive flu campaign, although staff were reluctant to have the vaccinations and work would continue to promote the campaign. An escalation policy was also in place and would be regularly revisited to ensure that it was fit for purpose across the region.

With regards to the ambulance fleet, Members were assured that there was substantial capacity of four wheel drive vehicles, emergency responding on call officers and hazardous Area Response Teams. Within the South Division where Darlington features information was provided about the numbers of crews and vehicles. Mr Swallow highlighted two areas of concern for NEAS in relation to funding and hospital handover, delay and divert policy.

Particular reference was made to multi agency discussions being held about commissioning a flight deck to enable the Control Room to oversee activity and request real time updates. It was understood that there was support from other Trusts within the Region for this to be explored further. Derek Murphy, Associate Chief Operating Officer, County Durham and Darlington NHS Foundation Trust (CDDFT) believed that the flight deck would enable organisations to improve communications and be responsive to need. The ultimate aim is to reduce the number of ambulance attendances at hospitals when hospitals are already busy.

In response to a question, Mr Swallow advised that NEAS has a good working relationship with the Air Ambulance and they have the ability to self-task or be tasked by the Trust. The Air Ambulance covers the rural areas during the day time, as there is limited use during the winter due to the dark nights and mornings, however, staff do use vehicles to provide additional assistance when demand is high. It was noted that this is extremely useful as the air ambulance crews include fully qualified Doctors which is particularly valuable during busy times. There is a representative from the Air Ambulance on the Trusts Clinical Advisory Committee and regular meetings are held.

Discussion ensued on the delays in handovers and the number of ambulances waiting outside hospitals. Mr Murphy explained that the Trusts are working closely together and there has been a significant increase in the number of ambulance arrivals to both of the Trust Hospitals, as NEAS have very high transportation figures. Officers from CDDFT have visited NEAS HQ to understand the pathways triage system, to gain a better insight of why there has been an increase in ambulance requests. Mr Swallow advised that the pathways system used by NEAS was nationally recognised and

governed nationally and staff are bound to adhere to the process for every telephone call taken. It was noted that category C patients were either treated at home or told to make an appointment at their GPs as the symptoms/conditions did not warrant transportation to Hospital. Members were pleased to note that NEAS also has 60 – 75 Enhanced Care Paramedics who are able to make clinical decisions which reduce the reliance on ambulances.

Members expressed concerns about the number of inappropriate ambulance journeys to hospitals and Mr Murphy advised that the new Call Back to GPs should reduce some of these. The GP/Paramedic rapid telephone advice has been developed as a model for GPs at Urgent Care Centres to provide support for paramedics via a three to five minute ring back, giving advice to crews on scene and is being rolled out across County Durham and Darlington. The model allows paramedics attending calls to professionally assess whether there is a need for the patient to be transferred to an acute setting or, with medical advice and support, they could be managed within primary care. This should go some way to reducing the number of ambulances that build up at the Accident and Emergency department and offer patients more alternative dispositions, such as seeing a GP at an Urgent Care Centre or a home visit.

It was noted that Trust staff use Directory of Services more frequently to direct patients to Community Services if they do not need to be seen at the Hospital.

Discussion ensued about the number of attendances at Accident and Emergency Departments, the number of patients transferred between Trust sites, the number of patients transferred to James Cook Hospital, the need to improve capacity at both Accident and Emergency Departments and the impact of Sir Bruce Keogh report.

Clarification was requested on the definition of handover and it was explained that delays in handovers occurs when there wasn't enough physical space to assess/triage a patient. It was acknowledged that both Trust Hospitals are struggling to cope with the demand and there was not enough space. There are ten assessment rooms at Darlington Memorial Hospital (DMH) and therefore patients cannot be put into a room from the ambulance until a room has been cleared. There was a 20-25% admission rate (including walk in's) from the number of people to attend Accident and Emergency Department, most people require urgent intervention and are assessed and are not admitted and go home safely.

Particular reference was made to the impact on social care and the Interim Assistant Director of Commissioning reported that there were no delays and no current issues. Members were pleased to note that there has been a successful bid to the Integration Transformation Fund to pursue health and social care integration with a clear agenda of supporting people at home.

Discussion ensued about recent negative press articles about high numbers of patients being 'bed blocked' and the incorrect numbers being reported, the impact of negative press and whether encouraging people through 111 to use GPs rather than Accident and Emergency Departments is moving the problem.

The Corporate Strategy Development Manager, Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) added that the enhanced Community Liaison presence within

the Accident and Emergency Department at DMH has been beneficial and worked well in supporting patients with mental health difficulties and reduced the risk of self harm.

RESOLVED – (a) That the presentation and updates be noted.

(b) That winter planning and preparedness continues to be a regular item on the agenda to provide Members with assurance that the local NHS is surviving and managing the winter pressures.

HP36. DARLINGTON PARTNERSHIP UPDATE – The Director of Resources submitted a report (previously circulated) updating on the progress of Darlington Partnership since April 2013 and provided feedback on the progress of the Community Workstream in relation to the Scrutiny Committees recommendations.

The Darlington Partnership Director, Seth Pearson introduced the report and provided details on Good Friends, Poverty in Darlington, Darlington Assembly and Community Workstream.

Good Friends has established network across Darlington to keep a watchful eye on older and vulnerable neighbours, providing support and friendship and assisting them with a range of issues which if left unaddressed could compromise their ability to live safely and well independently. It was noted that Age UK Darlington are managing the implementation of the scheme and have appointed staff to develop the network of 'Good Friends' and to publicise the scheme effectively. The aim is to recruit 1,000 Good Friends within the year. Members were pleased to hear that to date over 200 volunteers have been recruited and work is underway to match them to elderly or vulnerable neighbours. Mr Pearson urged all elected Members to become Good Friends and stressed the need to recruit more people.

Mr Pearson reported that the Principal of Darlington College had brought the issue of poverty in Darlington, particularly in relation to students, to the attention of the Partnership Board and as a result, an Enquiry Group was established and a course of action was agreed and presented to the Partnership Board meeting in November 2013. It was noted that the number of children and families in poverty was growing and the profile of poor families has changed and in 66 per cent of families in poverty at least one person works. The Board agreed that comprehensive support would be made available for people facing crisis due to poverty, close to where they live, through peripatetic outreach in community settings. The aim would be to enable people to access a food bank, advice (debt, benefit, housing) and the Credit Union.

The focus of the Darlington Assembly was to consider how support could be provided to communities to enable them to be strong and thrive. Particular focus was on how elected Members could engage with their constituents differently in order to boost social capital and bring about change.

Following the recommendations of this Scrutiny Committee, a group of residents from the Community Partnerships, Friends Groups and local community activists were invited to work with the Partnership to agree how to ensure that representation was effective. In October 2012, elections were held for representatives from the community to sit on the Darlington Partnership and there were more candidates than places and a

vote took place to decide who the representatives should be. One seat is currently vacant following membership being rescinded for non-attendance in accordance with the Partnership's Constitution. Elections for this post will take place shortly and the process will be advertised in accordance to agreed procedures.

Members were pleased that a number of sessions have been held with the broader Community Group with 20-30 attendees to discuss issues such as the changes to the probation service and the role of the Police and Crime Commissioner. A further meeting was scheduled to be held in the spring of 2014.

Particular reference was made to food banks and the recent Community Shop initiative in Barnsley. Members wondered whether similar avenues could be explored in Darlington. Mr Pearson agreed it had made interesting reading and that all options would be explored. Members requested more accessible information about whether the public can donate food and Mr Pearson advised that the Credit Union had recently opened up an account for the food bank to enable people to donate money.

The Chair expressed an interest in the Scrutiny Committee becoming involved in the poverty workstream particularly around the provision of support services and working with the third sector. Members welcomed the Council's commitment of gaining a presence from the Credit Union and Citizens' Advice Bureau into the Council's Contact Centre. Andrea Goldie, Healthwatch reported that Healthwatch have four Community Access Points within the Borough and linking into this work would be beneficial.

In response to a question, Mr Pearson expressed his disappointment of the resignation of Neighbourhood Watch from the Good Friends scheme. He sincerely hoped that in time strong links with Neighbourhood watch could be rebuilt.

RESOLVED – That the report be noted.

HP.37 STRATEGIC GRANTS PERFORMANCE REPORT – The Director of Resources submitted a report (previously circulated) informing Members of the Scrutiny Committee of the performance of the organisations receiving Strategic Grants as agreed in the Cabinet report of 1st July 2013.

The Assistant Director – Resources Group, Catherine Whitehead presented the report to Members reminding them of the work they carried out in May and June 2013 which resulted in interim recommendations being submitted to Cabinet. Members noted that all organisations in receipt of Strategic Grants have submitted some performance reports as required although, there were some queries being followed up. The performance reports demonstrated that Darlington residents are benefitting from the use of Strategic Grant by the voluntary organisations.

It was explained that there is a variety of activity supported through Strategic Grant and this illustrated the difficulty of using a single template. The system implemented for performance monitoring requires quarterly reporting against the outcomes in the funding offer letter from both the front-line organisations and the infrastructure body. A number of queries arose during the performance management of these grants and have been addressed with individual organisations. These queries relate to clarity about time periods covered in the response and some organisations have also been requested to provide more detailed evidence of activity.

The Assistant Director advised that she had visited all the recipients of the Strategic Grants and was very impressed by the wealth of knowledge and expertise within the third sector. The submitted report highlighted a wide range of positive outcomes, although, a full picture of the entire voluntary sector has not been gathered. There has also been an acknowledgement that the financial climate has had an impact on delivery of some of the outcomes, particularly the frontline organisations that provide advice and information requiring increasing capacity due to increasing demands for their services.

The role of the infrastructure body has been highlighted as an organisation that has been affected by the changing environment due to loss of staff and a forced to restructure as funding from other sources has reduced. It was noted that there is on-going discussion about the role of the infrastructure body and the priorities for future funding. Difficulties have been encountered to enable eVOLution to provide evidence of support offered to groups in Darlington, as the funding agreement clearly set out outcomes and outputs together with reporting periods it does not set out the detailed evidence required. Further discussion is required to define the evidence requirements so that eVOLution can set up the necessary systems to enable them to provide this.

Members expressed concerns that eVOLution had experienced challenges in presenting sufficient detail to ensure whether the service provided value for money. The Assistant Director reported that assistance and support has been offered by the Senior Engagement Officer. The Council has been working with eVOLution to identify a specification for a Review Group to support eVOLution moving forward and enable them to present the information required as part of the Strategic Grant. It was explained that it was envisaged that the Review Group would be completed by the end of March 2014 and that a further report would be submitted to the Scrutiny Committee in due course.

There was an acknowledgement that eVOLution, in receiving a Strategic Grant, was managed differently to the other organisations with it being the infrastructure organisation. Members expressed disappointment and hoped that lessons had been learned and that there was now an understanding of expectations and the need for a cultural change and more leadership within the sector.

RESOLVED – (a) That Scrutiny notes the delivery of organisations receiving strategic grant and acknowledges that performance management arrangements have now been put in place.

(b) That the long-term future of Strategic Grants continues to be examined as part of the budget processes within the Medium Term Financial Plan.

(c) That the Scrutiny Committee receives informal updates prior to a further report being brought to Health and Partnership Scrutiny in March setting out overall performance for the year.

HP38. THE FRIARAGE CONSULTATION TASK AND FINISH REVIEW GROUP – INTERIM REPORT – The Director of Resources submitted a report (previously circulated) reporting the response submitted to the consultation on Children’s and Maternity Services at the Friarage Hospital based on the work of the Friarage

Consultation Task and Finish Review Group being undertaken by the Health and Partnerships Scrutiny Committee.

The submitted report reminded Members that the Consultation was launched 2nd September 2013 and Members agreed to formulate a response. All Members of the Scrutiny Committee were invited to participate in the Review and attend any of the public consultation meetings. The response has been submitted ahead of the close of the consultation on 25th November 2013. It is not proposed to disband the Review Group as there may be more work required depending on the outcome of the Consultation and the viability of any further options that were submitted as part of the process.

RESOLVED – That this Scrutiny Committee retrospectively approves the response submitted by the Task and Finish Review Group, as detailed in (Appendix 1) of the submitted report.

HP39. QUALITY ACCOUNTS – PROGRESS REPORT – The Director Resources submitted a report (previously circulated) advising Members of the recent Stakeholder event and meeting in respect of the local Foundation Trust Quality Accounts.

The submitted report reminded Members that it had been agreed that this year the Scrutiny Committee would be more involved, at an early stage, with local Foundation Trusts Quality Accounts to enable them 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.

As a result, Members have committed to attending the Stakeholder events hosted by Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and County Durham and Darlington NHS Foundation Trust (CDDFT) and established Working Groups with members of Healthwatch Darlington to receive six monthly performance reports from both Trusts. The report presented to the Committee the information gathered and Members are asked to note the detailed information in preparation for its response to the Quality Accounts in April/May 2014.

RESOLVED – (a) That the notes of the meeting held on 10 October 2013 in respect of County Durham and Darlington NHS Foundation Trust be noted.

(b) That the notes of the meeting held on 22 November 2013 in respect of Tees, Esk and Wear Valleys NHS Foundation Trust be noted.

HP40. SUPPLEMENTARY ITEM – HEALTH AND SOCIAL CARE WINTER RESILIENCE ARRANGEMENTS – With prior approval of the Chair to the matter being treated as urgent to enable the Scrutiny Committee to consider the issue at the earliest opportunity.

The report of Assistant Chief Officer, NHS Darlington Clinical Commissioning Group submitted a report providing an update in relation to the collaborative approach being taken by NHS North Durham CCG, NHS Durham Dales, Easington and Sedgefield CCG and NHS Darlington CCG, in implementing the actions that the three CCGs will undertake to support and manage the increased service pressures which occur during the 2013/14 winter period.

Sara Woolley, Senior Commissioning Support Officer – Service Planning and Reform, North East Commissioning Support (NECS) introduced the report reminding Members that Darlington CCG are part of the Urgent Care Board and Board is working to collaboratively to deliver a “whole system” approach to support and manage the increased service pressures which occur during the 2013/14 winter period.

Many opportunities are being progressed and particular reference was made to promoting the availability of GP appointments at the Urgent Care Centre during evenings and weekends during the period of increased winter demand, as part of the CCGs Winter Public Engagement and Education campaign; the “Keep Calm” branding being used in the campaign encourages self-care, seeking support from Pharmacists, and GPs from Monday to Friday and NHS 111 during evenings and at weekends and NHS 111 being able to book appointments for patients at the Urgent Care Centre via integrated IT systems. The Emergency Department at DMH can also telephone to book appointments for patients at the Urgent Care Centre; the CCG are working with CDDFT to effectively utilise GP appointments capacity during the out of hours period at the Urgent Care Centre and NHS Darlington CCG are also developing a GP On Call Surge Rota to provide Out of Hours Support for the Urgent Care Centre, in the event of an unprecedented increase in activity.

Members requested information in respect of the relocation of the Urgent Care Service from Dr. Piper House to Darlington Memorial Hospital from 6.00pm to Midnight which commenced on 9th December 2013 (the service having already relocated between the hours of midnight and 8.00am). Ms Woolley advised that the first night has been successful and that GPs from within the Urgent Care Team had supported Accident and Emergency staff to alleviate the pressure. Mr Murphy concurred that both Teams had worked very well together and that it had been a very positive experience.

Members welcomed the initiative by a small number of GP Practices in Darlington to work with NHS 111, and allocate two fixed appointments each day. NHS 111 will be able to allocate these appointments to appropriate patients registered with that Practice, if they call NHS 111 for help. These appointments can be released for the Practice to allocate if they are not taken up by an agreed time.

Members were pleased that plans were in place and the appeared to be improved joint working.

RESOLVED – That the report be noted.

HP41. SUPPLEMENTARY ITEM – ACCESS TO GP APPOINTMENTS TASK AND FINISH REVIEW GROUP – With prior approval of the Chair to the matter being treated as urgent to enable the Scrutiny Committee to consider the issue at the earliest opportunity.

The Director of Resources submitted a report (previously circulated) reporting the progress of the Access to GP Appointments Task and Finish Review Group (being undertaken by this Scrutiny Committee), to gather views and opinions of the general public, Healthwatch, GP Surgeries and Darlington Clinical Commissioning Group regarding access to GP appointments. The submitted report also attached notes of a Task and Finish Group meeting held on 2nd December 2013 with the Chair of the Local

Professional Network – Pharmacy, Durham, Darlington and Tees.

The submitted report outlined that Members had agreed that further work is required to enable them to gather as much evidence as possible over a prolonged period of time to create a true reflection of the availability of appointments. A meeting with Jenny Chapman MP has been arranged for 17th January 2014 to share intelligence and discuss her concerns.

Members have also agreed to carry out a further survey with residents seeking information about any difficulties they have encountered accessing GP appointments during the winter months. Information has been received from local NHS partners about winter preparedness and pressures and Members will consider how this links and impacts upon the availability of GP appointments. A further meeting will also be arranged with Healthwatch to share intelligence and consider the feedback collected in Healthwatch's survey.

RESOLVED – That the progress and next steps be noted and the notes be approved of the recent Task and Finish Review Group.