

**HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE**

15 April 2015

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

**APOLOGIES** – Councillor Nutt, Ken Ross, Public Health Principal, Sharon Pickering, Tees Esk and Wear Valleys NHS Foundation Trust and Andrea Goldie, Healthwatch Darlington. (4)

**ALSO IN ATTENDANCE** – (0)

**OFFICERS IN ATTENDANCE** – Miriam Davidson, Director of Public Health and Karen Graves, Democratic Officer.

**EXTERNAL REPRESENTATIVES** – Edmund Lovell, Associate Director of Marketing and Communications, Bill Hedley, Director of Estates and Facilities and Lisa Ward, Lead Sister, Cardiac Arrest Prevention Team, County Durham and Darlington Foundation Trust (CDDFT), Dr Chris Lanigan, Head of Planning and Business Development and Michelle Thompson, Healthwatch Darlington.

**HP61. DECLARATIONS OF INTEREST** – There were no declarations of interest reported at the meeting.

**HP62. MINUTES** – Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 25 February 2015.

**RESOLVED** – That the Minutes be agreed as a correct record.

**HP63. MATTERS ARISING** – There were no matters arising.

**HP64. WORK PROGRAMME 2014/15** – The Assistant Chief Executive 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 the 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 Work Programme and requested Members 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 a representative of CDDFT advised Scrutiny that a protocol was in place to manage stroke for County Durham and Darlington and that inquiries had indicated that there had not been an issue within the Team of presenting patients to University Hospital North Tees (UHNT). The protocol allowed ambulance crews to talk to University Hospital of North Durham (UHND) and if the patient had not suffered a stroke the ambulance could divert back to a local A&E Department. Members were reassured that CDDFT patients were not being presented to UHNT

In relation to Telehealthcare a representative of CDDFT advised Members that several projects were ongoing within the Trust and that a Trust representative would be willing to attend a future meeting of Scrutiny Committee to give further details on those projects.

Following a question in relation to the effect on DMH obstetrics since the change of service provision of Women and Children's Services at the Friarage Hospital, Northallerton, the Trust's representative advised Scrutiny that the impact had been manageable within parameters but that there had been a small impact on A&E. Members requested a final update to a future meeting of this Scrutiny Committee.

The Chair reported that the Final Report of the Patient Experience Task Group had still not been published and concerns were again expressed that the data contained within was now too old. The Chair confirmed that Dr J Steele would be willing to attend a future Scrutiny Committee once the evaluation of the Prime Minister's Challenge Fund work is completed.

Members agreed to merge SeQHis, NHS Darlington Clinical Commissioning Group Strategic Plans – New Models of Care and the Better Care Fund as one item on the Work Programme.

In relation to the Breast Clinic the Trust's representative updated Scrutiny Committee and in doing so advised that it had been agreed with Durham Healthwatch Committee and Durham, Dales and Easington CCG;s that a consultation around the wider plan of the service should take place, in particular, the effect on Bishop Auckland Hospital. It was further reported that the new equipment would be provided by the current supplier of the existing equipment although, as they were not like for like, there were primarily some issues to solve especially around maintaining infection control. Members were however pleased to learn that the new equipment would provide an enhanced service for patients and should be functional by early Summer. Members requested improvements to the waiting area be undertaken as it was felt the area was not very comforting.

A further meeting of the Eye Health Review Group would be arranged following the return to work of an employee.

In relation to the Home Equipment Loan Service it was hoped that a decision would be made soon and a Trust representative welcomed the service especially for discharges. It was reiterated that a good service was required and it was hoped the new contracts would deliver and provide integrated health and social care equipment to ensure patients can enjoy a good quality of life.

A representative from TEWV advised Scrutiny that a new service, the Criminal Justice Diversion Programme, had started on 1 April in Darlington. The service had launched to alleviate people with mental health issues being held in prison cells or presenting to A&E at DMH. Members were pleased to learn that a representative of TEWV would attend a future meeting of Scrutiny to provide an update on the service once it had been fully established.

**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.

**HP65. HEALTH AND WELL BEING BOARD** – It was reported that the next Health and Well Being Board meeting was scheduled for 21 April 2015.

**RESOLVED** – That Members look forward to receiving an update at the next meeting of Scrutiny Committee.

**HP66. PUBLIC HEALTH ANNUAL REPORT** – The Director of Public Health submitted a report (previously circulated) outlining the draft Public Health Annual Report 2014. A PowerPoint presentation accompanied the report.

It was stated that this was the second annual report following the transfer of public health responsibilities from the NHS to local government as part of the Health and Social Care Act 2012.

Members were advised that the first report in 2013 'Building Blocks for Good Health in Darlington' described some of the key health issues people faced in Darlington and proposed key actions to improve the health of the population and to reduce health inequalities. This year's report considered aspects of the wider determinants of health and well-being and identified the actions needed through a range of partnerships to improve the health and well-being of our local population.

Particular reference was made to excellent partnership working that had been achieved during the past two years and the support given to the Public Health Team since transferring to local government.

The Director of Public Health made particular reference to the Strategic Needs Assessment which was important to understand the needs of the population.

Details were provided of some of the services and programmes provided by the partnerships which included the National Child Measurement Programme, NHS Health Check Programme, Sexual Health Services and Health Protection. Members were pleased to note that Darlington children were not as obese as the national figure, Darlington CCG were above target in relation to child immunisation figures and that the NHS Health Check Programme was delivered through the Borough's 11 GP practices.

Particular reference was made to the responsibilities of the Council which included drugs and alcohol, obesity, tobacco control, stop smoking actions and children 5 to 19 years. Members were advised that the contract for drugs and alcohol had recently been awarded to NECCA for children and adults and that obesity would be addressed in a Healthy Darlington report to a future meeting of Scrutiny. Tobacco control had been integrated into a substance mis-use plan which would be made circulated to Members when available. Scrutiny was also advised that the Council now had responsibility for the public health commissioning of 0 to 5 years and work had begun with NHS colleagues in order to ensure the correct commissioning.

It was stated that one of Healthwatch Darlington's priorities for 2015 was 'Health at Work' and the local authority had responsibility for oral health but not dentistry. A strategy was currently being developed for oral health which was a big issue as all ages were affected. A report would be brought back to a future meeting of this Scrutiny Committee.

Profiles provided by Public Health England included child health, community health, community mental health and longer lives profiles. Reducing early deaths was a shared programme with the CCG and it was stated that there would be a new focus on employment, regeneration and education for this profile.

Public Health programmes to tackle inequalities in health and well-being include maternal and child health, employment and regeneration, environment and living conditions of people and education.

The Director of Public Health advised Scrutiny that although the department was based within the people group of the Council there was a need to link with all groups. Details were also supplied of a Public Health Engagement event scheduled for 20 May 2015 relating to active travel.

Public Health had excellent partnerships with various groups, department and organisations including Health and Well Being Board, Strategic Needs Assessment, Strategic Partnership and Scrutiny.

Following a question Members were informed that the Local Safeguarding Children's Board had recently discussed intelligence from schools and colleges which suggested that although nationally and locally there were concerns about an increase in under-18's self-harming there was not a reported increase in suicides and that a preventing Harm Group had been had established to look at various strategies. Details were also given of a resilience programme for young people which included an early alert system in real time and development of a Suicide Prevention Plan for Darlington.

Discussion ensued on the suicide rates of men in the age group 40 to 45 increasing over the last 20 years and the need to know what was affecting them.

A representative from TEWV advised Members that a CAHMS Community Health Team had extended its opening hours and was now working over six days per week. It was also stated that TEWV had identified reduced smoking as a priority within its draft Quality Account.

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

(b) That the thanks of this Committee be extended to the Director of Public Health for her informative presentation.

**HP67. SEPSIS** – The Lead Sister, Cardiac Arrest Prevention Team, of County Durham and Darlington Foundation Trust gave a presentation to Members outlining the key issues and a new approach to sepsis care.

Members were advised that Sepsis can have devastating effects including multiple organ failure and could result in death if not treated quickly. Not only was there a severe impact on sufferers but there was a significant cost to the NHS.

Particular reference was made to a recently developed Sepsis Bundle and Screening Tool for early identification of sepsis. It was also stated that in January 2015 the Department of Health announced further measures to tackle sepsis, involving the NHS, government and national health bodies.

Discussion ensued on pre-dispositions of patients and whether information should be placed on patients' personal files. Members were advised that it was important to recognise the symptoms of sepsis although it was hard to diagnose.

Sepsis had grown on the public agenda and GP's were now doing early referral. It was important to raise awareness of sepsis and a representative of the Trust advised that the Sepsis Trust was leading on a public awareness campaign. It was also stated that World Sepsis Day would be held in September.

**RESOLVED** – That the thanks of this Scrutiny Committee be extended to the Lead Sister, Cardiac Arrest Prevention Team for her informative presentation.

**HP68. COUNTY DURHAM AND DARLINGTON FOUNDATION TRUST CLINICAL STRATEGY** – Submitted – CDDFT's publication 'Our plans for high quality clinical services: Right First Time, Every Time' which summarised the Trust's vision for services in the future, provided by the right professional, in the right place, either in hospital or closer to home, at the right time, first time, every time, 24 hours a day where necessary.

The document brought together the key messages from engagement work undertaken by the Trust and summarised its plans for clinical services for the next five years which

needed to change if the Trust was to continue to improve its services and meet the needs of a changing population.

A PowerPoint presentation by the Associate Director of Marketing and Communications, accompanied the publication.

Particular reference was made to the Trusts vision for services which included the two acute sites of Durham and Darlington delivering a range of services to patients and maximising internal and external clinical networks, where appropriate, to deliver excellence. A mixed model of local acute services, including an internal hub and spoke solutions (eg. for Radiology) and integration of services with community (Care Closer to Home) and networking with other local providers to ensure sustainability in some specialties, in order to offer accessible, timely services within County Durham and Darlington for the benefit of patients.

In relation to Bishop Auckland hospital Members were informed that it was a centre of orthopaedic excellence where back, knee and hip surgery was undertaken and care closer to home services were to be provided in the patients home where possible.

Details were supplied of the proposed projects for 2015/16 which included a five year plan to ensure CDDFT's sustainability; transforming unscheduled care at both Darlington Memorial Hospital (DMH) and University Hospital North Durham (UHND); creating capacity at UHND for a Centre of Excellence; building new theatres and mortuary facilities at DMH; integration and care closer to home, for which the Board had agreed £3m funding for the necessary IT equipment to enable mobile working in the community; and provision of Adult multi-disciplinary teams to provide new models of care.

Details were supplied of The Trust's key capital plans which included building new theatres at DMH, critical due to the age of the existing primary theatre infrastructure and for the creation of capacity to increase activity to free up space at UHND and address future increases in demand; building of new mortuary facilities at DMH to provide sufficient capacity, replacing unacceptable and outdated facilities and providing a more supportive service to bereaved families; extension of the footprint of the emergency department at DMH, integrating Urgent Care and Paediatric Front of House to aid early discharge and avoid inappropriate hospital admissions; extension of the footprint of the Emergency Department at UHND by building an integrated Emergency Department that incorporates all front of house and community facing services in order to create the environment in which to deliver modern medicine, and maximise early discharge and avoid inappropriate hospital admissions; build on the role of Bishop Auckland as a centre for planned care, in addition to the provision of sustainable local health services; and development of mobile working to support staff in the community in order to operate efficiently, maximising patient contact time.

The Director of Estates and Facilities gave further details relating to the Surgical Theatre and Enhanced Mortuary (STEM) project which included demolition of the Pierremont Building and building a new extension in order to create six new theatres, a mortuary and a bereavement centre. Members were informed that the 9 existing theatres were 35 years old and were time expired. It was also intended to completely

refurbish the existing theatre suite including the short stay ward, admissions unit and recovery area. The cost for this work was approximately £27million.

Members were informed of the difficulties encountered in maintaining the services whilst undergoing the necessary alterations.

Particular reference was made to the draft programme for the works which it was hoped would be complete by September 2017. It was stated that although all the schemes were in the Clinical Strategy approval was required by the Trust Board.

Scrutiny was pleased to receive clarity on the proposals to co-locate A&E and Urgent Care at DMH to future-proof the service. The proposals included integration of the Emergency Department, Urgent Care and Paediatric Front of House and in order to achieve increased capacity it was planned to relocate the Main Entrance. It was also proposed to create a better environment for patients and visitors and improve the traffic flow as part of the scheme. The works were scheduled for completion by the end of 2016 at a cost of approximately £5 million.

Details were also supplied of planned work to UHND Emergency Department which required the demolition of a Grade II Listed Building to create one point of access for ambulances and integration of paediatric assessment, majors, minors, resuscitation, see and treat services in one building. Consideration was also being given to social services and GP Practice integration and the impact of changes to Wards 3 and 4.

Particular references were made to the financial position of the Trust which predicted a 2014/15 year end deficit of £4m. Members were informed that this was less than anticipated but reserves had been used to pay bills and employees and that the Trust currently had three PFI's. The Trusts representative confirmed a strong commitment to deliver the plans although there was a degree of risk and a £10m shortfall.

**RESOLVED** – (a) That the 'Right First Time, Every Time' publication be noted.

(b) That the thanks of this Committee be conveyed to the Assistant Director of Marketing and Communications and the Director of Estates and Facilities for their informative presentations.

**HP69. CLINICAL COMMISSIONING GROUP AND HEALTHWATCH DARLINGTON A & E EVENTS** – Healthwatch Darlington (HWD) and Darlington Clinical Commissioning Group (CCG) submitted a report (previously circulated) as well as a special HWD newsletter outlining the outcome of two engagement Events on the subject of 'A&E – Who's really in a critical condition?' hosted by HWD for the CCG on 4 and 11 February.

It was stated that the events were held to explore with the public a better model of care for the future and attracted over 100 participants and included members of the public and various organisations. The objectives of the Events were to provide participants with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions; obtain participant feedback to assist decision making in ways to improve Health and Social Care Services in Darlington;

partner with the public and organisations in each aspect of the decision including the development of alternatives and the identification of the preferred solution; and empower participants by placing final decision-making in the hands of the public.

The Events incorporated expert speakers on key topics, including A&E and Five Year Forward View, Prevention and Self-Management, Pharmacy Services, and Primary Care Services. There was also information and signposting to prepare participants for the workshops; workshops, where in depth discussions were held to develop and identify issues, concerns, strengths and opportunities; and activities for the purpose of workshop feedback.

Members were informed that on arrival participants were given a hypothetical ailment and asked to indicate where they would go, should they have that problem in reality. The options of treatment were Self-Care, Pharmacy, GP Practice, Doctor Piper House/Urgent Care, 111, A&E or 999. The responses were detailed in the submitted reports.

Particular reference was made to the workshops at which participants held in depth discussions, based on six set questions, to develop and identify issues, concerns, strengths and opportunities.

It was highlighted that in order to develop services the CCG would use different sources of information to ensure the services it bought on behalf of the population were modern, safe and of the highest quality possible. This included ensuring people's expectations and experience of services was understood and a part of any transformation.

The Chief Executive Officer of HWD that it had been assured by the CCG that the events were not a 'tick box' exercise, but part of a rolling programme of events to ensure patients' views were being acted upon. It was confirmed that Darlington CCG had identified the priority areas of Health and Social Care Outcomes Framework and NHS Constitutional Standards; Learning Impairment including Winterbourne Response; Chaotic Lifestyles; Mental Health, Older People and Long Term Conditions; Quality in Primary Care; Urgent Care and Families Children and Young People.

The rolling programme of events is to start in May 2015 around the identified priority areas. Specific organisations would be invited to the events dependent upon their specific area of expertise to ensure public concerns and aspirations were understood and considered during the decision making process.

It was also stated that the CCG had identified 10 points to consider from the February events including understanding the difference between Urgent Care and A&E; the misuse of services and the pressures those services were under; A&E being the residual default position; access to services; confusion over what a GP was for; tailoring of services; personal responsibility being taken for health; and the need for a single Darlington Strategy for health services.

Discussion ensued on the challenges faced in engaging the public and the inclusion of schools, young people and the working population at health events.

**RESOLVED** – (a) That the reports be noted.



(b) That the rolling programme of events scheduled to be held May 2015 to March 2016 be welcomed.