

## HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

25 February 2015

**PRESENT** – Councillor Newall (in the Chair); Councillors Crichlow, Donohue, Macnab, Nutt, Regan, EA Richmond, S Richmond, H Scott and J Taylor. (10)

**APOLOGIES** – Miriam Davidson, Director of Public Health, Ken Ross, Public Health Principle and Sharon Pickering, Tees, Esk and Wear Valleys NHS Foundation Trust. (3)

**ALSO IN ATTENDANCE** – (0)

**OFFICERS IN ATTENDANCE** – Sharon Raine, Head of Organisational Planning 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), Sarah Callaghan, Tees Esk and Wear Valleys NSH Foundation Trust and Michelle Thompson, Healthwatch Darlington.

**HP50. DECLARATIONS OF INTEREST** – In respect of co-commissioning, detailed at Minute HP52/Jan/15 below, Michelle Thompson, Healthwatch declared an interest.

**HP51. MINUTES** – Submitted – The Minutes (previously circulated) of meetings of this Scrutiny Committee held on 7 and 16 January 2015.

**RESOLVED** – That the Minutes be agreed as correct records.

**HP52. MATTERS ARISING** – In relation to Minute HP39/Jan/15 a Member asked whether there was an update on the reporting of patients discharged to Care Homes not always receiving the correct medication or no medication at all being reported to the Clinical Commissioning Group and subsequently investigated through the Incident Reporting System. The Associate Director of Marketing and Communications (CDDFT) made a request that this item be an Agenda item for the next ordinary meeting.

Following a question by a Member in relation to Minute HP48/Jan/15 it was confirmed by the Chair that proposals put forward had been submitted to the Efficiency and Resources Scrutiny Committee for consideration at its meeting held on 29 January 2015.

In relation to Minute HP42/Jan/15, Mr Phillips, Darlington CCG gave an update on the Joint Committee for Darlington and advised that although Healthwatch and Health and Well Being Board had to be involved, NHS England supported Darlington CCG's proposal to include a representative from Health and Partnerships Scrutiny and Patient

Groups. Members were advised that some minor issues had to be resolved but it was expected that the first meeting would be held before the end of March. A formal letter requesting a nomination from Health and Partnerships Scrutiny Committee was imminent.

**HP53. 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 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 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 agreed to concentrate on rehabilitation and community services following discharge from Bishop Auckland Hospital. The Trust representative assured Members that further investigative work was being undertaken in relation to faster Ward admission if a patient was presented at North Tees Hospital as opposed to University Hospital North Durham (UHND) and a report would be submitted to a future meeting of Scrutiny Committee. Members were also assured that Thrombolysis treatment for stroke patients was not an issue of concern.

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

In relation to Telehealthcare the Chair advised Members that a presentation had been given to the Health and Well Being Board by Dr Terry Bearpark of Teesside University, After discussion it was decided that Scrutiny would concentrate its work on Darlington projects only. It was also suggested that there was a social aspect to this piece of work and there was an opportunity for some joint working with Adults and Housing Scrutiny Committee.

Members, again, expressed their concerns and frustrations after learning in local media that urgent care integration had now been put back to the end of 2016. The Trust's representative advised Scrutiny Committee that new plans were being drawn up to expand A&E at both Darlington Memorial Hospital (DMH) and UHND. The plans included moving the main entrance around to the side of the building near to the dialysis unit and freeing up corridor and entrance spaces for use by the A&E department and urgent care staff.

It was stressed that the correct plan was needed in order to absorb any pressures, DMH A&E unit had recorded a 14 per cent increase in the number of patients in December 2014 compared to December 2013 and that A&E and urgent care needed to expand in order to take capacity from Dr Piper House.

It was also confirmed that the Trust was considering plans to create more space within UHND as patients were currently being diverted to DMH when it was under pressure.

Members also expressed concerns the delay and amended plans would have an impact on the Trusts' budget but were assured that plans for new Theatres at DMH were to be considered by the Business Board in the coming months and that the Board had to be confident it could make investments without getting into financial difficulty.

Members questioned the way in national statistics were produced and suggested if actual patient numbers were given for each year a better comparison could be made. It was also questioned if North Yorkshire Ambulance Service were presenting more often at DMH due to the current arrangements at the Friarage Hospital, Northallerton.

Members made reference to the recent Healthwatch and CCG event in which A&E was considered and were advised that a joint report was currently being compiled and that further themed events are currently being planned.

The Trust's representative advised Members that an update to the Clinical Strategy 2013 had recently been published and issues such as unscheduled care and the care of the elderly were valid wider background issues. The Strategy also affirmed that DMH and UHND were acute A&E sites and that although changes would occur there was a commitment from the Trust to two acute sites.

Members were keen to quash rumours that DMH A&E was closing and in that regard Healthwatch Darlington indicated they would be happy to work with the Trust to get the correct message out to the public.

The Chief Officer of Darlington CCG also expressed frustration at the delays to the co-location plans and suggested a working group be established, comprising of representatives from Health and Partnerships Scrutiny Committee, Darlington CCG, Healthwatch Darlington and The Trust, to look at operational and estate issues. He also expressed the view that best use needed to be made of GP's possibly in A&E, although the views of patients were to be sought, to ensure the best outcome for Darlington.

The Trust's representative agreed to provide a more comprehensive report at the next 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 expressed that the data contained within was now too old. To further this work it was suggested that Scrutiny extend an invitation to Dr J Steele once the evaluation of the Prime Minister's Challenge Fund work is completed.

It was reported that SeQHiS would be considered at a future meeting of this Scrutiny Committee.

The Chair advised that although Winter Planning and Preparedness had not been considered as a specific item to this Committee it had been linked with the North East Ambulance Service (NEAS) item considered by Tees Valley at the end of January and the report had been made available to Members. The Trust's representative indicated that a report could be considered at the next meeting of this Scrutiny Committee.

The recommendations of the Alcohol Review Group were to be considered by Cabinet at its meeting on 3 March 2015 and feedback would be provided by the Chair at the next ordinary meeting of this Committee.

Councillor S Richmond updated Members on Long Term Conditions and in doing so advised Members that the main priority of the Project Co-ordinator was communication and engagement around primary care. Eight to ten events are planned over the next 18 months to engage and inform staff and this piece of work was moving forward in a positive way. Further updates will be given to Scrutiny Committee when available.

It was agreed that the item relating to Primary Care Strategy could be deleted from the work programme as this had been incorporated into the Access to GP Appointments piece of work.

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

Councillor David Regan, the Men's Health Champion, referred to Prostate Cancer and in doing so outlined the information that was available to assist men to spot the symptoms of Prostate Cancer. Reference was also made to Men's Health Week in June 2015 which hoped to target partners as they were more likely to put pressure on men to seek help and advice. Members were also advised that Men's Health Forum had piloted a text service for men to communicate with a GP rather than have a face to face conversation and that health information was to be placed in both male and female toilets. Following a question it was confirmed that workplace health would be developed to cover other aspects of health in addition to mental health and Healthwatch offered its support and involvement in any health campaign.

It was confirmed by the Darlington CCG representative that the Home Equipment Loan Service contract should commence no later than 1 July.

There was discussion on the Centres of Excellence piece of work being incorporated in the work on SeQHiS.

**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.

**HP54. HEALTH AND WELL BEING BOARD** – Councillor Newall informed Scrutiny that the Board's Work Programme items were reflected in its agendas, that it was useful to have Members of Scrutiny on the Board, that the process was more focussed and there was an excellent cross section of representation.

Particular reference was made to a presentation received in relation to Telehealth (see Minute HP53 above) and to the review and re-write of Darlington's Pharmaceutical Needs Assessment (PNA)

**RESOLVED** –That the update be noted.

**HP55. FIVE YEAR FORWARD VIEW** – Mr Martin Phillips, Chief Officer, Darlington (CCG) gave a PowerPoint presentation to Members in relation to the Five Year Forward View which outlined some new ideas for how the NHS will work in the future in relation to delivery of services and how funding is managed.

Members were advised that NHS England and its national partners have announced a new programme to focus on the acceleration of the design and implementation of new models of care in the NHS. It was stated that rapid progress was needed to speed up the development of new care models for promoting health and wellbeing and providing care that can then be replicated more easily in other parts of the system.

It was noted that through the New Models of Care Programme individual organisations and partnerships, including those with the voluntary sector, are invited to apply to be 'vanguard' sites. These organisations have the opportunity to work with national partners to co-design and establish new care models, tackling national challenges in the process.

Members were pleased to note that the application for Darlington to be a 'vanguard' site had been submitted.

Discussion ensued on the need for individuals to take more responsibility for their own health and well-being to take the strain off some of the services as around 70 per cent of NHS funding was committed to long term conditions such as obesity, diabetes and alcohol related problems.

**RESOLVED** – That the thanks of this Committee be extended to Mr Phillips for his informative presentation.

**HP56. PUBLIC HEALTH ANNUAL REPORT – RESOLVED** – That this item be deferred to the next ordinary meeting scheduled for 15 April 2015.

**HP57. PERFORMANCE MANAGEMENT FRAMEWORK** - Pursuant to Minute HP46/Jan/15, the Head of Organisational Planning gave a PowerPoint presentation which detailed 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.

The presentation highlighted statistical data around the key performance indicators that were relevant to this Scrutiny Committee.

A Member queried how up to date the information was in relation to under-18 conceptions and Members were assured that Public Health was investigating whether information could be sourced locally in a timely manner.

Discussion ensued on the data showing a reduction of alcohol specific hospital admissions in the under-18's and Scrutiny were informed that further analysis of information was possibly required.

Members were informed that a full analysis of data would be available at year end and to advise the Democratic Officer of any particular data they wished to scrutinise.

In relation to crime stats Members were advised that the data only related to crime that was reported to the Police, however, surveys were conducted regarding crime perceptions, whether people felt safe and had confidence in the Police. The findings of the surveys were reported to Community Partnership and all information was available.

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

**HP58. MULTI-DISCIPLINARY TEAMS** – Submitted – A presentation on the development of the Multi-Disciplinary Teams (MDTs) in Darlington which had recently been presented to Adults and Housing Scrutiny Committee.

The presentation covered initial achievements, areas currently being worked on and the positive work and responses during the first three months of operation, work to be undertaken during the second phase of implementation and the future plans for the next three months. Members were keen to work with Healthwatch to look at the experiences of patients.

**RESOLVED** – That the information be noted.

**HP59. NEAS – AMBULANCE AND A & E SERVICES** – Submitted – The report of NEAS which had been prepared for Tees Valley Joint Health Scrutiny Committee in order to understand the overall current provision of emergency care services.

The report outlined the key findings and ambulance activity within the Tees Valley.

Members raised concerns over the shortage of paramedics and the need to retain them once fully trained.

Discussion ensued on the overall satisfaction rate of 93 per cent, the current 111 service and the peak of GP's calling for an ambulance during the hours of 1pm and 3pm when house visits were undertaken.

**RESOLVED** – That the report be noted.

**HP60. ANY OTHER BUSINESS** – The representatives from CDDFT and Tees Esk and Wear Valleys Foundation Trusts both informed Scrutiny that CQC inspections had been recently undertaken and positive reports were expected for both Trusts.

The Trusts indicated that the reports would be available April/May and would report the findings to this Scrutiny Committee.