

## **HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE**

4 November 2015

**PRESENT** – Councillor Newall (in the Chair); Councillors Crichlow, EA Richmond, S Richmond, H Scott, J Taylor and Tostevin. (7)

**APOLOGIES** – Councillors Donoghue and Nutt, Miriam Davidson, Director of Public Health, Seth Pearson, Executive Director, Darlington Partnership, Sharon Pickering, Tees, Esk and Wear Valley Foundation Trust and Tom Hunt, Executive Commercial Director, County Durham and Darlington Foundation Trust. (6)

**ALSO IN ATTENDANCE** – Councillors Copeland and Curry. (2)

**OFFICERS IN ATTENDANCE** – Sharon Raine, Head of Organisational Planning, Ken Ross, Public Health Principal, Judith Morton, Community Safety Co-Ordinator, Rachel Osbaldeston, Public Health Portfolio Lead and Karen Graves, Democratic Officer.

**EXTERNAL REPRESENTATIVES** – Chief Superintendent Graham Hall, Durham Constabulary; Jackie Kay, Assistant Chief Officer, Darlington Clinical Commissioning Group; Dr Chris Lanigan, Tees, Esk and Wear Valley Foundation Trust; and Michelle Thompson, Healthwatch Darlington.

**HP22. DECLARATIONS OF INTEREST** – There were no declarations of interest reported at the meeting.

**HP23. DARLINGTON COMMUNITY SAFETY PLAN 2015-2020** - The Director of Public Health submitted a report on proposals for a Community Safety Plan (CSP) for Darlington as part of the Council's Policy Framework. Chief Superintendent Graham Hall, Chair, Darlington Community Safety Partnership presented the report on behalf of the Director of Public Health.

It was stated that all local authorities have a responsibility to work with statutory partners on crime and disorder issues and produce a joint plan which covered an agreed number of years with an annual refresh. Darlington's CSP was endorsed by the Community Safety Partnership Board in May and approved by Council in July 2015.

Particular reference was made to Darlington CSP's five responsible authorities which have a legal duty to work together in order to tackle crime, anti-social behaviour, substance misuse, environmental crime and issues around re-offending. The responsible authorities ensure that the CSP has a community safety plan in place setting out priorities and key areas of action. Members were informed that Darlington Community Safety Partnership is responsible for production of the Plan.

Chief Superintendent Hall outlined the five themed groups within the CSP, all of which had a delivery plan with measures for activities and performance, and highlighted the achievements and challenges faced within all those groups.

It was highlighted that the Plan has been developed in a partnership environment and includes strong input from all key stakeholders which has been complemented by public engagement work.

Scrutiny was advised that in the context of huge pressure on public finances, the Plan was a summary of partners' aspirations but it was recognised that constraints during the next five years may impact upon capacity to deliver the entire Plan.

Discussion ensued on the benefits of various PACT meetings within Darlington Wards and it was confirmed that a review of Police in communities was currently being undertaken to consider the most effective way of progressing PACT meetings and identifying local priorities.

**RESOLVED** – (a) That the thanks of this Scrutiny Committee be extended to Chief Superintendent Hall for his interesting and informative presentation.

(b) That this Scrutiny Committee notes the development of a five-year Community Safety Plan for Darlington and the achievements of the Plan in tackling crime and anti-social behaviour to date.

**HP24. MINUTES** – Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 17 June 2015.

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

**HP25. MATTERS ARISING** – Further to Minute HP14/Sep/15, it was noted that GOLD would be interested in assisting in any work undertaken in relation to the Stroke Pathway. The CCG representative advised Committee that the community stroke rehabilitation services were currently being reviewed as part of the re-prioritisation process and commissioning intentions were currently being assessed. Also in relation to Minute HP14/Sep15 it was stated that the age range for breast screening services had been amended and the Public Health Principal advised Members that the service was under scrutiny nationally and Public Health England were investigating.

**HP26. WORK PROGRAMME 2015/16** – 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 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 detailed discussion on the current status of various topics on the work programme.

In relation to Stroke Services a representative from the CCG advised that not all Darlington residents accessed the available services following a stroke but Members felt that this could be due to the level of information provided when a patient is discharged from hospital. The CCG representative stated that discussions would be held with the providers in relation to discharge planning. It was also reported that the CCG currently funded the Exercise after Stroke programme held at both Eastbourne Sports Complex and the Dolphin Centre. Healthwatch Darlington also offered to undertake a survey of patients to ascertain what services they accessed after stroke.

The Chair advised Members that she had recently attended an informative and interesting meeting with Alison Wilson, Interim Accountable Officer, NHS Darlington CCG and Jon Tomlinson of NHS England Commissioning Support to consider SeQIHS. It was reported that our concerns were now known and that a special meeting of Health and Partnerships Scrutiny Committee would be organised to consider this topic in detail.

The representative from TEWV noted that Members may have read reports about the closure of York's Bootham Park Psychiatric Hospital, which occurred following a CQC inspection and two days before TEWV took over the contract for York and Selby mental health services, on 1 October, 2015. Most of the patients there were either discharged into intensive home treatment services or moved to Roseberry Park hospital in Middlesbrough. It was not anticipated that services for Darlington patients would be affected.

The Chair advised Scrutiny that she had received information from the Centre for Public Scrutiny relating to Men's Health and would request Councillor Regan, as Men's Health Champion, to consider any issues to report back to Committee.

The CCG representative advised Members that a new role for a Cancer Project Manager, funded by MacMillan, had been created and although an appointment had been made the post holder had not yet commenced work.

In relation to the Mental Health Concordat the representative from TEWV advised that a report could be submitted to a future meeting.

**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.

**HP27. COUNTY DURHAM AND DARLINGTON URGENT CARE STRATEGY 2015-2020** – The Assistant Chief Officer, Darlington Clinical Commissioning Group submitted a report (previously circulated) detailing the process that had been followed to develop the County Durham and Darlington Urgent Care Strategy 2015-2020 and which included details of how the engagement process had assisted in developing the final version.

Scrutiny was informed that the Strategy had been developed by the County Durham and Darlington System Resilience Group and shaped by the standards incorporated within the NHS England's Planning Guidance, Everyone Counts 2015/16 to 2019/20, key National and local reviews of urgent and emergency care services, NHS England's Five Year Forward View and the Eight High Impact Interventions for urgent and emergency care.

Members were advised that the local vision, objectives and action plan for the strategy, which has been approved by Darlington Clinical Commissioning Group's Management Executive, Governing Body, Community Council and Joint Management Team, are all in line with the National strategic approach for urgent and emergency care.

Particular reference was made to the Strategy being high level requiring the next steps to be specific to Darlington in order to operationalize the Strategy. These steps include consideration of how the SeQUIS project will develop locally in Darlington, the impact of local developments of new models of care including Primary Care Frail Elderly, support for High Impact Users of urgent and emergency care services and the future plans for Darlington Memorial Hospital (DMH).

It was highlighted that Darlington's key priority for urgent and emergency care is the need for integration between emergency and urgent care services, particularly within the Accident and Emergency Department within DMH. Darlington's CCG is currently working with CDDFT to reconfigure the current Accident and Emergency Department to enable an integrated emergency and urgent care service to be delivered 24/7.

It was stressed the Strategy would be updated to reflect local progress, local engagement feedback and any further national guidance.

Discussion ensued on delayed discharge and the effects of Darlington residents no longer accessing facilities at the Richardson Hospital, Barnard Castle. It was reported that feedback from the Richardson had been that patients were moved with no medical reason; the Richardson was not part of the CCG contract; there were financial implications of £0.5m and Darlington residents preferred to stay in Darlington.

Members were informed that the CCG had invested in spot purchase beds at both Eastbourne and Ventress Hall Care Homes and a ward with GP clinical support had also been commissioned at Ventress Hall. This had resulted in 17 further beds for Darlington, however, it was noted that the Community Ward was time limited and an evaluation would be undertaken to determine how long the Ward would be required.

It was also reported that although Darlington had reductions in non-elective treatment there had not been a similar cost reduction and further work was required to understand

why. There was also a need to make hospitals aware of, and use, the community facilities available.

**RESOLVED** – That the progress made to develop the Strategy be noted.

**HP28. DARLINGTON'S LONG TERM CONDITIONS COLLABORATIVE** –The Director of Commissioning submitted a report (previously circulated) detailing the progress of Darlington's Long Term Conditions Collaborative (DLTCC) which was formed as part of the Better Care Fund and was only one of the improvement strands running as part of this programme across health and social care.

DLTCC is a multi-agency approach, including the Council, CDDFT, Tees, Esk and Wear Valley NHS Foundation Trust and Darlington CCG, to improve the customer journey, for people living with Darlington's most prevalent multiple chronic long term health conditions, including Chronic Obstructive Pulmonary Disease, Heart Failure, Asthma and Diabetes, through the complex system of health and care services.

The first cross organisational rapid process improvement event had been held in October and Members were informed that a report would be submitted to a future meeting detailing the feedback from that event.

Members' expressed concerns that the process appeared to be extremely slow.

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

**HP29. OBESITY** – Pursuant to Minute 19(2)/Sep/15 Scrutiny considered the Final Report of the Obesity Review Group, completed June 2013, to establish whether any of the strategies and recommendations of that Review Group had been implemented.

The Public Health Portfolio Lead updated Scrutiny Committee of the various services and initiatives that were now linked in an effort to tackle obesity and provide a pathway of care. These included an established link with Licensing Officers to address alcohol issues including where alcohol was sold e.g. the cinema, petrol stations.

In order to encourage more activity the Active Travel by cycling on Darlington's Cycle Network is promoted and walking encouraged. There is also a North East Everyone Active Initiative whereby every month a different north east local authority holds and promotes an activity event.

Links have also been established with Planning, especially in relation to applications for Takeaways as these are seen as obesogenic, and more recently during the Red Hall Regeneration Project. Members were interested to learn that Gateshead Council now has a policy whereby permission is not granted for Takeaway establishments within 400 metres of a school.

Particular reference was made to the national emphasis on sugar content of foods and the effect this had on both the obesity and oral health of children.

Also in the forefront nationally is the emphasis on sugar content of foods and the effect of this on obesity and oral health of children. It was stressed that more needed to be done to reduce sugar intake and some of the suggested initiatives included a 'sugar tax' and the reduction of opportunities to market and advertise high sugar food and drink products to children and adults across all media including digital platforms and through sponsorship.

Scrutiny Committee looks forward to the publication of the Obesity Strategy in January 2016 whereby there will be an opportunity to do some key work.

Members also noted that the Obesity Strategy will link into the Diabetes Strategy as it was established that excess weight could increase the risk of diabetes

Discussion ensued on the process Gateshead Council undertook to achieve its policy of no takeaway within 400 metres of a school; marketing aimed at children; and the need for leisure staff to be more aware of nutrition.

The Healthwatch representative referred to the availability of a 'sugar app' which scanned foods and advised how many cubes of sugar were in foodstuffs. Members agreed this was a modern approach that children would utilise.

Reference was also made to restaurants now having data on all foodstuffs being readily available for customers if required

**RESOLVED** – (a) That the initiatives that have been established be noted.

(b) That the Obesity Strategy be submitted to a future meeting of this Scrutiny Committee.

**HP30. JOINT STRATEGIC NEEDS ASSESSMENT** – The Head of Organisational Planning gave a PowerPoint presentation on the refresh of the Joint Strategic Needs Assessment (JSNA) which was first published in 2012.

The Presentation highlighted what progress had been made and the proposed structure of the JSNA.

Particular references were made to the areas where the Council needed to do more to improve the health and wellbeing of its communities and specific health and social care issues that required targeted actions.

It was stated that the purpose of the JSNA was to bring together in one place the information that this resource provided, backed up by a technical compilation of statistics, data and analysis. The information will enable the widest spectrum of partners to have the intelligence they need to ensure commissioning strategies work together for better provision of services for those areas of greatest need.

Discussion ensued on the timescale for analysing the data for Scrutiny Committee to consider.

**RESOLVED** – (a) That the thanks of this Committee be extended to the Head of Organisational Planning for her informative and interesting presentation.

(b) That a progress report be submitted to the next meeting of Scrutiny scheduled for January 2016.

**HP31. MANAGEMENT OF CHANGE PROGRAMME – QUARTER 1** – The Head of Organisational Planning gave a presentation outlining the current position in relation to the management of change programme for those projects under the remit of this Scrutiny Committee as at September 2015.

Particular reference was made to the work progressing under the developing change programme aiming to provide both assurances in terms of progress as well as an indication of the future timetable of approvals.

It was stated that in relation to the Community Development Strategy, pathfinder work was currently being undertaken at Red Hall and funding was not yet in place for the remodelling of Eastbourne Leisure Facilities.

Members were also advised that ‘repeat users’ of the Council and partner agency services was currently being scoped and that a report would be submitted to a future meeting of this Committee.

A Member suggested that it would be useful to have another column within the information to highlight where there was joint Scrutiny relevance.

**RESOLVED** – (a) That the thanks of this Committee be extended to the Head of Organisational Planning for her informative presentation.

(b) That a further report be submitted to this Scrutiny once further information is available.

**HP32. PERFORMANCE MANAGEMENT QUARTER 2** – The Head of Organisational Planning gave a PowerPoint presentation on the Performance Management Framework which included statistical data around the key performance indicators that were relevant to this Scrutiny Committee.

Members were concerned to learn that there had been a decline in life expectancy for the first time since 2010 although Darlington had performed better than the north east average and there were year on year reductions in mortality rates.

Particular reference was made to the performance relating to the number of adults living at home with a learning disability which had improved over the years, although it was noted that recording of data had developed and the decline in the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. Members noted that a review of the service was to be undertaken to determine whether people had more complex needs or there were other issues.

Scrutiny also noted that the number of Darlington residents aged over 65 years being admitted on a permanent basis to residential or nursing care had declined and it was considered this was due to the Better Care Fund.

Members were pleased to note that the prevalence of smoking among persons aged 18 years and over in Darlington was better than the north east average but worse than the England average.

**RESOLVED** – (a) That the thanks of this Scrutiny Committee be extended to the Head of Organisational Planning for her informative presentation.

(b) That the Performance Indicators be received.

**HP33. TELEHEALTH** – Submitted – The notes of a scoping meeting held 2 October 2015 – **RESOLVED** – That the notes be received.

**HP34. HEALTH AND WELL BEING BOARD** – Members are aware 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.

Councillors Newall and Mrs Scott advised Scrutiny that the last meeting of the Board had considered the Autism Self-Assessment Framework and were pleased to note that this topic was on the Adults and Housing Work Programme for consideration in February 2016.

**RESOLVED** –That, Members look forward to receiving an update of the work of the Health and Well Being Board at the next meeting of Scrutiny Committee.

**HP35. ANY OTHER BUSINESS** – The Chair reported that she intended to write a letter, on behalf of Health and Partnerships Scrutiny Committee, to the Chancellor of the Exchequer outlining this Committee's objections to the recent announcement of a cut in the Public Health Grant.