

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

9 September 2015

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

APOLOGIES – Councillor Nutt. (1)

ALSO IN ATTENDANCE – Councillor Copeland. (1)

OFFICERS IN ATTENDANCE – Miriam Davidson, Director of Public Health; Murray Rose, Director of Commissioning; Emma Reah, Healthy Darlington Development Manager; and Karen Graves, Democratic Officer.

EXTERNAL REPRESENTATIVES – Jackie Kay, Assistant Chief Officer, Darlington Clinical Commissioning Group; Sarah Callaghan, Tees, Esk and Wear Valley Foundation Trust; and Diane Lax, Healthwatch Darlington.

HP11. DECLARATIONS OF INTEREST – In relation to the issue raised at Minute HP15, Councillor Newall declared a non-pecuniary interest as a Member of the Board of the Citizen’s Advice Bureau and in relation to Minute HP16, Jackie Kay declared a non-pecuniary interest relating to her partners employment.

HP12. 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.

HP13. MATTERS ARISING – Further to Minute HP10/Jun/15, Councillor J Taylor reported that she had recently attended the first meeting of the Working Group established to develop a Members Toolkit in order to assist Councillors in their Community roles.

HP14. WORK PROGRAMME 2015/16 – 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 detailed discussion on the current status of various topics on the work programme.

Members requested that the refreshed Darlington Strategic Needs Assessment and the North East Review of the health needs of the ex-service community be submitted to the next ordinary meeting of Scrutiny scheduled for November.

In relation to Stroke Services a representative from the CCG advised that it was looking to understand what had been brought into commissioning and that there appeared to be only a proportion of people suffering a stroke taking up the exercise after stroke programme. The Transformation Team were investigating and a report would be submitted to a future meeting of Scrutiny.

Members requested that a scoping meeting be arranged with Ian Briggs and the Chair and Vice-Chair of Adults and Housing Scrutiny Committee to discuss how to address Telehealth Care. Reference was made to The Academic Health Service Network-for the North East and North Cumbria Event 'Telehealth Project Updates' scheduled for 11 September at Chester le Street to showcase some of the projects for health improvement in the north east which had been made available within the last 18 months. The CCG representative advised that there were links around the Multi-Disciplinary Teams and Older People and outlined several key Officers who could assist.

Members noted that Partnerships Overview and Local Strategic Partnership was due to be considered at the next meeting and in doing so queried how the services previously supplied by Evolution were being delivered. The representative from Healthwatch Darlington advised Scrutiny that it was honouring room bookings up until December and that Healthwatch Darlington could have to vacate the building at that time.

In relation to Urgent Care Integration the CCG representative advised that there had been some positives following co-location of evening activity and that there were still some issues surrounding estates which needed resolving before the day time activity might transfer. It was reported that day time activity would eventually move to Darlington Memorial Hospital and that although there was no definitive timescales it was hoped that co-location could move to Phase 2 by December 2015. Members were also advised that the impact of SEQHiS had to be taken into consideration and that a Working Group had been established.

Whilst Members were keen to look at the impact on DMH following change of service provision to Women and Children's Services at The Friarage Hospital, the Healthwatch Darlington representative made reference to a NHS England consultation regarding Maternity Services.

Scrutiny was informed that in relation to Access to GP Appointments additional services were now available and that the System Resilience Group received a booked appointments monthly report.

The representative from TEWV advised Scrutiny of some employee changes that had recently take place.

The Chair confirmed that Scrutiny wished to monitor the Breast Clinic and informed Members that a number of over-70's had recently been surveyed in relation to Breast Screening Services. Members were concerned to learn that Breast Screening stopped when a woman reached the age of 70. The Director of Public Health explained that NHS England commission the screening services and offered to circulate the terms of the screening programme.

Councillor Regan, as Men's Health Champion, informed Members that that Sexual Health Team had recently attended Gay Pride in Darlington.

In relation to the Community Equipment Loan Service (CELS) the Chair of Adults and Housing Scrutiny Committee informed Members that his was to be considered at the meeting of Adults and Housing Scrutiny Committee scheduled for February 2016 and that she had recently attended an interesting Care Home Forum meeting at which CELS was discussed.

The Chair reported that the response to NICE, in relation to End of Life and Palliative Care, which had been prepared by the Chairs and Vice-Chairs of both Adults and Housing and Health and Partnership Scrutiny Committees, had not been submitted as the Council was not a registered Stakeholder.

The Director of Public Health confirmed that the Council was not registered and that although a response could be made through NHS England, the implications of registering with NICE would be explored.

The Chair of Adults and Housing Scrutiny Committee informed Members that the New Care Act would be considered by that Scrutiny on 15 September and that she would report back to the next ordinary meeting of this Committee.

In relation to the Mental Health Concordat the Director of Public Health advised that the Darlington Mental Health Network was the umbrella for monitoring the Concordat with reports to the Health and Well Being Board.

The Chair suggested that Scrutiny should re-visit the work previously undertaken by the Obesity Review Group in 2013 to establish whether any of the strategies and recommendations of that Review Group had been implemented.

Discussion ensued on new housing developments within the Town and their effect on GP Surgeries, the establishment of a Forum to investigate Primary Care Estates and the work of the CCG to explore how services could be delivered under a different model.

The representative from Healthwatch Darlington (HWD) advised Committee that there would be no more Healthwatch and CCG Joint Events due to funding. The CCG representative advised Scrutiny that a lot of feedback had been received which would

enable the CCG's plans and that it was currently working on chaotic lifestyles with the North of England Commissioning Support Unit.

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.

HP15. 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.

A Member advised Scrutiny that the last meeting of the Board had considered the Annual Reports of Darlington Clinical Commissioning Group and the Director of Public Health; the need for the continuation of funding for the specialist cancer advice and information support service based within Darlington Citizens Advice Bureau and that there were several items relating to Adults and Housing discussed at the meeting.

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.

HP16. NEW MODELS OF CARE – OUTCOMES FROM THE HEALTH AND CARE SUMMIT – The Director of Commissioning submitted a report (previously circulated) informing Scrutiny about the development of potential new models of care and the outcomes from Darlington's Health and Care summit held on 11 June 2015.

Details were supplied on Darlington's new model of care strategy which was based around a partnership between commissioners and providers, a commitment to manage changes carefully, a shift of resources away from acute services towards community provision and better joined up services to improve outcomes for people and to remove waste in the system. The strategy recognised the importance of individual responsibility for health, right along the continuum to getting more specialist services in centres of excellence outside of Darlington.

Particular reference was made to the five key partners in Darlington, namely, the local authority, the clinical commissioning group, County Durham and Darlington NHS Foundation Trust, Tees, Esk and Wear Valley NHS Foundation Trust and Primary Healthcare Darlington that had agreed a strategic plan for Darlington.

Members were informed that work was continuing to develop a local new model of care to ensure sustainable and high quality services for Darlington citizens and that in order to communicate the work in progress and to take stock by listening to national best practice, a Health and Care Summit was held on 11 June 2015. The Summit was attended by around 130 health and care professionals, attendees were asked for their views on the proposals for new models of care and requested to complete a short questionnaire asking for opinions about the vision for Darlington.

It was stated that the main findings were that confidence was high and people supported the proposed vision for the health and care economy; support for self-management, provision of care hubs, and the availability of consultants, pharmacists and diagnostics 24/7 were felt to be the most important elements to deliver.

Scrutiny was informed that the event was successful in promoting understanding and engendering enthusiasm and people would want to attend again. There was also a recognition that some sectors were not well represented at the Summit so further work was needed to ensure that the new models of care discussions take place in alternative fora.

The Director of Commissioning informed Scrutiny that although Vanguard status had not been awarded to Darlington an application was to be made for the NHS England Healthy New Towns Programme, whereby NHS England was seeking to establish up to five ambitious, long-term partnerships with local areas through which to develop healthier neighbourhoods and towns. It was felt that the developing Red Hall area of Darlington would meet the required criteria.

It was also stated that other factors such as SeQIHS may impinge on the vision but currently all partners were working together and were still on track. Through the Better Care Fund there had been a reduction in care beds of 52, as Clients had received better support working with Community Nurses and Discharge Plans. This had resulted in a saving of £1m and it was felt that if the partners continued to get people on board with longer term plans alternative funding could be sourced.

Discussion ensued on the financial pressures faced by all organisations and the need for a credible plan to deliver the vision.

The Director of Commissioning gave a verbal update on SeQIHS and advised that survival rates improved if the best care was given. The objectives of SeQIHS were delivered through three work streams; a clinical standards assessment, a workforce assessment and an economic assessment.

Members were informed that research into human geography and demographics had recently begun and that the Tyne, Wear and Tees estuaries worked well although part of CDDFT covered two areas. Areas that had to be taken into consideration to deliver best services included South Tees, North Tees, Sunderland, Newcastle, Gateshead, Durham, Darlington and North Yorkshire and many people would have to travel to gain access to services.

It was stated that, for example, there could be three A&E sites, four sites for acute surgery and acute medicine and two sites for critical care. Hospital tariffs could also have an effect on budgets as some hospitals could lose a high earning tariff. A Working Group of Consultants from all Trusts had been established to ensure the services were operating from the best Trust and that different methods of operation were being explored.

RESOLVED – (a) That the report be noted.

(b) That further development reports be submitted to Scrutiny Committee.

HP16. DARLINGTON'S LONG TERM CONDITIONS COLLABORATIVE – RESOLVED – That the item be deferred.

HP17. HEALTHWATCH/CCG LONG TERM CONDITIONS AND OLDER PEOPLE EVENT FEEDBACK - Healthwatch Darlington (HWD) and Darlington Clinical Commissioning Group (CCG) submitted a report (previously circulated) detailing the feedback received from an engagement event on the subject of 'Destination Darlington a Roadmap to 2020 – Long Term Conditions and Older People' held on 20 May.

The submitted report stated that the event was held to explore Long Term Conditions and Older People and attracted around 40 participants including members of the public and various organisations. The Event featured expert speakers on key topics, including Destination Darlington and the Voluntary and Community Sector working with Darlington Clinical Commissioning Group and the Council.

The objectives of the Event were to provide participants with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions; to obtain participant feedback to assist decision making in ways to improve Health and Social Care Services in Darlington; to work directly with the public and organisations throughout the process to ensure that public concerns and aspirations are consistently understood and considered in decision making processes; to 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 to empower participants by placing final decision-making in the hands of the public.

Particular reference was made to available information and signposting to prepare participants for the workshops and future events; workshops, where in depth discussions were held to develop and identify issues, concerns, strengths and opportunities; and activities for the purpose of workshop feedback.

Discussion ensued on a recent piece of work HWD had undertaken with Hurworth Academy and it was reported that there had been many comments received.

RESOLVED – (a) That the report be noted.

(b) That Scrutiny welcomes the feedback report on the Primary Care/Urgent Care event.

(c) That the results of the work undertaken by HWD with Hurworth Academy be circulated to Health and Partnerships Committee.

HP18. HEALTHY DARLINGTON – The Healthy Darlington Development Manager gave a PowerPoint presentation outlining the functions of the Healthy Darlington Hub which had been located within the Dolphin Centre since October 2014.

It was stated that the Hub was led by a team of trained specialists in behaviour change and was a single point of contact for individuals who wished to participate in a healthier lifestyle.

It was reported that Healthy Darlington was open seven days a week and available for both walk-in clients and medical practitioner referrals making the most of modern technology and communication methods resulting in 10,156 participants overall and 863 Hub Clients having received over 2000 hours of 1:1 contact time.

The Healthy Darlington Development Manager outlined several success stories which highlighted the benefits gained by clients who had received behaviour change support.

The Director of Public Health confirmed that a lot of Public Health Grant had been invested in the Hub which was crucial in meeting Darlington's Health Profiles which were worse than the England average.

Discussion ensued on Members providing Ward related information to residents on Ward Newsletters and the need to highlight the services of the Healthy Darlington Hub when considering obesity. Members were pleased to note the positive impact that the Healthy Darlington Hub has had and in particular welcomed the proposal for specific work to be done with residents who have diabetes.

RESOLVED –That the thanks of this Committee be extended to the Healthy Darlington Manager for her informative presentation.

HP19. DIRECTOR OF PUBLIC HEALTH – (1) ANNUAL REPORT 2014 – A SHARED AGENDA – The Director of Public Health submitted a report (previously circulated) presenting the Director of Public Health's Annual Report 2014 entitled 'A shared Agenda' and in doing so noted the partnership working necessary to tackle the causes of health inequalities and help prevent men and women experiencing disadvantage over the course of their lives.

Particular reference was made to the link between health inequalities and social inequalities and how action was needed across all the social determinants of health e.g. housing, education, employment, poverty, over a person's lifetime. It was explained that the social determinants are the conditions in which people in Darlington are 'born, grow, live, work and age'.

Details were supplied of the work the Council's public health team was undertaking alongside other Council departments, NHS and other public sector partners, community and voluntary partners and the private sector in order to shape local services, tackle health differences in communities and influence the wider or social determinants of health.

Members were informed that some cancers were diagnosed at A&E due, in part, to residents reluctance to address early symptoms, there was to be a focus on smoking cessation in pregnant women through the Baby Clear programme, a Tees Valley Oral Health Strategy was to be developed and key lines of enquiry were to be shared with partners regarding child obesity and what could be done to prevent this.

There was real concern to learn that Government funding to Darlington Public Health was to be reduced in-year, at the time of the meeting this was estimated to be in the order of £0.5m – a significant amount of the overall budget.

RESOLVED – That the Annual Report be noted.

(2) HEALTH PROFILES 2015 – The Director of Public Health gave a PowerPoint presentation on the key messages contained within the Darlington Health Profiles 2015 which showed how the health of Darlington residents compared with that of the region and the rest of England.

Particular references were made to the health of people in Darlington being variable compared with the England average; deprivation being higher than average and around 20.6 per cent of children currently living in poverty.

It was stated that life expectancy for both men and women had steadily increased although a major gap remained for men of 11.8 years and women 9.4 years between the most deprived and least deprived areas of Darlington.

Members noted that smoking prevalence was decreasing with Darlington having a rate lower than the regional rate, 23 per cent of adults in Darlington were estimated to be obese, and the rate of hospital admissions due to alcohol specific conditions (under 18 years of age) and substance misuse (15 – 24 years) in Darlington were higher than the regional rates and significantly higher than the England rates.

Members were pleased to note that the under-18 conception rate in Darlington continues to decline and is now similar to the England rate.

It was stated that the priorities in Darlington included stopping smoking in pregnancy, production of a Darlington Suicide Prevention Plan, improving the health and wellbeing of children and young people in Darlington by utilising opportunities offered through the implementation of a 0-19 year pathway; and continued development of collaboration and support by all partners to tackle health inequalities through action on the wider social determinants of health.

RESOLVED – That the Health Profiles 2015 be noted.

HP20. DARLINGTON COMMUNITY SAFETY PLAN 2015-2020 – RESOLVED – That this item be deferred to the next ordinary meeting of Scrutiny Committee.

HP21. MANAGEMENT OF CHANGE PROGRAMME – QUARTER 1 – RESOLVED – That this item be deferred to the next ordinary meeting of Scrutiny Committee.