## HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

## 22 June 2016

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

APOLOGIES – Councillor Donoghue and Miriam Davison, Director of Public Health. (2)

**ABSENT** – Councillor Haszeldine.

(1)

**ALSO IN ATTENDANCE** – Councillor Copeland, Adult Social Care and Housing Portfolio, Jackie Kay, Assistant Chief Officer, Darlington Clinical Commissioning Group, Barbara Gubbins, Chief Executive and Margaret Vaughan, Chief Operating Officer, County Durham Community Foundation, Grace Rosbotham, Resilience Planning, Escalation and Surge Management Support Officer, North of England Commissioning Support, Chris Lanigan, Head of Planning and Business Development, Tees, Esk and Wear Valley NHS Foundation Trust, Sue Jacques, Chief Executive and Chris Grey, Executive Medical Director, County Durham and Darlington Foundation Trust, Diane Lax, Healthwatch Darlington.

**OFFICERS IN ATTENDANCE –** Ken Ross, Public Health Specialist, Mary Hall, Senior Engagement Officer and Karen Graves, Democratic Officer.

**HP1. DECLARATIONS OF INTEREST** – There were no declarations of interest reported at the meeting.

**HP2. TIMES OF FUTURE MEETINGS** - **RESOLVED** – That meetings of this Committee be held at 9.30am on those dates as agreed on the calendar of meetings by Cabinet at Minute C130/Mar/16.

**HP3. MINUTES –** Submitted – The Minutes (previously circulated) of meetings of this Scrutiny Committee held on 20 and 29 April and 12 May (Mental Health Services Older People) and 12 May, 2016 (MTFP).

**RESOLVED** – (a) That in relation to the Minutes of 20 April 2016 'had the worst mental health in the Region' be deleted from paragraph six on Page 2 and 'Darlington's mental health needs were among the highest within the areas served by TEWV.' be inserted.

(b) That, with the amendment detailed at (a) above, the Minutes of the meetings of this Scrutiny Committee held on 20 and 29 April and 12 May (Mental Health Services Older People) and 12 May, 2016 (MTFP) be agreed.

**HP4. MATTERS ARISING** - In relation to Minute HP75/May/16, Members were advised that Option 1 had been agreed by all three Clinical Commissioning Groups and Governing Bodies.

**HP5. WORK PROGRAMME** - 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 that 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 Members were advised that the Clinical Commissioning Group (CCG) had refreshed its plans and priorities and that elements of stroke were to be commissioned, further details would be provide at a future meeting of Scrutiny.

In relation to Telehealth, which linked into Healthy New Towns, Members were keen to undertake a piece of joint work with Adults and Housing Scrutiny Committee after the recess.

In relation to Urgent Care Integration Members were advised that the CCG was working with County Durham and Darlington Foundation Trust (CDDFT) to identify ways to secure work aligned to the new Models of Care. The Chief Executive of CDDFT informed Members that the proposal cost of £0.5m was a reduction from £5m initially quoted and this also included a relocation of genitourinary medicine (GUM) in order for A&E to expand into that area.

The Public Health Principal highlighted to members that the authority is the commissioner of GUM services, and therefore direct stakeholder in this programme of work. The authority therefore would be seeking to work closely with the CCG and CDDFT to ensure that the proposed move of GUM services would not have any negative impact on the effectiveness the service that is currently provided for people in Darlington.

Due to the deficit announced by CDDFT last year and in order for the works to proceed Scrutiny was advised that a joint bid, with the CCG, for national funding had been made to the Primary Care Transformation Fund (Estates and Technology), however, there was no guarantee of a successful bid. Members questioned and challenged whether the project would proceed and were advised that various funding options were available although there were possible restrictions to stop commercial funding.

In relation to the Better Health Programme Members were advised that the first meeting of the Better Health Programme Joint Scrutiny Committee would be held on 7 July and the Chair and Vice-Chair would provide feedback to Members.

The Public Health Specialist advised that work was underway to look at the wider impacts on obesity including Environmental Health with trade and industry to look at nutritional value and ensure food was labelled well. Takeaway establishments were also to ensure there were clear choices on their menus.

In relation to the Community Equipment Loans Service Members expressed concerns at the service offered by the new provider. The Cabinet Member with Portfolio for Adult Social Care and Housing informed Members that she was very disappointed after visiting and seeing the recycling and cleaning facilities.

The Assistant Chief Officer, Darlington CCG, welcomed the views of Members and in doing so advised Scrutiny that Mediquip have recently worked with all Care Homes in the Borough to secure the return of all outstanding equipment.

The Chair advised Scrutiny that she and the Vice-Chair, Councillor J Taylor, had recently visited St Teresa's Hospice and had responded, on behalf of Scrutiny, to the Quality Accounts of the Hospice. The Chief Executive of the Hospice had also indicated that Members were welcome to visit the Hospice and the Democratic Officer would organise visits for any Members wishing to attend.

Councillor S Richmond advised Members that Adults and Housing Scrutiny Committee was undertaking a piece of work around Dying Well for Dementia Patients and would feedback to this Scrutiny Committee.

The work undertaken to date on the implementation of the New Care Act in Darlington had also been considered by Adults and Housing Scrutiny Committee recently. Specific references were made, at that Scrutiny, to a number of work streams being undertaken within the project and an update position on each of those work streams was provided. The Chair of Adults and Housing Scrutiny Committee agreed to provide updates to this Scrutiny Committee.

The Senior Engagement Officer advised Committee that, in relation to Financial Inclusion Action Group, including the Social Fund, specifications were now out for tender with a caveat relating to the Council's decision on the Medium Term Financial Plan. It was again reiterated that a lot of work was still required and the Sector had to work together to achieve the best outcome.

In relation to Perfect Week, Members were informed by the Chief Executive of CDDFT, that work was ongoing around Discharge Management and that a report would be submitted to a future meeting of this Scrutiny. It was also stated that the Action Plan could be provided for Scrutiny, the Trust had recently been re—inspected by CQC and that the focus was on the actions.

The Chief Executive and Medical Director of the Trust also discussed with Members their concerns regarding Maternity Services at Darlington Memorial Hospital following the articles in the Press relating to the recent external review.

Members were pleased to note the assurances that the review by York Foundation Trust had concluded that services were safe and the feedback from the friends and family test showed that the service is well thought of by users. They acknowledged, however, the measures being undertaken to improve multidisciplinary working with the obstetrics service together with the recent temporary change regarding twins and the opportunity that this presented to further strengthen clinical pathways.

Members welcomed the work with James Cook Hospital to enhance the service and ensure the best care for twin deliveries. It was also noted that of 6,000 births in the Trust, nine were currently booked to have twins in Darlington and that, in general, 60 per cent of twins were born prematurely with those babies often needing neonatal care in one of the North Easts specialist centres.

**RESOLVED** – (a) That the current status of the Work Programme noted.

(b) That the Work Programme be updated to reflect the decisions of this Scrutiny Committee.

**HP6. COUNTY DURHAM COMMUNITY FOUNDATION** – The Chief Executive and the Chief Operating Officer of the County Durham Community Foundation (CDCF) gave a PowerPoint presentation on the role and aims of CDCF.

It was stated that CDCF was a charitable grant-making organisation, established in 1995 to benefit County Durham and Darlington with the overall aim being to strengthen local communities across County Durham and Darlington.

Details were supplied of the vision of CDCF which was to bring people together to achieve their potential, fulfil their aspirations and build thriving communities. CDCF also promotes lasting charitable giving by bringing together donors with their chosen causes, through well targeted grants that make a genuine difference to the lives of local people.

The Chief Executive of CDCF outlined where the Foundation's money came from and the grants awarded up to the end of 2014. Members also noted the grants awarded to Darlington during the period 2011/12 to 2015/16 and the number of Darlington applications received, approved, rejected and withdrawn during 2014/15.

Discussion ensued on the CCG's involvement with the voluntary sector and the need to make the application process simpler for the sector. CDCF advised that there was ongoing work at regional level to determine hot and cold funding spots and to identify issues around Darlington. It was also pointed out that CDCF's application process had been simplified over the last twelve months and reiterated that the sector needed to work together and that partnerships applications were welcomed. **RESOLVED** – (a) That the thanks of this Committee be extended to Barbara Gubbins and Margaret Vaughan for their informative Presentation.

(b) That the information contained within the Presentation be noted.

**HP7. WINTER DEBRIEF AND FORWARD VIEW** – The Darlington CCG and North of England Commissioning Support (NECS) gave a PowerPoint presentation outlining Winter Resilience Schemes 2015/16.

Scrutiny noted that the overall purpose of the Winter Resilience Schemes was to increase patient flow through Emergency Departments and improve efficiencies at each of the Trust's hospital sites. Members were advised that pressures were not just confined to the winter months and could be on a daily basis. North East Escalation Plan (NEEP) level 5 was very severe and unusual with the norm being around 3 or 4. Reference was made to 85 per cent bed level not being unique to CDDFT with peeks after the Christmas period.

Schemes funded by County Durham and Darlington System Resilience Group winter monies 2015/16 included Accident and Emergency Attendances and Bed Statistics; Seven Schemes implemented in the Emergency Department, four schemes implemented by General Practices, four schemes implemented by Social Services and three schemes implemented by the Police Authority.

Scrutiny noted that each provider had been asked to evaluate its scheme(s) during April 2016 and the summary and recommendation were discussed at a June meeting of the System Resilience Group.

It was also noted that NEEP levels had reduced since March due to implementation of the Action Plan which included Discharge to Assess and Discharge to Care Homes, Members were informed that a multi-disciplinary approach ensured the best outcomes for patients.

**RESOLVED** – (a) That the thanks of this Scrutiny Committee be extended to Jackie Kay, Darlington CCG and Grace Rosbotham, NECS for their informative presentation.

(b) That a further report be submitted to a future meeting of this Scrutiny Committee.

**HP8. GENERAL PRACTICE FORWARD VIEW** – The Assistant Chief Officer, Darlington CCG submitted a report (previously circulated) outlining the content of the NHS England Publication, General Practice Forward View (GPFV) April 2016. A PowerPoint Presentation accompanied the submitted report.

Reference was made to the year on year increase on investment in general practice, building up to an extra £2.4 billion a year investment by 2020/21, alongside a further £500 million focused on stabilising and transforming general practice.

It was stated that the GPFV was in line with the vision of NHS England's Five Year Forward View and highlighted significant investment in general practice and the need to drive change to provide services that were better for patients through increased investment and additional support for practices in respect of workforce, workload and infrastructure.

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