

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

7 September 2016

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

APOLOGIES – Councillors Crichlow and Nutt; Miriam Davidson, Director of Public Health; Vicki Pattinson, Head of Service – Adults; Sue Jacques, Chief Executive, Jo Crawford, Head of Midwifery, County Durham and Darlington Foundation Trust; and Jo Dawson, Head of Mental Health and Substance Misuse Services, Tees, Esk and Wear Valley NHS Foundation Trust. (7)

ABSENT – Councillor Haszeldine. (1)

ALSO IN ATTENDANCE – Councillor Copeland, Adult Social Care and Housing Portfolio; Professor Chris Grey, County Durham and Darlington Foundation Trust; Jackie Kay, Assistant Chief Officer, Darlington Clinical Commissioning Group; Chris Lanigan, Head of Planning and Business Development, Tees, Esk and Wear Valley NHS Foundation Trust, Chris Grey, Executive Medical Director and Jo Crawford, Head of Midwifery, County Durham and Darlington Foundation Trust, Michelle Thompson, Healthwatch Darlington.

OFFICERS IN ATTENDANCE – Ken Ross, Public Health Specialist, and Karen Graves, Democratic Officer.

HP9. DECLARATIONS OF INTEREST – Councillor Regan declared a non-pecuniary interest in Minute HP17 below as a member of the Committee that looked at the Action Plan.

HP10. MINUTES – Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 22 June 2016.

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

HP11. MATTERS ARISING - In relation to Minute HP5/Jun/16, the CDDFT representative advised Scrutiny that the removal of twin births from Darlington Memorial Hospital (DMH) to James Cook Hospital was not a permanent arrangement following an external review of the service.

Scrutiny challenged the timescales in relation to the pathway returning to DMH and was informed that the Trust needed to ensure that expectant mothers received the best quality of care and that once the best clinical services and leadership for the service had been secured it would return to DMH.

Scrutiny will continue to monitor Maternity Services within Darlington Memorial Hospital.

In relation to Minute HP5/Jun/16, Scrutiny sought the latest position in relation to Urgent Care Services and was informed that the Trust was waiting the outcome of a funding application to the NHS England's Estates and Technical Transformation Fund which had been oversubscribed nationally, resulting in the Trust proactively also seeking alternative funding sources.

Scrutiny was also advised that there were currently no funds available for the planned Accident and Emergency improvement works at University Hospital of North Durham.

Members raised concerns that the Better Health Programme (BHP) Consultation would have an impact on urgent care services and were informed that the outcome was currently awaited on the BHP.

Funding was also needed for other services including radiology and the purchase of MRI scanners. The Trust stressed that the Operating Theatres had also been developed due to obsolescence of the estate and that there were other priorities within the Trust against which it had to balance the need for development of the Emergency Department.

The representative from the CCG reiterated that an integrated urgent care system was the preferred option for Darlington; that discussions were ongoing with CDDFT to provide co-location of urgent care alongside the Emergency Department at Darlington Memorial Hospital.

RESOLVED – That the information from the Trust be noted.

HP12. MENTAL HEALTH CRISIS CONCORDAT – RESOLVED - That this item be deferred at the request of Tees, Esk and Wear Valleys Foundation Trust.

HP13. WORK PROGRAMME (1) CURRENT 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 again raised concerns relating to the community pathway and requested updates on outcomes for Darlington residents which the CCG representative agreed would be useful for Scrutiny Committee.

The CCG representative commented that Access to GP Appointments was topical; that residents needed assurances that the service was fully scrutinised; and that GP appointments was only one part of GP services and Primary Care.

The Public Health Specialist advised Members that this topic could be examined through the Sustainable Community Strategy as certain groups encountered access difficulties due to language and location whilst there were other ways to look at access such as young pregnancies.

Healthwatch Darlington (HWD) confirmed that it was also working with young people and that it had also discovered that the registration process of new patients with a GP practice was not consistent across practices. HWD's Black Minority and Ethnic Group was to be asked its experience of GP access and any barriers its members had encountered, such as language.

Winter Debrief was now known as Surge and would be an Agenda Item during May/June annually.

The Chair stressed the need to promote Eye Health and its links to other diseases such as diabetes. Eye Health Week was 19 to 25 September and it was intended, along with HWD, to have a stall within the Dolphin Centre and provide simulation glasses of various eye conditions to highlight eye health issues. It was suggested that Guide Dogs for the Blind and possibly opticians be asked if they would to contribute. It was proposed that a monthly event be held in various locations if the event was successful.

Members suggested that the Financial Inclusion Group and County Durham Community Fund be encompassed within MTFP monitoring and that Perfect Week be archived as it was part of the Annual Quality Accounts item.

In relation to the County Durham Community Fund the CCG representative advised Scrutiny that the CCG and the Council had recently match funded and that there was currently £70k approximately for Darlington organisations with awards to be made through the County Durham Community Foundation process prior to Christmas. Lessons had been learnt in relation to the application process which had been made clearer and a report would be brought back to Committee during 2017.

The representative from Tees, Esk and Wear Valley Foundation Trust advised Scrutiny that the Mental Health Services Older People location and configuration had been successful with very little change for Darlington residents.

In relation to joint working Members agreed that Telehealthcare be incorporated into the Better Care Programme and the Community Equipment Loan Service (CELS) be monitored by Adults and Housing Scrutiny Committee.

In relation to Healthy Weight Management for Darlington it was suggested that a report be submitted to a future Scrutiny Committee following the National Strategy and its links

to the MTFP. The Public Health Specialist also advised Members that the Hub still had a role to play in National Healthy Child Weight Management.

Councillor S Richmond, Chair of Adults and Housing Scrutiny Committee, advised Members that she had recently undertaken a visit to Rosemary Court where the Telecare facilities were excellent. The End of Life and Palliative Care document which had been published in May contained links to Dementia and the Centre for Public Scrutiny website had an excellent Dementia Guide.

Councillor Richmond also informed Members that although Discharge Management and Domiciliary Care were linked they were separate items with HWD looking at Domiciliary Care and discharge being important to Health and Partnerships Scrutiny Committee.

The CCG representative informed Committee that 'not in hospital' was part of the Better Health Programme (BHP) and discharge to assess was part of that. Joint working was ongoing between Darlington Borough Council, the Darlington CCG and CDDFT. Whilst Domiciliary Care came under the umbrella of the BHP domiciliary care was within the remit of Adults and Housing Scrutiny Committee.

The Public Health Specialist confirmed that the Hub still had a role to play in Healthy Child Weight Management.

The Chair referred to Emergency Services Community Involvement as a future Joint topic for Adults and Housing and this Scrutiny in relation to the Fire Services involvement in health and social care and how vulnerable people and the community were supported.

The Men's Health Champion confirmed that Diabetes in Men was the current piece of work to be undertaken and that a report would be brought to Scrutiny in the near future.

The Chair also reported that Breast Screening, Adolescent Mental Health, Suicide, Cancer Mortality Rates and the North East Ambulance Service were on the Tees Valley Regional Committee's Work Programme.

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.

(2) PROPOSED WORK PROGRAMME – The Director of Neighbourhood Services and Resources submitted a report (previously circulated) seeking Members' views on the revised methodology for this Scrutiny Committee's current work programme.

It was reported that the proposed work programme had been reviewed and revised to enable Scrutiny to analyse information for each topic area aligning it to the eight outcomes and three conditions in the Sustainable Community Strategy and relevant performance indicators from the Performance Management Framework.

The proposed structure of the work programme would provide Members with the opportunity to develop each topic through a series of questions and drill down to investigate particular aspects of extensive topics.

Discussion ensued on the work that Health and Partnerships Scrutiny had undertaken; the need to work together as a Scrutiny Committee with Councillors taking the lead; and Scrutiny having little or no control over certain topics which were led by outside organisations such as CDDFT, TEWV and Darlington CCG.

RESOLVED – That the revised approach to this Scrutiny Committee’s Work Programme be agreed.

HP14. ACCESS TO GP APPOINTMENTS – SIX MONTHLY REPORT - The Assistant Chief Officer, Darlington Clinical Commissioning Group gave a PowerPoint presentation relating to Access to GP Appointments for Darlington residents.

Members were advised that the NHS Five Year Forward View stated that strong general practice and primary care services were essential for a high quality and responsive NHS although action was needed as the services were under exceptional pressure.

Details were supplied of the major programme of improvement for General Practice Development including practical support for individual practices/federations and super-partnerships; new National three year ‘releasing time for Patients’ programme to reach every practice in order to free up ten per cent of GP’s time; integration of extended access with out of hours and urgent care services including reformed 111 and local community hubs; a new innovative voluntary GP contract which supports integrated primary and community health services; and monies from the GP Access Fund (formerly Prime Ministers Challenge Fund) to target ‘improved GP Access’.

Reference was made to the General Practice Resilience Programme which would support practices to reduce their workloads and release time alongside other measures, including, simplification of the GP payment system; a streamlined Care Quality Commission (CQC) inspection regime; proposals, announced in July, for professional indemnity costs; and changes to hospital contracts in order to release administration burden on practices.

The CCG representative outlined some measures that had been taken to address access to GP appointments including GP’s sharing appointments data; availability of extended hours advertised on the websites of all eleven Darlington practices; offer of same day appointments especially for children; and ten out of eleven practices signing up to the 111 pre-bookable appointments service as part of the North East Urgent and Emergency Care Vanguard.

Details were also supplied of System Resilience Group Funded schemes to improve GP access including pre-bookable Saturday Clinics at Denmark Street Surgery from 8.00am to 1.30pm; and a GP operated evening telephone advice service, which received all non-emergency 111 calls for adults and children aged five years and over between 6.00pm and 10.00pm Monday to Friday.

The CCG representative advised Members that approximately 10,000 GP appointments were made across Darlington every day and there was an impact on practices when people did not attend (DNA) for scheduled appointments.

Discussion ensued on what was classed as a DNA and what measures could be taken to ensure that DNA's were kept to a minimum.

RESOLVED – (a) That the thanks of this Committee be extended to Jackie Kay for her informative Presentation.

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

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.

Councillors Newall and Mrs Scott advised Scrutiny that the Development Day recently held had been excellent.

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. BETTER HEALTH PROGRAMME JOINT SCRUTINY – Submitted – The Minutes (previously circulated) of the meeting of the Better Health Programme Joint Scrutiny Committee meeting held 7 July 2016.

Discussion ensued on how the Sustainable Transformation Plan was relevant to the Better Health Programme which had given rise to regional concerns.

It was believed that the Sustainable Transformation Plan had to be in place by end of November and Foundation Trusts contracts had to be signed and sealed by end December 2016 as opposed to March/April which was usual practice.

Particular reference was made to the BHP Engagement Events which had been well received although it was acknowledged that some questions had been difficult to understand and answer. BHP Consultation Events were regional and it was not relevant to attend all events as different localities had their own issues. It was also felt that people were not clear regarding Urgent Care and Accident and Emergency Services.

RESOLVED – That the Minutes be received.

HP17. PUTTING VICTIMS FIRST – POLICE CRIME AND VICTIM'S PLAN 2016 – 2021 – The Public Health Specialist provided details of the Police and Crime

Commissioners 'Putting Victim's First – Police Crime and Victims' Plan 2016 to 2021' which was now out for consultation prior to its finalisation in November.

It was reported that the three strategic aims of the plan are to inspire confidence in the police and criminal justice system; support victims and the vulnerable; and tackle crime and keep our communities safe.

Members were informed that a Roadshow Stall would be at the Community Day in Darlington on 12 September and at Hurworth Country Fair on 17 September where views could be submitted.

There was also the opportunity to submit views online via the Police and Crime Commissioner Website.

RESOLVED – That the report be noted.