

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

2 November 2016

PRESENT - Councillor Newall (in the Chair); Councillors Crichlow, Donoghue, Regan, EA Richmond, S Richmond, J Taylor and Tostevin. (8)

APOLOGIES – Councillors Nutt and H Scott, Miriam Davidson, Director of Public Health; Sharon Pickering, Director of Planning, Business Development and Performance, Tees, Esk and Wear Valley NHS Foundation Trust; Ali Wilson, Chief Officer and Jackie Kay, Assistant Chief Officer, Darlington Clinical Commissioning Group. (6)

ABSENT – Councillor Haszeldine. (1)

ALSO IN ATTENDANCE – Andrew Allison, Community Safety Manager, County Durham and Darlington Fire and Rescue Service, Michelle Thompson, Healthwatch Darlington; and Gillian Curry, Communications Manager, County Durham and Darlington Foundation Trust.

OFFICERS IN ATTENDANCE – Ken Ross, Public Health Principal, Zoe Foster, Public Health Analyst, and Karen Graves, Democratic Officer.

HP18. DECLARATIONS OF INTEREST – Councillor Sue Richmond declared a non-pecuniary interest as a Member of the Fire Authority and Councillor Regan declared a non-pecuniary interest as an employee of Age UK in Minute HP21 below.

HP19. MINUTES – Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 7 September 2016.

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

HP20. MATTERS ARISING – There were no matters arising.

HP21. NATIONAL HEALTH AGENDA – COUNTY DURHAM AND DARLINGTON FIRE AND RESCUE SERVICES (CDDFRS) – SAFER HOMES INITIATIVE – The Community Safety Manager, County Durham and Darlington Fire and Rescue Services gave a PowerPoint Presentation detailing the Safe and Wellbeing Visits (SWVs) undertaken by the Fire Service since March 2016.

The scheme was part of the National Health and Wellbeing Agenda and included partnership working with the Chief Fire Officers Association, Public Health England, NHS England, Age UK and the Local Government Association.

Particular reference was made to the trained Fire and Rescue Service Officers who visit homes, mainly via appointment due to a referral from friends, family or other healthcare

provider, to offer personalised fire reduction advice and guidance. The CDDFRS focussed on the six key areas of slips, trips and falls; dementia awareness; alcohol harm and reduction; smoking cessation; loneliness and isolation; and winter warmth/fuel poverty and flu and to ensure the information supplied was in line with national guidelines all questions had been supplied by health partners, some of which offered pathways for vulnerable residents.

Each appointment normally lasted around 20 minutes although some could take up to 90 minutes and covered topics such as using electricity safely, cooking safely, making an escape plan, what to do if there is a fire in your home, keeping children safe and good practice.

Free smoke alarms were fitted where required and advice provided to ensure families were safer in their home. Information was also offered with respect to areas of wellbeing including winter warmth, flu vaccinations, dementia support, falls and isolation, smoking and alcohol safety tips and support for those who want to give up or reduce the amount they smoke or drink.

Committee noted that between 15 Feb and 17 October 2016 1700 SWV's had been undertaken in Darlington resulting in 804 completed lifestyle questionnaires and 384 referrals to partner agencies.

Reference was made to the data evaluation being undertaken by Teesside University to identify long-term savings to the NHS as early intervention was key.

Members welcomed the Initiative's Dementia Charter, the first of its kind in the Country. CDDFRS has made the final three in the 'Dementia Friendly Organisation of the Year – Private and Public (small and medium)' Category in the Alzheimer's Society Dementia Friendly Awards 2016. Winners are due to be announced on 30 November.

Discussion ensued on the use of Members' Ward Newsletter and contacts held by Healthwatch Darlington to ensure the Scheme was widely publicised; lonely people being vulnerable to scams; continuation of the scheme; role of the CDDFRS in the discharge to assess process; ensuring that every contact counted; and the aim of the CDDFRS to undertake 18,000 visits per year over Durham and Darlington.

RESOLVED – (a) That the Community Safety Manager, County Durham and Darlington Fire and Rescue Services, be thanked for their interesting and informative Presentation.

(b) That the best wishes of this Scrutiny Committee be extended to the Service for the Alzheimer's Society Dementia Friendly Awards 2016.

HP22. WORK PROGRAMME - The Director of Neighbourhood Services and Resources submitted a report (previously circulated) requesting that consideration be given to this Scrutiny Committee's work programme for the remainder of the Municipal Year 2016/17.

Members previously agreed a revision to the work programme to enable the Committee to analyse information for each topic area aligning it to the eight outcomes and the three

conditions in the Sustainable Community Strategy and relevant performance indicators from the Performance Management Framework.

There was detailed discussion on the current status of various topics on the work programme.

The Chair reported that she was keen to undertake some detailed work in relation to Access to GP Appointments in order to draw together a Final Report of the Group during April 2017.

Members questioned whether there were any Patient Satisfaction Surveys available which had been undertaken by Practices and Healthwatch Darlington indicated that it held a generic survey which it would be happy to share with Scrutiny.

The Public Health Principal advised Members that information was available on both the Public Health England and individual GP Practice websites.

Concerns were also expressed that Members had been made aware of specific instances where individuals had reported that they felt that their GP had not made a referral to hospital after being advised to do so by another therapist or health professional and they felt that this was due to reasons related to the cost of this referral. The Public Health Principal informed Members that the GP has a unique role as they hold the patients' medical records and as such have a more complete picture of an individual's needs which enables them to make decisions about treatment and care based on the health of the whole person. GPs are highly skilled Doctors and always make decisions about treatment or referral based on their assessment of the potential benefits to the patient, including their knowledge of the clinical effectiveness and any potential risks. They are also informed of clinical guidelines and the evidence base from different bodies including Royal Colleges, NICE and the Department of Health including assessments of cost effectiveness. GPs always prescribe a medicine or make a referral if it is clinically necessary and there is no cost to the GP or the Practice.

Also in relation to GP's HWD advised that a report had been done around registering with a GP Practice that that it would be willing to share that information with Members.

In relation to the Sustainability and Transformation Plans Scrutiny agreed that a special meeting be organised once further information is available.

The Public Health Principal confirmed that work was ongoing with a view to hosting a Road Show type event within the Town Hall to promote the importance of Eye Health.

The representative from County Durham and Darlington Foundation Trust reported that the progress was being made on the Action Plans with regards to the Trust's Maternity Services and that as a result the scrutiny level of the service had been stepped down by NHS England and Public Health England.

Councillor S Richmond advised Members that Adults and Housing Scrutiny Committee was to undertake a review of the Responsive Integrated Assessment Care Team (RIACT), funded through the Better Care Fund (BCF) to ensure that the service could

help people regain optimum independence in a cost-effective way and reduce demand for other services.

The Democratic Officer advised she was in the process of organising a meeting with Ian Dove of CDDFT in relation to Telehealth.

In relation to End of Life and Palliative Care the Chair requested that a scoping meeting be organised and a Quad of Aims completed to further this work.

The County Durham and Darlington Foundation Trust representative confirmed that information relating to Discharge Management would be provided for Members via the Democratic Officer.

The Public Health Principal advised Members that work was ongoing with regional partners to look at the implications of the recently published Childhood Obesity Strategy. He highlighted the recent publication by Public Health England of a density map of Fast Food Takeaways in England. This report showed that Darlington had the third highest density of these establishments in the North East. He informed Members that there is some more local work being undertaken, supported by Environmental Health colleagues, in mapping the density of Takeaways within Darlington to identify where in the Borough has the greatest concentration.

Members highlighted the work underway in developing the Local Plan for Darlington and suggested that the concentration of takeaways could be influenced through this or other planning policies. The Public Health Principal acknowledged that this was something that is being looked at with colleagues from Planning.

The impact of the use of digital technology in easing the order and delivery process was highlighted and the Public Health Principal informed Members that there was no robust evidence yet about the impact of this technology on obesity or nutrition but acknowledged that this would have an impact on how takeaways operate and the behaviours of individuals.

Members are very frustrated that co-location of urgent care services is still unresolved however understands that there will be no outcome from the funding source currently being pursued by County Durham and Darlington Foundation Trust until 2017.

The HWD representative advised Members that several weeks ago patients endured a six hour wait on a Monday around 10.30pm and that it was uncertain whether this was a 'blip' or a frequent event. A report was to be submitted to the Trust's Quality Performance Indicator (QPI) meeting and the HWD representative would advise members of the outcome of that meeting in due course.

The Chair expressed serious concerns at the costs of £4.6m on the Better Health Programme which it was envisaged would rise as work was continuing on that Programme. Although being scrutinised at regional level Members were keen to receive a written report detailing the costs.

Reference was also made to the lack of public representation at the engagement events; the same people seemingly attending every event; and the same information being repeated throughout the course of events.

The HWD representative advised Members that feedback from the events suggested that the questions asked of the attendees were not relevant and the Better Health Programme had an excellent website containing detailed information for members of the public.

It was also reported by HWD that assurances had been received that all gathered information would be taken forward to the next level of BHP engagement but at this stage it was not known what that engagement entailed or how it would be delivered.

Councillor S Richmond suggested that Pharmacies be added to the Work Programme following the loss of funding to community pharmacies although HWD advised that the Chief Officer of County Durham and Darlington LPC had indicated that this was not as bad for Darlington as initially thought.

The Public Health Principal advised Members that the responsibility for producing the Pharmaceutical Needs Assessment sits with the Local Authority as one of the Director of Public Health's statutory duties. The current iteration covering 2015 to 2018 is available on the Council's website and work is currently underway to refresh and update key information that may have changed since it was published in 2015. This will ensure that it continues to be accurate and informative.

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.

(c) That a special meeting of this Scrutiny Committee be arranged to give consideration to the Sustainability and Transformation Plans during December.

HP23. 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.

Councillor Newall advised Members that items considered by the Board included an update on the Better Care Fund; Sustainability and Transformation Plans; and Safeguarding Children's and Adults Board.

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.

HP24. BETTER HEALTH PROGRAMME JOINT SCRUTINY – Submitted – The Minutes (previously circulated) of the meetings of the Better Health Programme Joint Scrutiny Committee meetings held 21 July and 8 September 2016.

Discussion ensued on how the Sustainability and Transformation Plan, which had given rise to regional concerns, was relevant to the Better Health Programme; and the rising costs over the consultation period.

The Chair suggested that a written question be forwarded asking for a breakdown of the £4.6m costs which continue to escalate during the consultation period.

Concerns were expressed that there would be insufficient funding available for the community element of the BHP and the voluntary sector not being included in community work.

RESOLVED – That the Minutes be received.

HP25. SUPPLEMENTARY ITEM – TEES VALLEY JOINT HEALTH SCRUTINY – With the prior approval of the Chair to the matter being treated as urgent, the Vice-Chair, Councillor J Taylor, detailed the issues considered at the recent Tees Valley Health Scrutiny which included ambulance turnaround issues at both Darlington Memorial Hospital (DMH) and University Hospital of North Durham; Mental Health Services for Children and Young People; and Transforming Care: Respite Services Review.

The Vice-Chair, Councillor J Taylor, expanded on Mental Health Services for Children and Young people by advising Members that although the presentation was specific to NHS South Tees CCG it was stated that the service plan was relevant to Darlington. The intention was that Crisis Teams would provide intensive interventions to avoid hospital admission and that resources were to be allocated in preventative services. In the South Tees Area people can self-refer, however, concern was expressed about the delay in treatment. A marked increase was noted in the incidence of young people self-harming of which some can be attributed to better reporting.

It was also reported that, in relation to North East Ambulance Services Quarterly Report and Update from CQC Review, there had been £1m invested in defibrillators. From the 1 November a Discharge Capability Vehicle would be in situ at Darlington Memorial Hospital. This is to assist in reducing waiting times for people who can receive appropriate treatment and return home. Information outlining the extent of ambulance handover delays highlighted serious problems at both Darlington Memorial Hospital and University Hospital of North Durham. Concerns were raised about the failure of the long term plans to invest significantly in the A&E Departments of both sites.

North East Ambulance Services have also been shortlisted for a National Award. This is a scheme whereby three vehicles have been dedicated to be available to transfer people who have expressed a choice of where they wish to die.

General discussion at Tees Valley Joint Health Scrutiny ensued on recruitment and retention of paramedics. The Trust is connected with the training providers and have also employed several paramedics from Poland with the intention of having a full complement of staff in the near future.

Scrutiny that Councillor Taylor for the information and discussion ensued on increased awareness of children self-harming; provision of a Discharge Capability Vehicle on DMH site to take people home or into the care system once discharged; a Winter Scheme Ambulance Service comprising three vehicles to transport very ill and end of life patients to ensure they receive the EOL care they want; and trainee paramedics to become part of the NEAS staff once training is complete.

The CDDFT representative advised that as part of transforming the emergency care service a new role had been created to improve the handover process and that since June DMH had met the four hour wait standard.

The Public Health Principal advised Members that the System Resilience Group (SRG) had been restructured and was now the Local Accident and Emergency Delivery Board and is now chaired by Sue Jacques, as the Chief Executive of the Local Foundation Trust. This is a significant change from the SRG which had been chaired by a Dr Steward Findlay, Chief Clinical Officer of Durham Dales, Easington and Sedgefield Clinical Commissioning Group on behalf of the Local Clinical Commissioning Group. This change emphasised the specific focus towards A & E performance targets.

HWD advised that the Mental Health Transformation Plan for Children and Young People had been completed in April and a copy would be provided for Members.

RESOLVED – (a) That the thanks of this Scrutiny Committee be extended to Councillor Taylor for her informative summary of discussion and items considered at the Tees Valley Joint Health Scrutiny Committee.

(b) That the information be noted.