

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

11 January 2017

PRESENT – Councillor Newall (in the Chair); Councillors Crichlow, Donoghue, Regan, H Scott, J Taylor and Tostevin. (7)

APOLOGIES – Councillors Nutt, S Richmond and T Richmond. (3)

ALSO IN ATTENDANCE – Councillors Knowles and C Taylor. (2)

OFFICERS IN ATTENDANCE – Elizabeth Davison, Assistant Director, Finance and Human Resources, Ken Ross, Public Health Principal, Dr B Ahmad, Speciality Registrar in Public Health, Elaine Taylor, Senior Project Manager and Karen Graves, Democratic Officer.

EXTERNAL REPRESENTATIVES – Dr Andrea Jones, Chair, Darlington Clinical Commissioning Group; Gillian Curry, Communications Manager, County Durham and Darlington NHS Foundation Trust; and Michelle Thompson Healthwatch Darlington.

HP32. DECLARATIONS OF INTEREST – There were no declarations of interest reported at the meeting.

HP33. MINUTES – Submitted – The Minutes (previously circulated) of the meetings of this Scrutiny Committee held on 2 November, 6 and 7 December 2016.

RESOLVED – That the Minutes be agreed as correct records.

HP34. MATTERS ARISING – There were no matters arising.

HP35. MENTAL HEALTH CRISIS CONCORDAT

RESOLVED – That this item be deferred due to unforeseen circumstances.

HP36. DARLINGTON LONG TERM CONDITIONS COLLABORATION – The Director of Children and Adults Services submitted a report (previously circulated) outlining progress of the two year project since its closure in October 2016.

Particular reference was made to the main achievements of the Darlington Long Term Conditions Collaboration (DLTCC) a two year project which was a key element of the Better Care Fund (BCF) programme. Members noted that DLTCC was a complex area covering multiple conditions and that the breathless pathway had been chosen as it

embraced many areas.

Details were provided of the main achievements of the project which should have the biggest impact on improving patient care and experience whilst shortening the pathway and included health coach training for professionals working with people with Long Term Conditions; implementation of the Breathless Algorithm for Primary Care to ensure GP referrals were consistent; improved patient information; cross training of the community nursing team and improved care planning in Primary Care.

Scrutiny noted that whilst two years to implement change was sufficient, any benefits would not be seen for at least another six months and these would be monitored by the Better Care Fund.

Scrutiny was informed that there were challenges in ensuring GP Practices were using the Algorithm tool and that it could be 'tweaked' so that it was fit for purpose. A survey would be undertaken on its use focussing on challenges and outcomes.

Discussion ensued on the benefits of health coaching to patients; Members were informed that the techniques and principles could be transferred to other conditions such as diabetes; and that chronic pain was an area where the 'I can help myself' principal and early intervention was key.

Funding from the BCF is being utilised to expand the Community and Voluntary sector involvement in multi-disciplinary teams that were set up in GP Practices. This is key to get a single point of contact for a Social Prescribing model in Darlington and will help ensure the non-medical needs of the patient are met. There will be a one year test bed to establish volumes, followed by a service specification being developed to commission the service.

RESOLVED – (a) That the report be noted.

(b) That an update on the outcomes and challenges of the project, including chronic pain, be submitted to a future meeting of this Scrutiny Committee.

HP37. DIRECTOR OF PUBLIC HEALTH - (1) Annual Report 2016 – Scrutiny received a PowerPoint Presentation outlining the Director of Public Health Annual Report 2016 and in doing so noted that mental health illnesses were a leading cause of health-related disabilities in children and young people (cyp) which can have an adverse and long-lasting effect.

Members were informed that cyp with a mental health illness were more likely to smoke and misuse drugs and alcohol and less likely to have good physical health, educational attainment, employment prospects and social relationships.

In 2012/13 NHS expenditure on child and adolescent mental health illness was estimated to be £700m and it was reported that early intervention avoids young people falling into crisis and longer term interventions in adulthood.

Scrutiny noted that the measured benefits of investing in cyp mental health included reductions in the use of public services due to better mental health and increased earnings associated with the impact of improved mental health on educational attainment.

We were pleased to note that local action included promoting good mental health, treating mental ill health and building resilience to protect good mental health and welcomed the five key messages contained within the Annual Report.

Discussion ensued and challenge on work currently undertaken with Children and Adolescent Mental Health Services (CAMHS); the need to assess children for autism sooner to enhance any required treatment; tackling the stigma of mental illness; and the training of school staff to identify issues and refer to relevant professional help.

Members raised concerns that some disabilities were not displayed by young children; obesity and body image in children were connected; and that the needs of the child were paramount.

RESOLVED – (a) That the thanks of this Committee be extended to the Public Health Principal for his informative presentation.

(b) That the Annual Report be noted.

(c) That a joint piece of work be undertaken by this Scrutiny Committee and Children and Young People Scrutiny Committee on the mental health and wellbeing for children.

(2) – Darlington Health Profiles 2016 – Scrutiny received a PowerPoint Presentation on the key messages contained in the Darlington Health Profile 2016 which demonstrates how the health of Darlington residents compares with that of the region and the rest of England.

Particular reference was made to the health of people in Darlington being variable compared with the England average. It was reported that life expectancy for both men and women had increased overall although there was a major variation of 11.8 years for men and 9.4 years for women between the most deprived and least deprived areas of Darlington. Darlington's premature death rate, although reducing, was also higher than England.

Details were provided of two new indicators in 2016, namely, early cancer diagnosis and drug misuse deaths and it was stated that, when compared with other local authorities in the Tees Valley in 2016, Darlington had the lowest number of red indicators and the highest number of amber indicators making Darlington the most similar local district to England.

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

Priorities for Darlington include deprivation; long term unemployment; smoking status of mothers during pregnancy; breastfeeding initiation at birth; hospitalisation for harm caused by excess alcohol consumption; hospitalisation for self-harm; and poor adult

nutrition (implications for higher rates of obesity, diabetes and blood pressure).

RESOLVED – (a) That the thanks of this Scrutiny Committee be extended to the Specialist Registrar, Public Health for her informative presentation.

(b) That the Health Profiles 2016 be noted.

(c) That a meeting of this Scrutiny Committee be arranged to give full consideration to areas of concern within the Darlington Health Profiles.

HP38. DEMENTIA REVIEW GROUP – FINAL REPORT – The Director of Neighbourhood Services and Resources submitted a report (previously circulated) detailing the outcomes and findings of the Review Group established by the Adults and Housing Scrutiny Committee to look at the dementia pathway and the support and advice services available in Darlington.

This Scrutiny Committee was also requested to consider a specific recommendation within its remit in relation to the end of life pathway.

Members were pleased to note that since the review dementia friendliness had been raised in Darlington and two Supermarkets, namely, Morrisons and Sainsburys, had taken on the role of dementia friends.

Discussion ensued on the need for all Councillors to undertake dementia awareness training; dementia sufferers having problems with falling; and the assessment of patients to determine dementia.

Details were supplied on the introduction of the Herbert Protocol, a new scheme introduced by Durham Constabulary. Working alongside its partners in the Council, Fire and Rescue, Age UK and The Alzheimer's Society, it encourages staff, families, friends and carers to compile useful information which could be used in the event of a vulnerable person going missing from either care homes or their own homes.

The Public Health Principal welcomed the work of the Review Group and in doing so stressed that the needs of the individual were paramount, dementia was a very complex disease with differing advance rates and there was currently no simple test to diagnose.

RESOLVED – (a) That the report be received.

(b) That this Scrutiny Committee supports a joint piece of work to be undertaken with Adults and Housing Scrutiny Committee in relation to the end of life pathway.

HP39. MEDIUM TERM FINANCIAL PLAN – Submitted – A report (previously circulated) of the Chief Officers Executive which had been considered by Cabinet at its meeting held on 13 December 2016, in relation to the Medium-Term Financial Plan for 2017/18 to 2020/21.

The Assistant Director, Finance and Human Resources reported there were no expenditure reduction proposals contained within the proposed MTFP; Cabinet was consulting on a proposed Council Tax increase of 1.99 per cent, with a two per cent levy agreed by the Government to fund Adult Social Care for 2017/18 and subsequent years; and the current schedule of charges.

It was stated that delivery of the MTFP was still a challenge and a number of significant on-going pressures had been identified over the next four years. Additional pressures of £3.9 million over the life of the MTFP had been identified, together with a proposal by Cabinet to use capital receipts to assist in funding the MTFP as a one off measure to relieve the pressure.

The Assistant Director, Finance and Human Resources also noted that following the Local Government Finance Settlement in December that there was flexibility in regard to the Adult Social Care Precept and the Cabinet would consider a 3 percent, 3 percent and zero percent rise across 2017/18, 2018/19 and 2019.20 instead of 2, percent, 2 percent and 2 percent and that would be considered on 17 January 2017.

We were advised that there were currently no MTFP proposals with the remit of Health and Partnerships Scrutiny Committee.

RESOLVED – That the current position be noted.

HP40. HEALTHWATCH DARLINGTON CONTRACT – Scrutiny received a PowerPoint Presentation outlining the role of Healthwatch Darlington (HWD) including its current structure, strategic goals and the effect of a 53 percent reduction in its budget to £63,000.

Detailed information was given on what a reduced service by HWD would entail; the number of staff available to provide that service; and whether HWD would be sustainable in the future.

Discussion and challenge ensued on alternative funding streams; what could realistically be delivered by HWD with a reduced budget; role of volunteers; and funding from Darlington CCG being used for engagement.

RESOLVED – (a) That the thanks of this Scrutiny Committee be extended to the chief Executive Officer of Healthwatch Darlington for her informative presentation.

(b) That the difficulties faced by Healthwatch Darlington be acknowledged by this Scrutiny Committee.

HP41. BETTER HEALTH PROGRAMME JOINT SCRUTINY – Submitted – The Minutes (previously circulated) of the meeting of the Better Health Programme Joint Scrutiny Committee meeting held 13 October 2016.

RESOLVED – That the Minutes be received.

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 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. It was suggested that a questionnaire be drawn up for Members to survey their own GP Service.

It was reported that work on Eye Health continued with a view to drawing the review to a close.

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.