

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

19 April 2017

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

APOLOGIES – Councillors Donoghue and Regan; Ali Wilson, Chief Officer, and Katie McLeod, Head of Strategy and Commissioning Darlington, Darlington Clinical Commissioning Group (CCG); Sue Jacques, Chief Executive, and Gillian Curry, Communications Manager, County Durham and Darlington Foundation Trust (CDDFT); Michelle Thompson, Healthwatch Darlington. (7)

ABSENT – Councillor I Haszeldine.

ALSO IN ATTENDANCE – Councillor Copeland, Cabinet Member with Adult Social Care and Housing Portfolio. (1)

OFFICERS IN ATTENDANCE – Ken Ross, Public Health Principal; Dr B Ahmad, Speciality Registrar in Public Health; Helen Watson, Contracts Officer; and Karen Graves, Democratic Officer. (4)

EXTERNAL REPRESENTATIVES – Karen Hawkins, Director of Commissioning and Transformation, Darlington Clinical Commissioning Group; and Jill Foggin, Communications Officer, County Durham and Darlington Foundation Trust. (2)

HP52. DECLARATIONS OF INTEREST – Councillor Newall declared an interest in Minute HP61 below as she is a Board Member of the Citizens Advice Bureau.

HP53. MINUTES – Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 1 March 2017.

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

HP54. MATTERS ARISING – There were no matters arising.

HP55. GP ACCESS TO APPOINTMENTS – Karen Hawkins, Director of Commissioning and Transformation, NHS Darlington CCG gave a PowerPoint Presentation to Members on schemes implemented, as part of the GP Access Fund (previously Prime Ministers Challenge Fund), to ensure adequate access to GP appointments for Darlington’s residents.

Reference was made to the background of the Fund which provided additional funding of £642k per year, up to March 2020, to commission additional GP Access services. It

was stated that eleven Darlington Borough GP Practices currently offered pre-bookable appointments between 8.00am and 6.00pm Monday to Friday together with an extended hour's service provision.

Members were advised that GP's should work locally to define the needs of the population and that additional GP Access Fund services currently included GP and Nurse appointments at a Saturday Clinic from 8.00am to 2.00pm; a Sunday Clinic from 9.00am to 1.00pm; a Weekday Evening Clinic Monday to Thursday 6.30pm to 9.00pm and Friday 6.30pm to 8.30pm. As part of the out of hours service CDDFT takes over the service after 6.00pm.

It was stated that the extended hours service was due to relocate from Denmark Street Surgery to Dr Piper House in May and that Darlington's GP access slots provided were above those delivered elsewhere. Since the service commenced 89 per cent of available GP appointments had been booked with 14 per cent lost to did not attend (DNA); 74 per cent of available Nurse appointments had been booked with 14 per cent lost to DNA; and 62 per cent of Health Care Assistant appointments had been booked with five per cent lost to DNA. The CCG was currently working with Primary Healthcare Darlington (Federation of GP Practices) to determine utilisation of access to ensure that it met the needs of the population.

Following a question Members were informed that as this was a service commissioned to be delivered by GP's they have a responsibility to advertise it, however it was felt that only regular attenders of GP Practices would be aware of the service and that further promotion and advertising should be undertaken throughout the Borough. The Committee were also advised that the CCG had undertaken additional communications in relation to service delivery and would support further promotion of the service to ensure it reached a wider audience.

Discussion ensued on the need for contact details of the service location for extended access, other than 111, in case of late attendance or cancellations and the CCG representative confirmed that all contact had to be directed through 111 for the service. Clarification was sought by Members as to whether the out of hours and the extended access services were the same, the CCG advised that CDDFT are contracted to provide the out of hours service which was commissioned by the CCG and the out of hours service was available 6.00pm to 8.00am Monday to Thursday, and 6.00pm to 8.30am Friday to Monday, including Bank Holidays. Following Members' concerns regarding the security of patients' details due to the hacking of the System1 service the CCG provided an overview of the national position statement from the Information Commissioners Office (ICO).

Particular references were made to the comments of David Mowat MP relating to the migration of GP services to 1,500 superhubs; and the Durham, Darlington, Tees, Hambleton, Richmondshire, Whitby and West Yorkshire Regional Ambassador for the Royal College of GP's, Dr Kirsty Baldwin, promoting the GP return to Practice scheme.

RESOLVED – That the thanks of this Scrutiny Committee be extended to Karen Hawkins for her interesting and informative presentation.

HP56. NATIONAL GP SURVEY RESULTS – Karen Hawkins, Director of Commissioning and Transformation, NHS Darlington CCG gave a PowerPoint Presentation to Members detailing the GP Patient Survey which provided data at practice level using a consistent methodology, undertaken by MORI, to ensure it was comparable across organisations.

The survey was postal, could be completed online and done in two waves, July to September 2015 and January to March 2016. Due to the nature of the 62 questions across 13 sections the response rate was relatively poor with only 45 per cent in Darlington. The survey measured patient's experiences across a range of topics including overall experience; making appointments; waiting times; perceptions of care at appointments; practice opening hours and Out-of-hours services. A range of sample questions were provided and analysed it and Scrutiny was pleased to note that Darlington's overall performance had remained relatively constant overtime and was above the national average.

Details were provided of websites which Members could access to gain further details regarding the survey relating to particular participant groups, CCG and Practice, demographics and trends. It was reported that Dr Andrea Jones worked closely with GP Practices to monitor services to ensure the best care for patients.

RESOLVED – That the thanks of this Scrutiny Committee be extended to Karen Hawkins for her interesting and informative presentation.

HP57. URGENT CARE INTEGRATION/STRATEGY – Karen Hawkins, Director of Commissioning and Transformation, NHS Darlington CCG gave a PowerPoint Presentation to Members on the Urgent Care Strategy and Services.

It was reported that the Urgent Care Service had been integrated into the A&E Department of Darlington Memorial Hospital since 14 December 2016 and outlined that the service would therefore be compliant with the new required standards to have primary care streaming in A&E from September 2017.

Reference was made to the involvement of the CCG in the planning of the transfer of service and enabling works which were still ongoing to improve the look and feel of the new service. Discussions were ongoing to strengthen the urgent care service delivery model, focusing on clinical streaming and enhanced GP provision as part of the in and out of hours pathway.

It was also stated that, as the service was integrated, home visits by GP's were undertaken although appropriate care would always be in place for patients presenting.

Discussion ensued on the speed of transfer and the adequacy of the location of the services in relation to the impact on the floor space of the nearby GUM Clinic, although Members noted that there were no safety concerns or clinical issues.

RESOLVED – (a) That the thanks of this Scrutiny Committee be extended to Karen Hawkins for her informative and interesting presentation.

(b) That Members undertake a visit to the Urgent Care Service to ascertain how the colocation of services was operating.

HP58. STROKE SERVICES – Karen Hawkins, Director of Commissioning and Transformation, NHS Darlington CCG gave a PowerPoint Presentation to Members on Stroke Services for Darlington and, in doing so, stated that the CCG were undertaking a review of the service.

Reference was made to the commissioning of step down beds at both Ventress Hall and Eastbourne Care Homes and the review of exercise after stroke.

Members raised concerns that the CCG was in discussion with the Stroke Association due to reports of its financial difficulties and the Council's previous bad experiences with that Association.

It was stated that one contract had been split to ensure holistically all services were delivered to best meet the needs of the population.

RESOLVED – (a) That the thanks of this Scrutiny Committee be extended to Karen Hawkins for her informative and interesting presentation.

(b) That an update on the review of Stroke Services be submitted to a meeting of Scrutiny.

HP59. ANNUAL REPORT – VETERANS AND ARMED FORCES – The Director of Children and Adult Services submitted a report (previously circulated) outlining activity undertaken in relation to the Armed Forces Covenant including work at a regional level.

Members noted that the Council had close relationships with the Armed Forces Community and had made a commitment to support work that takes place in partnership to support the Armed Forces and the delivery of the Community Covenant.

Scrutiny noted that the Council continued to support delivery of the North East Regional Scrutiny work in relation to the Health Needs of Veterans and worked closely with other Tees Valley Authorities to understand the issues faced by veterans.

Details were provided of the Association of North East Councils Armed Forces Forum, a group that identified regional key priorities and included representatives from all of the Armed Forces.

Particular reference was made to the Tees Valley Armed Forces Forum which had been involved in exploring mutual areas of co-operation across health, housing, education, NHS, Job Centre Plus, Military Charities and Veterans Welfare Services to support and improve the health and wellbeing of members of the Armed Forces Community.

In relation to Darlington-based activity Members were pleased to note that the Council had been awarded Silver Employer Recognition Status by the MOD; Mayoral Cadets had been created; joint work was being undertaken between the Reservist Centre and

the Coleridge Centre to provide tailored literacy and numeracy sessions; and person centre support for Veterans had been accessed from various services. A directory of services highlighting the range of help and support offered to Veterans was available on the Council's website.

A stocktake of Darlington's performance for the year 2016/17 had been submitted to the Armed Forces Covenant Military lead for evaluation and included the four additional Pillars of individuals; communication; collaboration and vision; and commitment. It was reported at the meeting that Darlington's RAG ratings were ten green and three ambers which was an excellent outcome compared to other Tees Valley Authorities.

Discussion ensued on the role of a Mayoral Cadet; the outstanding achievement of the Council on being awarded Silver Employer Recognition Status by the MOD, especially as Darlington did not have dedicated Officers working with Veterans; and the excellent work undertaken by Phoenix House Recovery Centre based in Catterick.

RESOLVED – (a) That the Health and Partnerships Scrutiny Committee acknowledge the value of the Armed Forces Community and note the work taking place to support this Community.

(b) That Officers be congratulated for their work with Veterans.

HP60. EYE HEALTH – Dr Balsam Ahmad, Speciality Registrar in Public Health, gave a PowerPoint Presentation to Members on a Public Health Perspective on Eye Health in the Borough of Darlington.

It was reported that approximately 2 million people were living with significant sight loss in the UK and that figure would double by 2050, mainly due to an ageing population. According to the Royal National Institute of Blind People (RNIB), fifty per cent of cases of blindness and serious sight loss could be prevented if detected and treated in time. It was also stated that sight loss could increase the risk of depression, falls and hip fractures, loss of independence and living in poverty.

Dr Ahmad stated that visual impairment was an important public health issue and prevention of avoidable sight loss was a key priority. There were four indicators in the Public Health Outcomes Framework on preventable sight loss including on sight loss certifications. A Certificate of Visual Impairment (CVI), issued by a consultant ophthalmologist, initiates the process of registration with a local authority and access to services. IN Darlington, 60.7 CVI's were issued per 100,000 people in 2014/15 compared to 42.4 per 100,000 in England.

Dr Ahmad highlighted the five main conditions which result in permanent visual impairment in the UK. Among these, uncorrected refractive errors (which is easily treated by corrective lenses if detected early) accounts for half of the cases of visual impairment in the UK and globally. The World Health Organisation (WHO) VISION 2020 initiative to eliminate avoidable blindness has given high priority to correction of refractive error and other avoidable eye conditions.

Reference was made to the risk of sight loss being strongly influenced by health inequalities with people from deprived areas being less likely to seek eye health checks and/or diabetic eye screening resulting in higher risks of undiagnosed eye conditions. In Darlington 3.4 per cent of the population live with sight loss compared to 3.1 per cent of England's population and 60.7 CVI's were issued per 100,000 people compared to 42.4 per 100,000 in England.

It was stated that Diabetic Retinopathy (DR) was the second biggest cause for the issue of CVIs in the working age population in England and Wales. In its early stages DR is symptom free but if left untreated it can result in blindness. In Darlington the percentage of patients with recorded diabetes had increased year on year and was significantly higher than the national and regional averages. There is evidence, that two decades after diagnosis of diabetes, two thirds of people with type 2 diabetes and nearly everyone with type 1 diabetes would develop diabetic retinopathy. Results from a recent Health Equity Audit of Diabetic Eye Screening in Cumbria showed that the uptake of such screening among age groups 19 to 44 in the County Durham and Darlington NHS Diabetic Eye Screening Programme (DESP) was lower than the acceptable level of 70 per cent. This was a similar issue in all the other DESP's in Cumbria and the north east region. It was therefore important to ensure that every contact counted in primary care to promote sight tests and diabetic eye screening, especially to at risk patients.

Discussion ensued on the importance of having regular eye checks; patients with diabetes to attend yearly diabetic eye screening offered by the NHS for patients aged over 12 years.

RESOLVED – (a) That the thanks of this Scrutiny Committee be extended to Dr Ahmed for her informative and interesting presentation.

(b) That this Scrutiny Committee continue to work towards undertaking an awareness event to promote the importance of having an eye test and the effects of sight loss.

HP61. 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 and Members requested an update on Maternity Services following concerns around the Sustainable and Transformation Plans (STP's); agreed to hold a scoping meeting on 25 April in relation to End of Life Care; and noted that the Adults and Housing Scrutiny Committee were to undertake a visit to Mediquip, the current provider of services and equipment to local authorities and the NHS of a wide range of equipment to support to people in their own homes.

Members were pleased to learn that Dr Jeremy Murphy had highlighted that Darlington Memorial Hospital had been recognised as the fourth in the Country for Heart Disease and that he would be happy to attend a future Scrutiny Committee meeting.

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.

HP62. 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.

The next meeting of the Health and Wellbeing Board was scheduled for 25 April 2017.

Councillor Newall advised Members that she had resigned as a Member of the Board due to a conflict of interests.

RESOLVED – That, Members look forward to receiving an update of the work of the Health and Well Being Board at a future meeting of Scrutiny Committee.

HP63. BETTER HEALTH PROGRAMME JOINT SCRUTINY – Submitted – The Minutes (previously circulated) of the meeting of the Better Health Programme Joint Scrutiny Committee meeting held 19 January 2017.

Discussion ensued on the use of the Discharge Lounge at Darlington Memorial Hospital and Jill Foggin, Communications Officer, CDDFT advised that the Lounge had been used extensively during Perfect Month.

RESOLVED – (a) That the Minutes be received.

(b) That a report be submitted to future Scrutiny Committee providing details of Darlington Memorial Hospital's Perfect Month.