

**HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE**

6 September 2017

**PRESENT** – Councillor Newall (in the Chair); Councillors Crichlow, Donoghue, H Scott, J Taylor and Tostevin. (6)

**APOLOGIES** – Councillors Copeland, Nutt, Regan and EA Richmond; Alison Wilson, Chief Officer, Katie McLeod, Head of Strategy and Commissioning Darlington; and Andrea Jones, Chair, Darlington Clinical Commissioning Group (CCG); Sue Jacques, Chief Executive, County Durham and Darlington Foundation Trust; and Patrick Scott, Director of Operations, Durham and Darlington, and Jo Dawson, Head of Adult Mental Health, Tees, Esk and Wear Valley Foundation Trust. (10)

**ABSENT** – Councillor I Haszeldine. (1)

**ALSO IN ATTENDANCE** – (0)

**OFFICERS IN ATTENDANCE** –Ken Ross, Public Health Specialist; Barbara Copson, Performance Manager; Helen Watson, Contracts and Review Officer; Mike Crawshaw, Head of Culture and Karen Graves, Democratic Officer. (5)

**EXTERNAL REPRESENTATIVES** – Margaret Vaughan, County Durham Community Foundation; Karen Hawkins, Director of Commissioning and Transformation, Darlington Clinical Commissioning Group (CCG); Gillian Curry, Communications Manager and Shane Longden, Associate Director of Operations for Acute and Emergency Care, County Durham and Darlington Foundation Trust (CDDFT); and Michelle Thompson, Healthwatch Darlington..(5)

**OTHER REPRESENTATIVES** – Kath Wall, Growing Older Living in Darlington (GOLD)

**HP9. DECLARATIONS OF INTEREST** – Councillor Newall declared an interest in Minute HP13 below as she is a Board Member of the Citizens Advice Bureau and Michelle Thompson, Healthwatch Darlington declared an interest as a CCG Member

Councillor Taylor took the Chair for consideration of Minute HP13 below.

**HP10. MINUTES** – Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 14 June 2017.

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

**HP11. MATTERS ARISING** – In relation to HP5(1)/Jun/17, the Chair enquired if Healthwatch Darlington (HWD) had undertaken a survey relating to Maternity Services and was advised that a report was being compiled. There had been 96 people surveyed over two weeks and whilst there was some negativity but there were more positives. The report would be made available to Scrutiny Committee Members once completed.

The Chair also advised Members that she had, along with Councillors Copeland and Tostevin, attended the Open Day for the new Darlington Memorial Hospital Operating Theatres.

It was also reported by the Communications Manager of County Durham and Darlington Foundation Trust (CDFFT) that it was proposed to hold an Annual Tour of Darlington Memorial Hospital.

In relation to Minute HP7/Jun/17 the Chair reported that she was no longer a Member of the Health and Well Being Board and that any feedback from the Board would be from Councillor Scott who was a Member in her capacity as Leader of the Opposition.

**RESOLVED** – (a) That the interim results of the Healthwatch Darlington Survey on Maternity Services be noted.

(b) That the thanks of Councillors Newall, Copeland and Tostevin be conveyed to Darlington Memorial Hospital for an interesting and informative Open Day.

(c) That the feedback reporting arrangements in respect of the Health and Well Being Board be noted.

**HP12. COUNTY DURHAM COMMUNITY FOUNDATION APPLICATION PROCESS –**

Pursuant to Minute HP6/Jun16, the Chief Operating Officer, County Durham Community Foundation gave a PowerPoint Presentation to Scrutiny Committee and in doing so advised Scrutiny that Barbara Gubbins, Chief Executive, would be moving on at the end of the year and recruitment was underway to identify her successor.

It was reported that although the application process had been refined certain questions had to be asked as people providing funds needed assurances that applications were appropriate and necessary.

For very small requests up to £1k, applications could be made to the Micro-Fund on completion of a simple form which requested various details including governance and accounts information.

An overview was given of County Durham Community Foundation (CDCF) which was a charitable grant-making organisation established in 1995 to benefit County Durham and Darlington and was part of the wider Community Foundation Movement. CDCF operated an endowment model and acted as a conduit for organisations wishing to invest.

Details were provided of the grant-making trends for Darlington, County Durham, North East and the rest of the UK and Members noted that grant awards for Darlington were being strengthened. It was also highlighted that the Durham data was skewed due to significant ESF/DWP funding supporting young people into work. It was also noted that the geographical area of grant awarding was changing due to business streams covering areas other than Darlington and County Durham.

The range of grant awarding per capita 2016/17 across 14 County Durham Area Action Partnerships (AAP's) was £0.96 to £7.30 with Darlington receiving £3.55 and County Durham £4.30. Committee was also advised that some funding was job specific and that donors had preferences which were not necessarily in geographic areas where there was a need.

The Community Safety Fund was very over-subscribed which reflected the needs in the area and Members were advised that Grant Decision Panels made the awards which could be tracked. The County Durham and Darlington NHS Health Improvement Fund was also oversubscribed although it was confirmed that Darlington organisations had been well supported by this fund this year.

Particular reference was made to 75 per cent of funding being distributed in Darlington to the 20 per cent most deprived Wards.

Details were provided of a struggling small historic Darlington based trust fund that had been taken over by CDCF which was now flourishing and provided support to the elderly during the Winter to combat isolation.

In 2016 £100k match funding had been provided to support Darlington to deliver a Youth Employment Initiative project 2016 to 2018 with project being delivered through the Council and Morrison Trust.

Details were provided of a Funding Surgery being held at Darlington Building Society on 11 September to speak to organisations; engaging with Darlington-based companies to establish more funds; and continuing the holding of an Annual Event in Darlington to engage new and thank existing donors.

Discussion and challenge ensued on how the most deprived Wards would be targeted; difficulties in funding some medical equipment and specific requirements of some donors. Members also requested further information on the Micro-Fund to encourage small organisations to apply for funding.

**RESOLVED** – (a) That the thanks of this Scrutiny Committee be extended to the Chief Operating Officer of County Durham Community Foundation for her informative presentation.

(b) That the Chief Operating Officer forward a copy of a Micro-Fund Application Form to enable Members to encourage smaller organisations to apply to that fund.

**HP13. VOLUNTARY SECTOR FUNDING** – The Director of Children and Adults Services submitted a report (previously circulated) updating Scrutiny Committee on the

current position regarding the deployment of the Medium Term Financial Plan (MTFP) Future Funds for the Voluntary and Community Sector (VCS) and the key activity which had been undertaken with the VCS.

The submitted report stated that the MTFP contained a range of different Future Fund opportunities for Darlington VCS organisations in response to the funding reductions which occurred through the MTFP and their potential associated impacts.

An overview of the present position with those Future Funds and the work which had been undertaken and was still ongoing between Officers and the VCS was also provided.

Particular reference was made to the Strategic Implementation Group (SIG) which met every six weeks and was the provider forum for local VCS organisations. SIG meetings were attended by a core group of 15 organisations providing core support for families, adults and children with all agendas, reports and minutes being circulated to the full membership after every meeting to ensure non-attendees are not disadvantaged.

Details were provided of a number of Futures Fund opportunities, established in recognition of the impact of the MTFP on local VCS organisations, including £160k for housing related and outreach support for vulnerable adults; £170 for crisis support and community care fund; £50k for financial and debt advice and welfare rights services; £20k non-recurring match funding to County Durham Community Foundation; £100k for voluntary sector development, to be discussed at the next SIG meeting on 5 October; and £50k to promote public sector volunteering.

It was reported that, based on feedback received from VCS organisations the £100k was to be split 50:50 between children and efficiency and transformation and that although there was a need to secure the best funding stream for the money, there had been very limited suggestions from the voluntary sector. HWD raised concerns around the message being delivered to the VCS but was assured that work was ongoing with stakeholders to address that.

Discussion ensued on a meeting of the VCS Review Group (previously Strategic Grants Review Group) being organised to consider the proposals in more detail; and criteria for the £100k for voluntary sector development.

**RESOLVED** – (a) That the submitted report be noted.

(b) That a meeting of the VCS Review Group (previously Strategic Grants Review Group) be organised to consider the proposals in more detail.

**HP14. REGIONAL BACK PAIN PATHWAY PROGRAMME** – The Head of Commissioning and Strategy, Darlington Clinical Commissioning Group submitted a report (previously circulated) providing an update on the implementation of the Regional Back Pain Pathway Programme across Darlington.

The submitted report stated that back pain was a major cause of disability in the UK, however, most people who have acute lower back pain recover within three months while others progress to chronic back pain.

Details were provided of a regional programme group, led by Dr Andrea Jones, Chair, NHS Darlington CCG and of CCG's in the North East and Cumbria adopting the pathway in waves, learning as it is rolled out ensuring the process is adapted appropriately and effectively to fit local NHS commissioned services.

The pathway had been refreshed to reflect current NICE guidance and its current principles included all healthcare professionals receiving education and training prior to the launch in their area; patients receiving the same advice and guidance; and all clinicians applying the right care/right time/right place principles.

There is also a Combined Physical and Psychological Programme (CPPP) for patients having problems in managing back pain and it is expected that this will be offered prior to any surgery being considered.

It was reported that a number of contractual issues with the musculoskeletal (MSK) providers delayed the launch of the back pain pathway however, the new pathway went live in November 2016 resulting in alignment of the back pain and MSK pathways.

Particular reference was made to the recent procurement process to re-commission MSK services, including the back pain pathway, with a new provider being in place since 1 April 2017.

Members were assured that the new provider was an established MSK provider who delivered services across the region, including the back pain pathway. The CCG is confident that the provider fully understands the pathway and will ensure everything is in place to fully deliver this appropriately.

Following concerns around the new provider for back pain, Members were assured that the new provider now delivered both MSK and back pain pathways and would be monitored and evaluated. If an issue relating to quality or performance was highlighted the provider would be in breach of contract and Breach Notices would be served.

**RESOLVED** — That the report be noted.

**HP15. PERFECT MONTH FEEDBACK** – The Associate Director of Operations for Acute and Emergency Care gave a PowerPoint presentation to Members providing a summary and follow up report of Perfect Month held 1 to 31 March 2017.

It was stated that Perfect Week was undertaken nationally and that The Trust was planning to do another Perfect Month during September. Perfect Month tested all ideas which had been developed over several months and monitored how they embedded and worked. SAFER care ensured all professionals in the Health and Care Service worked together to deliver safe care for every patient in the right place, at the right time with no unnecessary delays in diagnosis, treatment or discharge.

It was reported that a particular element of Perfect Month was to avoid patient's waiting time across the emergency care pathway, currently four hour standard, by the reduction in waiting for assessment, treatment, and plan of care; rapid response at 2.5 hours to facilitate emergency admissions; reduced waiting for investigations, results, specialist opinion and multi-disciplinary team (MDT) input; and improved discharge planning and implementation.

The Trusts renewed focus on SAFER included a revised SAFER Scorecard for all adult acute wards which staff monitored against during the day; 'golden' discharges before 10am being achieved with continued discharges before midday; predictive discharge planning to clarify roles and responsibilities; and clarification of referral, follow up and escalation procedures to address delays when patients were seen to be 'waiting'.

Reference was made to three wards at DMH chosen to be exemplar wards to work together and fully implement SAFER care using best practice guidance from NHS Improvement (NHSI). Launched three weeks apart the Wards openly tested and evaluated elements of the revised discharge policy and collaborated with internal and external members of MDT's to trial better ways of working.

Other ideas tested included more action focussed Site Status meetings (8am, 11.30am and 3.30pm) including telephone calls between UHND, DMH and outside organisations and partners where possible; looking at historic data to assist with forward planning against predicted admissions; more robust command and control arrangements including revisions to Bronze, Silver and Gold Commander roles; and the introduction of Site Bronze at weekends and a Corporate Liaison Officer (CLO) to support the ops centre and patient flow teams on both acute sites. Positive feedback was received from CLO's who were not aware of the work of ward staff and believed that the role should be mandatory for every corporate member of staff to gain an understanding of what goes on in the awards.

Scrutiny Committee noted that during Perfect Month the Trust had gained sixth nationally in weekly Sitrep and performance standards and quality metrics around Emergency Department decision to admit within 2.5 hours, average trolley wait and four hour performance in Emergency Department had been massively improved.

Ambulance handover times had also greatly improved with no reports of two hour handover delays or twelve hour trolley waits and although discharges before midday had not yet reached 33 per cent it was increasing.

Discussion and challenge ensued on the use of a Discharge Lounge and whilst it was confirmed that, nationally it was considered that the use of a Lounge was the best option, Members raised concerns relating to communication amongst all health and social care partners and the facilities patients were discharged to.

The Associate Director of Operations for Acute and Emergency Care reiterated the Trusts commitment to improved services and being a top performing Trust.

Following a question from the Chair, The Associate Director of Operations for Acute and Emergency Care provided an update on streaming funding of £980k which was being used to change processes within the Emergency and Urgent Care Departments. It was

reported that the current A&E entrance was to be used solely for Ambulance patients with a side entrance being provided for all other patients. An assessment would be made by a Senior Nurse who would decide whether the patient could be treated by a Nurse, GP or admitted to the Emergency Department. It was confirmed that this type of service was going to be a national requirement for all Emergency Departments.

The Public Health Specialist reported that as a result of the changes the GUM Service was to be relocated and this was seen as a positive move for the service.

**RESOLVED** – (a) That the thanks of this Scrutiny Committee be extended to The Associate Director of Operations for Acute and Emergency Care for his informative presentation.

(b) That the efforts of the staff at CDDFT during Perfect Month be applauded.

**HP16. CLINICAL ASSESSMENT AND PEER REVIEW SYSTEM (CASPeR)** – The Director of Commissioning and Transformation, Darlington CCG submitted a report (previously circulated) advising Members of a Pilot Scheme across the CCG in relation to managing demand and reducing variation.

It was stated that the CCG had worked with local clinicians to determine how to provide the best care for patients.

The submitted report outlined the commitment of the CCG to improve the quality of care, across all services, whilst recognising the variation in referrals to secondary care and very high levels of demand due to more people being referred to hospital. It is believed that the introduction of Clinical Assessment and Peer Review (CASPeR) will reduce variation across practices, support education and training and, in turn, improve the quality of care being delivered across the locality areas.

Particular reference was made to many referrals being safely and effectively treated by a range of NHS services without the need for a referral to a consultant in hospital. The CASPeR scheme aims to ensure that patients have had all appropriate investigations and management in primary care enabling them to see the right person first time should they require a referral to a consultant led service. It is expected that this approach will reduce demand in secondary care, freeing up appointments to ensure those patients who do require a consultant opinion can be seen as quickly as possible when there is a need for them to access care in a hospital setting.

Reference was made to a report of the King's Fund, published in 2010, which suggested that Referral Management Centres did not work although Clinical Assessment and Peer Review did. CASPeR had been invented by the CCG, Clinicians and GP's, made sure that all options had been explored to a hospital referred and was not an 'off the shelf' model.

It was also stated that the model would help to improve commissioning and possibly provide the service in a community setting and not necessarily hospital. The CCG has engaged with Darlington Practices and tweaks were being made as the Pilot developed, an evaluation would determine the way forward at the end of the Pilot.

Although not mandated it was reported that seven Practices were on board and work was ongoing with the remaining four. The CCG representative advised that an updated report could be provided for Scrutiny Committee after Christmas.

HWD urged the CCG and Primary Health Care to fully communicate and engage regarding any new systems as it had been inundated with queries relating to CASPeR but was unaware of the service.

The CCG responded that the impact on the patient should be limited due to the streamlined process and it had not expected the impact the Press Statement had had.

**RESOLVED** – (a) That Scrutiny Committee notes the work taking place to support GP practices and the community.

(b) That a further update report be submitted to Health and Partnerships Scrutiny after Christmas.

**HP17. 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 2017/18.

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 Sustainable Transformation Programme being renamed Sustainable Transformation Partnership, the lack of consultation around STP's and the three STP's in the region becoming one organisation.

**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.

**HP18. 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 Scott advised Members that she had been unable to attend the meeting in June.

The next meeting of the Health and Wellbeing Board was scheduled for 7 September 2017.



**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.

**HP19. BETTER HEALTH PROGRAMME JOINT SCRUTINY COMMITTEE** – Submitted – The Minutes (previously circulated) of the meeting of the Better Health Programme Joint Scrutiny Committee meeting held 9 March 2017.

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

**HP20. PERFORMANCE INDICATORS QUARTER 1 2017/18** – The Director of Neighbourhood Services and Resources submitted a report (previously circulated) and detailed performance scorecard (also previously circulated) providing Members with an update on performance against key performance indicators for Quarter 1, April to June 2017/18.

It was reported that the performance indicators were aligned with key priorities and likely to be used to monitor the Corporate Plan which was currently being developed.

All relevant Assistant Directors attended the meeting to provide Members with performance updates and background information on indicators within their remits.

It was stated that suggested monitoring focussed on issues and exceptions and relevant Assistant Directors would be in attendance to address any queries Members may have. A Public Health Quarter 1 performance Highlight report (also previously circulated) provided further information on Public Health Indicators.

Discussion ensued on CUL 009 Increase percentage of the adult population physically active and CUL 010 Increase percentage of the adult population taking part in sport and physical activity which were national indicators and would be reported in January/February following a telephone survey of random residents of the Borough. It was also reported that during July and August there had been 24k swims compared to 22k the same period last year and that Autumn was traditionally the biggest period of outdoor activity.

Particular reference was made to the Darlington Community Games to be held 14 September involving children from Year 5 and 6 of all Primary Schools in the Borough. Children were encouraged to participate in sporting activities including running, hockey, fencing, tag rugby, netball and archery and were also sign-posted to Sports and After School Clubs for exercise.

The Public Health Specialist also advised Members that this linked into the Obesity and Weight Management Strategy.

In relation to the Public Health Quarter 1 Performance Highlight report the Public Health Specialist highlighted the timeline for 'key' Public Health Indicators and in doing so advised Members that comparisons had been made with authorities with a similar population to provide a benchmark and three questions were asked of the data, namely,

What is the data telling us? Why is this important to equalities? And What are we doing about it?

**RESOLVED** – (a) That the thanks of this Scrutiny Committee be extended to Officers for their comprehensive accounts in relation to Performance Indicators.

(b) That the report be noted.

(c) That information relating to the Darlington Community Games be circulated to Members.