

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

1 November 2017

PRESENT – Councillor Newall (in the Chair); Councillors Copeland, Crichlow, Donoghue, Nutt, Regan, EA Richmond, H Scott, J Taylor and Tostevin. (10)

APOLOGIES – Karen Hawkings, Director of Commissioning and Transformation, Darlington Clinical Commissioning Group (CCG); and Patrick Scott, Director of Operations, Durham and Darlington, Tees, Esk and Wear Valley Foundation Trust. (2)

ABSENT – Councillor I Haszeldine. (1)

ALSO IN ATTENDANCE – (0)

OFFICERS IN ATTENDANCE – Ken Ross, Public Health Specialist and Karen Graves, Democratic Officer. (2)

EXTERNAL REPRESENTATIVES – Lisa Tempest, Director of Performance, Planning and Assurance, NHS Darlington Clinical Commissioning Group (CCG); Neeraj Sharma, Chief Executive Officer, Darlington Citizens Advice Bureau; Gillian Curry, Communications Manager, County Durham and Darlington Foundation Trust (CDDFT); and Michelle Thompson, Healthwatch Darlington. (4)

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

HP21. DECLARATIONS OF INTEREST – Councillor Newall declared an interest in Minute HP25 below as she is a Board Member of the Citizens Advice Bureau and Michelle Thompson, Healthwatch Darlington declared an interest as a CCG Member.

HP22. MINUTES – Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 6 September 2017.

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

HP23. MATTERS ARISING – In relation to Minute HP13(b)/Sep/17, Councillor Taylor advised Members that a date was currently being sought for a meeting of the Voluntary Sector Review Group and once arranged members would be invited. In relation to Minute HP20(c) Members again expressed an interest to attend the Community Games once a suitable date had been agreed.

HP24. WINTER PLANNING AND DEBRIEF – The Director of Performance, Planning and Assurance, NHS Darlington Clinical Commissioning Group gave a PowerPoint Presentation to Scrutiny Committee outlining the Winter Plan 2017/18 of the County Durham and Darlington A and E Delivery Board which comprised NHS England and NHS Improvement teams to support delivery, manage high risk systems, report progress and deploy improvement support during the Winter period.

Darlington was part of the Durham and Darlington Local A and E Delivery Board (The Board) which was required to develop a Plan for managing Winter pressures and to oversee implementation and performance. The Board met monthly throughout the year and comprised representation from CCGs, Acute Providers, Primary Care, Local Authorities, Pharmacies and Police and Fire Authorities. The first draft of the Plan had been submitted at the beginning of October and feedback was awaited.

It was reported that the CCG had ring fenced £700k for the Plan, the key theme of which was flexible capacity and patient flow across the whole system including Acute, Community, Primary Care, NHS 111 and Ambulance Services. The funding could be used for services such as extra hospital beds, staff requirements for those beds, social workers and a police presence in A&E due to alcohol-related incidents during the festive period. Members were also made aware that the Trust had to be able to react to possible surges and outbreaks of influenza. It was also stated that a pilot was being undertaken with the Fire Service to up skill Fire Fighters to basic treatment level which could be administered prior to paramedics arriving.

Winter arrangements were to be kept under review and resources would be directed to where they have maximum impact. Resilience funds have been agreed and allocated to a range of schemes to allow additional capacity to be built into the system over the Winter period and a full review of services will be undertaken prior to compilation of the Plan for Winter 2018/19.

Particular reference was made to the 'Front Door Plans' of CDDFT and to the co-location of the Urgent Care Centre at Darlington Memorial Hospital (DMH) with the Emergency Department. Full GP streaming was made available at both UHND and DMH A and E Department's during October 2017, as required by NHS England. This ensured an assessment within fifteen minutes of presenting and being streamlined to the relevant service.

Following a question relating to receipt of funding of £900K it was confirmed that work was to commence during Spring 2018 on provision of a separate entrance for the Urgent Care Centre at DMH. Concerns were also expressed that as there was only one GP present the service could not be provided if a call out had to be attended by that GP. Members were assured that this had been brought to the attention of the CCG and that work was actively being undertaken with the Trust to ensure that two GP's were always on site 24 hours.

As part of improving the flow of patients a new Operational Policy would be in place which incorporates the SAFER bundles (S – Senior Review; A – All patients will have an Expected Discharge Date and Clinical Criteria for Discharge; F – Flow of patients will

commence at the earliest opportunity from assessment units to inpatient wards; E – Early discharge; R – Review) and sets out care standards and time-scales.

New command and control arrangements provided more robust onsite Senior Manager cover at weekends together with three ‘physicians of the day’ to improve the quality of care, expedite discharges and ensure patients were not waiting until Monday for treatment.

In relation to the flu vaccination Members were informed that the target was 75 per cent of staff and that each year the number rose. CCG staff, Nursing Homes and also people with Learning Difficulties were also actively encouraged to have the vaccination.

It was reported that 48 per cent of CDDFT employees had been vaccinated this year, which equated to 3,000 + staff.

The Public Health Specialist also informed Members that Occupational Health was working with staff who provided direct care and that a letter had been distributed to Social Workers to relay the message that a free flu vaccination was available to carers. The peak for influenza was from the Christmas holidays through to January and early vaccination was encouraged to ensure antibodies were in the body, however, pregnant women and children could be vaccinated up until March 2018

Following a question it was confirmed that at least sixteen extra beds were provided over the Winter period, with community beds being available at both Eastbourne and Ventress Care Homes. It was also stated that the Better Care Fund could be used to provide beds on an ad hoc basis if required.

Demand and capacity planning took place throughout the year to ensure peaks in demand over weekends and Bank Holidays were managed effectively and in relation to NEAS, there were plans to utilise Voluntary Ambulance Services during weekend and Bank Holidays and additional provision for staff to support the day after a Bank Holiday. Separate plans had been developed to address the demand over the Christmas period.

It was confirmed that NHS Improvement Scheme and NHS England attend regular meetings and are aware of any issues.

Details were provided of the additional capacity to meet anticipated demand for Primary Care including additional primary care capacity at Dr Piper House to support Urgent Care during the Festive Period. It was reported that there would be no primary care provision on Christmas Day as there were no patients last year and the funding would be utilised where there was an actual need.

Details were provided of the additional capacity to meet anticipated mental health need including out of hours Crisis Team support, liaison psychiatry, CAMHS crisis care and treatment for children and young people and Learning Disabilities Enhanced Community Team.

Each service would operate at full capacity over the Winter period and have access to additional resources should they be required. Based on previous years, TEWV did not anticipate any issues with capacity and demand.

Plans for ambulance services and NHS 111 providers included the use of clinicians to support call handlers triaging of patients which had been very successful at the Newcastle Operation Centre; maximising resource throughout the surge management period including the use of relief rotas, Patient Transport Service (PTS) and bank staff to maintain and enhance emergency cover. Additional resources would also be provide through NEAS third party agency framework and utilisation of partner organisations including third party responders, Mountain Rescue, RNLI and Great North Air Ambulance. The PTS would be maintained throughout the surge period as per current arrangements unless adverse weather conditions persist.

The Public Health Specialist advised Members that in order to reduce the risk of D&V Norovirus the message of the importance of hand washing be circulated far and wide as Norovirus would be a real 'spanner in the works' during this busy period.

The Communications Manager of CDDFT referred to a BBC News Article in which the Trust had exceeded Targets for waiting periods in A&E, Cancer Care and Planned Operations and Care and in doing so advised Members that a report would be broadcast on 3 November from The Trust.

RESOLVED – (a) That the thanks of this Scrutiny Committee be extended to the Director of Performance, Planning and Assurance, for her informative and interesting presentation.

(b) That, once finalised, the Plan be circulated to this Scrutiny Committee.

HP25. MONITORING OF OUTCOMES FROM THE MEDIUM TERM FINANCIAL PLANS 2016-20 – SOCIAL FUND ARRANGEMENTS – UPDATE - The Chief Executive of the Darlington Citizens Advice Bureau (CAB) gave a PowerPoint presentation to Scrutiny on support available from CAB Darlington to vulnerable people through Community Care and Crisis Support and in doing so stated that CAB had operated the service for the past twelve months.

It was stated that Darlington CAB was an impartial body that had adopted a holistic approach to each individual seeking support in crisis. A confidential telephone support line was available daily between the hours of 10am and 4pm together with a holistic gateway support service which assessed the needs of a person to determine whether community care or crisis support was required. If a person qualified for Crisis Support they could be provided with vouchers, through the Safeguarding (Primark initiative) for essential clothing, payment cards to top up prepayment utility meters and arrangement of a taxi to enable travel to emergency accommodation. No cash payments or payments to a bank account were provided under any circumstances. CAB also asked questions of the individual to determine the issue and ascertain what sort of help was actually required as it was not always clear from the outset what help and assistance was required.

Community Support Grants were addressed on the same premise as Crisis Support and qualifiers of grants could be provided with beds or bedding, second-hand furniture, white goods, pans and utensils and storage or removal costs. In order to assist a person with financial difficulties a meeting was held with the Debt Team and proposals identified which gave a person the ability to manage their finances. Member noted that CAB had sourced cheaper providers to ensure a robust service for service users.

Darlington CAB, the only FCA Charity in Darlington with FCA trained staff, also offered advice on money management, debt management, housing, employability support and support with benefits. Some people had accrued rent arrears due to not being able to cope with the benefits system resulting in them becoming sanctioned and eventually disengaging with the benefits system.

Details were provided of the current budgets for both Community Care (£105k) and Crisis Support (£50k) and Members noted that whilst the service had been provided at £33k and £32k under budget this was mainly due to sourcing alternative funding and additional support for individuals. Individuals not re-presenting was testament to the service.

It was however stressed by the Chief Executive of CAB that it had serious concerns regarding Universal Credit (UC) which was due to commence in 2018. Some individuals do not currently apply for additional benefits and once UC commences they would be precluded from applying for those benefits. It was also stated that there could be a six to eight week wait for UC which could have serious implications for some individuals.

Scrutiny Committee noted the underspend of £65k would be transferred to the next financial year in order to support the introduction of UC and invest in support services. As a large number of people were disengaged from benefits it was proposed to employ a dedicated caseworker two days per week, at a cost of £14,000, to support them back into the benefit system and embark on a benefit take up campaign raising income maximization which will be lost if not claimed (disability premiums). There would also need to be additional support for benefit take-ups.

Two recent case studies were relayed to Members to give an idea of some of the issues affecting individuals and relevant support available. Members noted Darlington was a dispersal site for immigrants and that the immigration status of a South African lady had been revoked placing her in a situation of not being able to work or claim benefits.

Following a question it was confirmed that CAB worked with food banks, the Baptist Church, Soup Kitchens and First Stop which had reduced its hours and trained other organisations to refer to CAB. In relation to beggars CAB confirmed that it was not within their remit to determine if they were true beggars or not but to offer the services of CAB, however, it was recognised that whilst some beggars are in need they are not ready to present. It was noted that it was difficult to turn people away although genuine people who presented wanted help and support.

It was explained that a caseworker could help a person who had disengaged from the benefits system by liaising with the Job Centre to have benefits transferred, looking at the medical needs of the individual and seeking GP advice. Many individuals tend to

have mental health as opposed to physical health issues and cannot cope with being told they are fit and able to work.

RESOLVED – (a) That the thanks of this Scrutiny Committee be extended to the Chief Executive of Darlington Citizens Advice Bureau for his informative and interesting presentation.

(b) That Members note the possible financial implications of the introduction of Universal Credit.

HP26. CCG STROKE SERVICES - The Director of Performance, Planning and Assurance, NHS Darlington Clinical Commissioning Group gave a PowerPoint Presentation to Scrutiny Committee providing information relating to Darlington Stroke Patients during the period January to December 2016.

It was reported that during that period 155 people had been admitted to hospital recorded with hospital stroke spells for Darlington residents, of those 72 were discharged directly home, 74 were transferred to Bishop Auckland Hospital for inpatient care and rehabilitation and nine people died as a consequence of a stroke.

Details were provided of the pathway for Stroke Services including acute care, post-acute stroke/recovery and community services. In relation to transport it was stated that NEAS was commissioned by North East CCG's to provide Patient Transport Service with defined eligibility criteria for access to the service for people to book for appointments. People claiming benefits were able to claim any travel costs incurred for appointments.

It was confirmed that a stroke patient would be taken to a dedicated unit at UHMD although a Member informed Scrutiny that her relative had been taken to North Tees as the Ambulance staff advised admittance to a Ward would be much quicker at that hospital. The Communications Manager, CDDFT, gave an assurance that this would be investigated and reported back to Scrutiny Committee.

Members requested further clarification on Community Services information for Darlington residents, use of thrombolysis for patients and whether the nine deaths were attributable to the travel time to UHND. Concerns were raised that the service provided was not adequate for Darlington residents following its relocation to UHND.

The Public Health Specialist advised that Social Care Services dove tailed into local authority work and could provide information to Members around stroke community services. He also advised that the 'door to needle' times were paramount and not the journey time, some patients were not suitable for thrombolysis due to other medical factors and as there were very few deaths relating to stroke patients could be identified, however, a briefing on the clinical audit process could be useful to Members.

Members also challenged the work of the Stroke Association at UNHD as it was believed that this service had now been decommissioned and the work of Age UK as it was understood it had withdrawn its services from Darlington.

RESOLVED – (a) That the thanks of this Scrutiny Committee be extended to the Director of Performance, Planning and Assurance for her informative and interesting presentation.

(b) That a joint presentation from County Durham and Darlington Foundation NHS Trust, NHS Darlington CCG and Adult Social Care Services be provided to Scrutiny Committee to clarify any concerns relating to stroke services.

(c) That a briefing on the clinical audit process relating to stroke patients be provided.

HP29. 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 results of the Eye Health Survey (also previously circulated) undertaken at the GOLD Tea Dance during August; lack of progress on the Sustainable Transformation Programme; Telehealth now being incorporated into the work of Healthy New Towns; reluctance of some GP's signing up to CASPeR due to patient confidentiality issues; and concerns around the Community Equipment Loans Service.

Following concerns raised by the Chair relating to Maternity Services, notably the transfer of eight midwives from DMH to UHND and the end of flexible hours, the Communications Manager, CDDFT, advised that a Briefing Pack had been prepared around Maternity Services based on the number of births and staff rotas and this be forwarded to Members.

The Chair confirmed that a meeting had been arranged with the Chair of Children and Young People Scrutiny Committee to give consideration to the Quad of Aims for a joint piece of work relating to Mental Health and Wellbeing for Children and Young People in Darlington.

The Chair also reported that reduction in services at The Friarage Hospital, Northallerton could have a detrimental impact on Darlington Memorial Hospital.

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.

HP30. 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 gave a detailed account to Members on several issues considered by the Board in October which included the Special Educational Needs and Disability Strategy 2017/20, the Sustainable Transformation Plan and Children’s Health and Obesity.

The next meeting of the Health and Wellbeing Board was scheduled for 18 January 2018.

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.

HP31. DURHAM, DARLINGTON AND TEESIDE, HAMBLETON, RICHMONDSHIRE AND WHITBY STP JOINT OVERVIEW AND SCRUTINY COMMITTEE (FORMERLY THE BETTER HEALTH PROGRAMME JOINT SCRUTINY COMMITTEE) – Submitted – The Minutes (previously circulated) of the meeting of the Joint Scrutiny Committee meeting held 10 July 2017.

RESOLVED – That the Minutes be received.

HP32. TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE - Submitted - With the prior approval of the Chair to the matter being treated as urgent to enable Scrutiny to be aware of the work of the Tees Valley Joint Health Scrutiny Committee (TVJHSC), the Minutes of the meeting of the meeting of the TVJHSC held 20 July 2017.

The Chair provided a verbal update in relation to the meeting held on 11 October 2017.

RESOLVED (a) That the Minutes of the meeting held 20 July 2017 be noted.

(b) That the verbal update of the meeting held 11 October 2017 be noted.