**ITEM NO 3(b)**

# HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

20 December 2017

**PRESENT –** Councillor Newall (in the Chair); Councillors Copeland, Regan, EA Richmond, H Scott, J Taylor and Tostevin. (7)

**APOLOGIES –** Councillors Grundy and Nutt; Miriam Davidson, Director of Public Health; Sharon Raine, Head of Performance and Transformation; Patrick Scott, Director of Operations, Durham and Darlington, Tees, Esk and Wear Valley Foundation Trust; and Sue Jacques, Chief Executive, County Durham and Darlington NHS Foundation Trust. (6)

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

**ALSO IN ATTENDANCE –** Councillor S Richmond. (1)

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

**EXTERNAL REPRESENTATIVES** – Paul Frank, Associate Director of Operations, Family Health and Clinical Specialist Services and Joanne Crawford, Head of Midwifery, County Durham and Darlington Foundation Trust (CDDFT); Karen Hawkins, Director of Commissioning and Transformation, Graeme Niven, Chief Finance Officer and Katie McLeod, Head of Strategy and Commissioning, NHS Darlington Clinical Commissioning Group (CCG); Bill Ross, Board Member and Michelle Thompson, Chief Executive, Healthwatch Darlington. (7)

**OTHER REPRESENTATIVES** –

**HP35. DECLARATIONS OF INTEREST** – Michelle Thompson, Healthwatch Darlington declared an interest as a CCG Governing Body member.

**HP36. MINUTES –** Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 1 November 2017.

**RESOLVED** – That, with the deletion of 'detrimental' and the insertion of 'potential' in the final paragraph of Minute HP29, the Minutes be agreed as a correct record.

**HP37. MATTERS ARISING** – There were no matters arising.

**HP38. NHS CLINICAL COMMISSIONING GROUP FINANCIAL CHALLENGES AND IMPACT ON SERVICES –** The Chief Finance Officer, NHS Darlington CCG gave a

PowerPoint Presentation on the financial position of NHS Darlington CCG together with a number of schemes identified to close the financial gap.

It was reported that there were concerns that the CCG would not be able to deliver the necessary Quality, Innovation, Productivity and Prevention (QIPP) required in order to achieve its financial duties in 2017-18 through its existing QIPP Programme.

The Chief Finance Officer advised Committee that if the CCG did nothing the forecast over spend was £5.451m, however, a financial recovery plan approved by the CCG and NHS England is being implemented to ensure that the significant financial risk would be actively managed and the CCG would achieve its financial duties in 2017/18.

The Chief Finance Officer stated that CCG delivery of all possible planned QIPP was vital and that further contingency plans were in development to cover any further increase in financial risk or slippage against current QIPP plans.

Particular reference was made to a number of schemes that had been identified with the aim of closing the financial gap, including, reduction in CCG running costs by working collaboratively with other CCGs to reduce recruitment costs and closing Darlington Headquarters and utilising meeting space within the local authority building; review of continuing healthcare payments as some care was duplicated between services; reduction in spend of the ring fenced mental health budget; ensuring value for money from Better Care Funding by ensuring funding is utilised more effectively; maximising the opportunity to improve quality and reduce costs by utilising the CASPeR system which will help to reduce one-off outpatient attendances at hospital; expansion of the Prior Approval Ticket (PAT) process by working with the hospitals to include high cost/high volume procedures as some services have thresholds and a criteria which isn't always adhered to; maximisation of financial opportunity of Value Based Clinical Commissioning; and alignment of activity and cost with plan.

Following a question it was confirmed that nine out of eleven GP Practices were using CASPeR. Following a question about what would happen if the CCG failed to meet its financial duties, it was stated that that the CCG may face legal directions if it remained in deficit.

Members raised concerns at the proposals outlined but were assured that none of them were new and had always been in the CCG's financial plan but not necessarily working correctly.

Members were alarmed at the seriousness of the current financial situation and the steps being taken to address it, however, the Director of Commissioning and Transformation reiterated that the plans had been in place for several years, having been approved by the Governing Body and that the CCG was trying to ensure patients had the relevant care. Following concerns raised around PAT it was confirmed that this was in operation across the region and not only Darlington. The CCG were keen for Scrutiny Committee to help get the correct message out to the wider public.

Members requested further information especially in relation to figures, how many procedures and how many patients would be affected and were advised that the current

spend for acute care was £80m and that expansion of the PAT scheme would see a saving of c£0.5m.

CCG representatives also advised Members that Darlington CCG had more referrals into acute care than other CCGs and that a benchmarking exercise was to be undertaken with an area of similar demographic make-up to Darlington to try and ascertain why this is and whether or not it was warranted. Darlington also had more hip and knee operations than other CCG's and the CCG was working with Trusts and GP Practices to ascertain why this would be as operations were not always the best option for the patient.

It was also reiterated that PAT and value-based commission had been in operation for several years but possibly under a different name.

Following Members concerns it was stated that although Darlington had some of the poorest Wards in the Country its hospital admission rates were higher than those compared at with a similar population and levels of depravity and it was essential that the reasons for this were known.

The Chief Finance Officer stated that if the measures outlined had been implemented from 1 April 2017 the saving could possibly have been achieved.

Members were advised that the local authority also had a stake in the BCF and that government assumptions were different from reality. The figure of £7.5m had been placed in the BCF, the savings had not been realised and whilst Darlington had an aging population with increased demands Darlington was an outlier and as the reasons were unknown, a benchmarking exercise with other CCGs was to be undertaken.

**RESOLVED** – (a) That the thanks of this Scrutiny Committee be extended to the Chief Finance Officer, NHS Darlington CCG for his informative and interesting presentation.

(b) That more regular updates on the financial position of the CCG be provided for Scrutiny Committee.

(c) That any plan on different models of working be provided for Scrutiny Committee when available.

**HP39. NEW MODELS OF CARE – COMMUNITY HUBS –** The Director of Commissioning and Transformation submitted a Briefing Note (previously circulated) in relation to the Community Contract Procurement.

The Briefing Note outlined the work currently being undertaken in relation to the procurement of the NHS Community Contract within Darlington and County Durham.

It was stated that most community healthcare took place in the community or in people's homes providing a wide range of care, from supporting patients to manage long-term conditions, to treating those who are ill with complex conditions. Less visible than hospitals but they deliver an extensive and varied range of services.

The CCGs in Darlington and County Durham recently served notice on the current provider resulting in the contract for 2018/19 being delivered in the future by CDDFT or a different provider.

Reference was made to a number of services being fragmented and some commissioned separately from different providers and it was hoped that a procurement exercise could resolve this situation.

It was recognised that Darlington's ambition was to deliver care in a much more integrated way and if a full procurement exercise was to be undertaken, there would be a clear emphasis on providing care to enable patients to stay well at home, supported by teams of clinicians and other staff, preventing admission for frail and elderly patients at risk of admission to hospital.

The CCG acknowledged that a new approach was needed to bring positive benefits in terms of improving people's health, wellbeing and experience of care, particularly in wrapping services around people's needs and shifting the focus to keeping people well and happy at home, supported when needed by people who know them, with reduced demand for hospital and other health and care services.

Details were provided of the key objectives of a procurement exercise which were to meet patients' needs and improve the quality and efficiency of services; deliver services between primary, community and social care in a more integrated way - right care, right place, right time and provide best value for money in doing so.

It was reported that the CCG were now in the middle of the procurement process and the focus was on self-care and prevention. Whilst there would be one lead it was not expected that one provider would deliver all elements and the provider was also expected to work closely with the local authority and volunteers as new models of care was community focussed and working together would assist wrap around communities. It was also stressed that District Nurses, Community Nurses and GPs were to be encouraged to work together to avoid duplicating services and the new provider was expected to articulate that.

The Public Health Specialist stressed that relationships amongst professionals, the Local Plan, population growth in Darlington and the demands of that population must also be taken into consideration.

A PowerPoint accompanied the report and gave further details relating to the foundations of a new model of care; four phases of the phased approach to delivery, where it was acknowledged that Darlington was well advanced in working with GPs; the progress made to date; and the procurement timetable being followed.

**RESOLVED** – (a) That that Briefing Note be received.

(b) That the thanks of this Scrutiny Committee be extended to the Director of Commissioning and Transformation for her informative presentation.

(c) That an update on progress of New Models of Care be provided to this Scrutiny Committee.

**HP40. SAFE SUSTAINABLE COMMUNITY EYE CARE SERVICES –** The Head of Strategy and Commissioning, NHS Darlington Clinical Commissioning Group (CCG) submitted a briefing paper on the CCG's intention to commission a safe, sustainable, community eye care service to monitor low risk, suspect glaucoma patients.

CDDFT predicted many patients were stable and had been in the service for several years and therefore requested support from commissioners to reduce activity to their overstretched glaucoma clinics which have high numbers of out-patient appointments.

The NHS Five Year Forward View recognised that services require change to achieve better management of patient flow and to free up capacity by transferring routine and step down care into community optical practice. CCGs were urged to introduce appropriate high street eye health services as hospital ophthalmology services were now at full capacity.

During November 2017 a community ocular hypertension and suspect glaucoma monitoring service was commissioned from optical practices which held a mandatory service contract for General Ophthalmic Services within the conurbations of County Durham and Darlington.

A number of patients had been identified as suitable for safe transfer to the community service from glaucoma services at CDDFT and patients and carers were provided with a letter containing contact details of participating optical practices they could register with for monitoring of their condition. This pathway change would still ensure patients' care and monitoring would be delivered by locally skilled optometrists in line with national guidelines bringing care closer to home.

Following questions Scrutiny was advised that there were three optometrists that offered the service, patients could choose their preferred provider and that pathways were in place if an issue required hospital referral.

**RESOLVED** – That the community eye service pathway for low risk glaucoma patients be noted.

**HP41. MATERNITY SERVICES –** Paul Frank, Associate Director of Operations, Family Health and Clinical Specialist Services and Joanne Crawford, Head of Midwifery, County Durham and Darlington Foundation Trust (CDDFT) provided a verbal update on maternity services within the Trust and in doing so advised Scrutiny that a recent CQC Inspection had rated the Trust as outstanding in Maternity Services with no required areas of improvement and good for the area of well-led. The Executive Team and the Chief Executive had suggested that the Trust appeal for outstanding also for well-led.

It was reported that the final report would be available in January and the Maternity Services Team would be encouraged and delighted to receive the fantastic news. Work was ongoing with the Comms Team to publicise the news about the service and reiterate that mums were very happy.

Details were provided of the NHS England initiative Maternity Voices launched two years ago and the work of Kathy Hardwick who advised the regional network.

In relation to recruitment Scrutiny noted that there was still some fragility although there had been some successes with consultants in obstetrics and gynaecology starting November, January and February. However, there was still a reliance on short-term agency staff in paediatrics and the neo-natal element being covered by paediatric consultants which impacted on other services.

Details were provided of birth rate plus which suggested a certain number of midwives per delivery and staff at both Trusts felt that the levels were not correct. Following consultation with staff, rotas were inspected with monthly surveillance being introduced and as there were 1000 more births at UHND five midwives voluntarily relocated to that Trust. The ration of midwives to births is now correct and appropriate and will be monitored through surveillance. If births were to increase at DMH staffing structures would be revisited.

Assessment and delivery assessment are now done by different people which works very well with staff being engaged in pathways and now understanding how staffing worked to provide the best outcome for patients.

**RESOLVED** – (a) That that the thanks of this Scrutiny Committee be extended to Paul Frank and Joanne Crawford for their informative and interesting update on Maternity Services.

(b) That the current position be noted.

**HP42. HEALTHWATCH DARLINGTON (HWD) STREAMLINED SERVICE –** The Chief Executive, Healthwatch Darlington gave a PowerPoint Presentation to Members following streamlining of its statutory services in 2017 due to financial constraints.

Details were provided of the previous and existing structure of HWD and the effect of reducing the non-ring-fenced budget from £131,697 to £73,000 (44.5 per cent) budget for the provision of statutory Healthwatch services.

Reference was made to HWD's revenue allocation from the Council for 2017/18 amounting to £73,000 which represented its Core Statutory Funding from Darlington Borough Council for 2017–18 and provided staffing, activity and overhead costs. The Council also allocated an additional one off payment of £5,000 for 2017/18 to help with office costs. Details were also provided regarding Project Funding which incuded a small amount of additional financial resources from other commissioners and independent funding sources to support time-limited and defined projects.

The statutory functions of HWD included information gathering, influencing and informing and the effect of budget reductions on those functions were also detailed in the Presentation.

The Chief Executive gave Scrutiny a Snapshot of activities that had been undertaken; roles of volunteers; and details of an office move and project funding initiatives.

Particular reference was made to a letter to from Healthwatch England to The Secretary of State and briefing note (both circulated at the meeting) outlining the difficulties faced by Local Healthwatch across the Country following financial constraints.

Discussion ensued on the delay in circulating the additional information and whether a response had been received to the letter; capita formula provided by Healthwatch England not being relevant to Darlington; support HWD received from DBC Officers; the amount and work of the HWD Volunteers; and the need to encourage community work.

Healthwatch Darlington Chief Executive Officer responded by explaining that each Local Authority should have received a letter from Healthwatch England with the analysis of its findings and Healthwatch England were still awaiting a reply from the Secretary of State; the capita formula used as an example by Healthwatch England of how less than 50 pence per head is being invested annually in Healthwatch is not a consistent and relevant formula to be used by local authorities for calculating budget reductions; Healthwatch Darlington were grateful for the support received from Council Officers after having no named contract manager during a Council staff restructure late on in contract negotiations; and the recruitment and management of volunteers was ongoing within the constraints of a small team.

**RESOLVED –** That the thanks of this Scrutiny Committee be extended to the Chief Executive for her interesting and informative Presentation.

**HP43. PERFORMANCE REPORT QUARTER 2 -** 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 2, July to September 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.

Relevant Officers 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 2 performance Highlight report (also previously circulated) provided further information on Public Health Indicators.

It was reported that CUL 063 Number of school pupils participating in the sports programme and CUL 064 Number of individuals participating in the sports development programme had achieved performance better than last year and were on track to achieve year-end targets.

It was stated that PBH 044 Alcohol related admissions to hospital was always a concern and that PBH 046 Cumulative percentage of eligible population aged 40 to 74 offered an NHS Health Check who received an NHS Health Check in the five year period, had achieved the target that had been set.

In relation to take-up of health checks it was reported that GPs provide an offer to patients which were sought out by letter, e-mail and text and although the PI was above target in relation to the offers the actual take up of the offer was down.

**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.

**HP44. HEALTH AND WELL BEING PLAN** – The Director of Public Health submitted a report (previously circulated) detailing the final draft of the Health and Well Being Plan 2017-2022 (also previously circulated) which had a five year life, in line with the Children and Young People Plan.

It was stated that in 2014 Council agreed that 'One Darlington Perfectly Placed', the sustainable community strategy, would constitute the Health and Wellbeing Strategy for Darlington with a suite of plans delivering the strategic objectives, the Health and Wellbeing Plan was one of those plans.

Particular reference was made to the development of the Plan which followed the principles of a 'Life Course' approach; addressing the underlying and environmental conditions that promoted healthy lifestyles and resilience; signposting to, rather than duplicating the content of, related delivery plans; maximising the existing structures, groups and channels in Darlington, and minimising the need for new mechanisms; and a five year initial life, with annual Health and Wellbeing Delivery Plans which will inform the Health and Wellbeing Board agendas.

The Plan was largely delivered through other plans with key deliverables set out in the Action Plan. A suite of indicators will be drawn from those delivery plans, and a review of the data currently collected in existing performance and management systems will provide a baseline for the development of tailored indicators for the plan, from 2018/19.

The Plan would be available on the Council's website by January 2018.

**RESOLVED –** That the content of the plan be noted.

**HP45. 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.

The Chair reported that Alan Foster had encountered robust challenges from other local authorities at a recent meeting to consider the STP although no detailed answers were

provided. It was believed that the STP had been paused and that there would be an announcement in January relating to the 14 workstreams of the STP. Karen Hawkings of the CCG suggested that Andrea Jones would liaise with Alan Foster to try and obtain more detailed information. It was suggested that the STP could have been paused for acute services but that work was still ongoing with new models of care and work for neighbourhoods and communities.

There was discussion on the Stroke Services Community Pathway following discharge from Bishop Auckland and it was suggested that the scheme in South Tees was very good.

**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.

**HP46. 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 October meeting of the Health and Wellbeing Board had been detailed at the previous meeting of Scrutiny and the next meeting of the 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.