

---

**OVERVIEW OF HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE**

---

1. Since the last meeting of the Council, the following are the main areas of work the Health and Partnerships Scrutiny Committee has undertaken.

**Work Programme 2016/17**

2. We have given consideration to the Work Programme for this Committee for the Municipal Year 2016/17 and possible review topics. The work programme is a rolling work programme and items can be added as necessary.

**Quality Accounts – County Durham and Darlington Foundation Trust (CDDFT)**

3. Members met with the Trust to give consideration to the Trust's Quality Accounts to enable Members to have a better understanding and knowledge of performance when submitting a final commentary on the Quality Accounts at the end of each Municipal Year.
4. The Trust's representative advised Members that there were three quality domains within the Quality Accounts, namely Patient Safety, Clinical Efficiency and Effectiveness and Patient Experience.
5. Members noted the progress against the three quality priorities for the 2016/17 Quality Account and performance against national targets, regulatory requirements and mandatory indicators.

**Quality Accounts – Tees, Esk and Wear Valleys Foundation Trust (TEWV)**

6. Members met with the Trust to give consideration to the Trust's Quality Accounts to enable Members to have a better understanding and knowledge of performance when submitting a final commentary on the Quality Accounts at the end of each Municipal Year.
7. We received the Quarter 2 Performance Report which provided an update on progress against the four key quality priorities for the 2016/17 Quality Account as well as performance against the agreed quality metrics, national targets and regulatory requirements and mandatory indicators.

**Sustainability and Transformation Plan**

8. A special meeting of Scrutiny Committee gave consideration to the draft Sustainability and Transformation Plan 2016-21 for Darlington, Durham Dales,

Easington and Sedgfield, Hambleton, Richmondshire and Whitby, Hartlepool and Stockton on Tees and South Tees.

9. The Plan described the local footprint response to the challenges identified in the NHS England Five Year Forward View 2014, together with the ambition for the future and how it would be achieved, focussing on four areas of improvement including, preventing ill health and increasing self-care; health and care communities and neighbourhoods; quality of care in our hospitals (Better Health Programme); and the use of technology in health care.
10. Scrutiny received a joint PowerPoint Presentation from the Chief Officer and the Chief Executive, North Tees and Hartlepool NHS Foundation Trust which covered what the STP would mean for Darlington; how work undertaken locally had influenced the draft Plan (such as the improved access for primary care advice seven days a week); and how it was envisaged that local services would evolve and become sustainable over the next five years. It was emphasised that the aim of the STP was to bring together organisations to develop a shared plan for better health and social care for local populations and would build on and add value to existing local plans.
11. Members noted the strong reliance on the voluntary sector for community-based support and were very concerned about funding arrangements for those organisations which already face financial challenges. We were advised that funding, channelled through the Better Care fund and the Clinical Commissioning Group (CCG), is match-funding with the Council in the sum of £20,000 to County Durham Community Foundation to assist smaller voluntary community organisations. Members questioned if these would be adequate to cover the demands on the voluntary sector and were pleased to note that the CCG was working with the Council on a piece of work to help support voluntary organisations to work better together with partners to maximise available funding.
12. Members received re-assurances that there were no hospitals to be closed as a result of any re-configuration and that no new hospitals would be opened. The James Cook Hospital will remain the specialist centre for serious life threatening conditions, emergencies and major trauma. It is proposed that either Darlington Memorial Hospital or North Tees Hospital will become a specialist emergency hospital. Capacity will then being available at other dedicated facilities to undertake planned operations, offering a better patient experience and a reduction in potential cancellations or routine operations. Members sought confirmation that relevant local authorities would be consulted prior to any decisions in relation to future service delivery being made.
13. Particular reference was made to the current financial position of the local NHS and the necessity for all organisations to work together to identify how savings could be made each year across the whole system with the priority being to invest in and protect high quality front line services that delivered the best care for patients. The delivery of the STP however, did depend on capital funding being allocated and an internal business case for the proposals would need to be submitted, which could

affect the timescale for delivery of the proposals.

### **Darlington Long Term Conditions Collaborative**

14. We gave consideration to the main achievements of the Darlington Long Term Conditions Collaborative (DLTCC) a two-year project which was a key element of the Better Care Fund 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.
15. Members were informed that main achievements of the project included health coach training for professionals working with people with Long Term Conditions; a new algorithm to ensure GP referrals were consistent ; and improvement patient information. These achievements should have the biggest impact on improving patient care and experience whilst shortening the pathway.
16. We 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.

### **Director of Public Health - Annual Report 2016 – Mental Health and Wellbeing for Children and Young People in Darlington**

17. We received a presentation outlining the Director of Public Health's 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.
18. 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.
19. 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.
20. 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.

### **Darlington Health Profiles 2016**

21. Dr Balsam Ahmad, Speciality Registrar in Public Health gave Members a presentation on the key messages contained in the Darlington Health Profile 2016 which shows how the health of Darlington residents compares with that of the region and the rest of England.
22. Members noted that the health of people in Darlington is variable compared with the England average. Although life expectancy for both men and women has increased overall there still remains 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. It was also noted that Darlington's premature death rate, although reducing, is higher than England.

23. Scrutiny noted that there were two new indicators in 2016, namely, early cancer diagnosis and drug misuse deaths and 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.
24. 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).

### **Dementia Review Group**

25. Scrutiny received the outcomes and findings of the Review Group established by the Adults and Housing Scrutiny Committee to look at the dementia pathway, the support and advice services available in Darlington and to consider a specific recommendation within the remit of Health and Partnerships Scrutiny Committee in relation to the end of life pathway.
26. Members congratulated the Adults and Housing Scrutiny Committee on an excellent and comprehensive report and 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.

### **Medium Term Financial Plan**

27. Scrutiny considered the Medium-Term Financial Plan 2017/18 to 2020/21 and was advised there were no major proposals contained within the proposed Plan; 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; the current schedule of charges and the use of capital receipts to assist in funding the MTFP as a one off measure to relieve pressure on the revenue account.
28. We were advised that, although work was still on-going to implement the proposals contained within the 2016/17 Plan, on the whole, the savings which had been identified would be achieved, with the exception of the Library, which, at the time of our meeting, and, again as Members will be aware, had been deferred by Cabinet.
29. Delivery of the MTFP is still a challenge and there are a number of significant on-going pressures which have been identified over the next four years. Additional pressures of £3.9 million over the life of the MTFP have been identified, together with a proposal by Cabinet to use capital receipts to off-set these.

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

### **Healthwatch Darlington Contract**

31. Healthwatch Darlington (HWD) provided a Presentation to Scrutiny Committee in relation to its current service provision including its structure and strategic goals.

32. HWD also expressed its concerns on its future funding arrangements and in doing so acknowledged that other groups and agencies were in similar circumstances, all of which provided essential services to the public of Darlington.

33. Scrutiny Committee recognised the valuable work undertaken by HWD in both research and reports and community engagement.

**Councillor Wendy Newall**  
**Chair of the Health and Partnerships Scrutiny Committee**