
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.

GP Access to Appointments

3. The Scrutiny Committee received a presentation from the Director of Commissioning and Transformation, NHS Darlington CCG, on schemes implemented, as part of the GP Access Fund (previously Prime Minister's Challenge Fund), to ensure adequate access to GP appointments for Darlington's residents.
4. All eleven of Darlington's GP Practices currently offer pre-bookable appointments between 8.00am and 6.00pm Monday to Friday together with an extended hour's service provision. As part of the Access Fund additional services included GP and Nurse appointments on Saturday between 8.00am and 2.00pm; Sunday between 9.00am and 1.00pm; Monday to Thursday between 6.30pm and 9.00pm; and Friday between 6.30pm and 8.30pm.
5. Since the service commenced it was disappointing to note that 14 per cent of GP Appointments, 14 per cent of Nurse appointments and five per cent of Health Care Assistant appointments had been lost to did not attend (DNA). The CCG is currently working with Primary Health Care on this issue and on the utilisation of access to ensure that it meets the needs of patients.
6. Members raised concerns about how information will be communicated to residents as many are still not aware of, or are confused about, these extended and additional services. An update will be brought back to Committee later in the year.

GP Survey Results

7. The Scrutiny Committee also received a presentation from the Director of Commissioning and Transformation, detailing the GP Patient Survey which provided data at practice level using a consistent methodology to ensure it was comparable across organisations.

8. The response rate was relatively poor with only 45 per cent in Darlington and it is felt that this is due to the nature of the 62 questions across 13 sections. 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.
9. Scrutiny Committee was pleased to note that Darlington's overall performance had remained relatively constant overtime and was above the national average.

Urgent Care Integration/Strategy

10. Scrutiny Committee received a further presentation from the Director of Commissioning and Transformation, on the Urgent Care Integration Strategy and Services.
11. From September 2017 it will be a national standard to have a Primary Care Focus within an A&E setting. Members have, for many years, supported the co-location of Urgent Care and A&E at Darlington Memorial Hospital and are pleased that the full integration was undertaken in December 2016.
12. The transfer of service and enabling works are still ongoing to improve the look and feel of the new service and the CGG is in discussions with the Trust 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.
13. Members have requested a visit to Urgent Care and A&E to see what progress has been made.

Stroke Services

14. Scrutiny's final presentation from the Director of Commissioning and Transformation related to Stroke Services for Darlington and the CCG's review of the service with DDES, to investigate a Darlington focussed Community Model for Darlington residents, to include RIACT and Enablement Services.
15. Step down beds have been commissioned at both Ventress Hall and Eastbourne Care Homes and a review is underway of exercise after stroke.
16. The community element of the stroke pathway has for some time been of concern to members of the Committee as stroke sufferers tell us that, following discharge from the rehabilitation unit at Bishop Auckland Hospital, services are varied and not always accessible. Members are pleased to note that, at last, a review is taking place and have asked for a report later in the year to see what progress has been made.

Veterans and Armed Forces

17. Darlington Borough Council has made a commitment to support work that takes place in partnership to support the Armed Forces and the delivery of the

Community Covenant.

18. Scrutiny noted that the Council continues to support delivery of the North East Regional Scrutiny work in relation to the Health Needs of Veterans. The Council also works closely with the Tees Valley Forum to understand the issues faced by both serving armed forces personnel and veterans. In Darlington we are fulfilling our obligations to ensure that members of the armed forces and veterans can access services and do not face any barriers to this.
19. Members noted that the Tees Valley Forum has been exploring the potential benefits of mutual co-operation across health, housing, education, Job Centre Plus, Military Charities and Veterans Associations to support and improve the health and well-being of members of the armed forces community.
20. Members congratulated the Armed Forces Champion and Council staff as the Council had been awarded the Silver Employer Recognition Status by the Ministry of Defence. This is an excellent achievement bearing in mind our limited resources.
21. For the future, 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 available on the Council's website at <http://www.darlington.gov.uk/your-council/communities/north-east-veterans.aspx>

Eye Health

22. Scrutiny Committee received a presentation from Dr Balsam Ahmad, Speciality Registrar in Public Health, on a Public Health Perspective on Eye Health in the Borough of Darlington.
23. Members were informed that 1.8 million people were living with significant sight loss in the UK and that figure would double by 2050 due to an ageing population. Scrutiny also noted that 50 per cent of cases of blindness and serious sight loss could be prevented if detected and treated in time and that sight loss could increase the risk of depression, falls and hip fractures, loss of independence and living in poverty.
24. There are five main conditions which cause permanent visual impairment in the UK and the World Health Organisation has a global initiative for the elimination of avoidable blindness by 2020.
25. Scrutiny noted that risk of sight loss was strongly influenced by health inequalities with people from deprived areas being less likely to seek eye health checks 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.

26. Diabetic Retinopathy was the second biggest cause for the issue of a Certificate of Visual Impairment (CVI) in the working age population in England and Wales and if left untreated could result in blindness. A CVIA enabled a person to register with a local authority to access services. The percentage of patients with recorded diabetes in Darlington had increased year on year and was significantly higher than the national and regional averages, two thirds of people with diabetes develop retinopathy.
27. Members will continue to promote good eye health and will be facilitating an event focussing on eye checks, the links with sight and some behaviours and conditions and the impact of sight loss and how it can be avoided.
28. The age range 19 to 44 are most likely not to undertake any eye test or diabetic eye screening and it is important to ensure that every contact counts in primary care to promote sight tests to at risk patients.

Councillor Wendy Newall
Chair of the Health and Partnerships Scrutiny Committee