
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 2017/18

2. We have given consideration to the Work Programme for this Committee for the Municipal Year 2017/18 and possible review topics. The work programme is a rolling work programme and items can be added as necessary.

County Durham Community Foundation (CDCF) Application Process

3. Members received a PowerPoint presentation from the Chief Operating Officer, County Durham Community Foundation, following Scrutiny's previous concerns around the application process which some Community and Voluntary Organisations found problematic.
4. It was reported that although the application process had been refined certain questions still had to be asked as funders needed assurances that applications were appropriate and necessary.
5. 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.
6. We noted the range of grant awarding per capita during 2016/17 with Darlington receiving £3.55 and County Durham £4.30 and that some funding was project specific as donors had preferences which were not necessarily in geographic areas where there was a need.
7. Members noted that the Community Safety and Darlington NHS Health Improvement Funds were very over-subscribed which reflected the needs in the area however it was confirmed that Darlington organisations had been well supported by the Darlington NHS Health Improvement Fund this year.
8. Members were pleased to note that 75 per cent of funding was being distributed in Darlington Wards which were in the 20% nationally deprived Wards.
9. We also welcomed the news that CDCF had taken over a small struggling historic Darlington-based trust fund which was now flourishing and provided support to the elderly during the Winter to combat isolation. Overall members were pleased to

note the progress that had been made.

Voluntary Sector Funding

10. Following our concerns we received a report 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.
11. Members are aware that the MTFP contained a range of different Future Fund opportunities for Darlington VCS organisations in response to the funding reductions and their potential associated impacts.
12. We noted that a number of Futures Fund opportunities had been provided 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; and £100k for voluntary sector development.
13. Committee agreed to re-establish the VCS Review Group (previously Strategic Grants Review Group) to look at this topic in more detail. The findings of the Review Group will be reported in due course.

Regional Back Pain Pathway Programme

14. Back pain is a major cause of disability in the UK and as such Scrutiny was provided with details of the implementation of the Regional Back Pain Pathway Programme across Darlington.
15. In order to effectively fit local NHS commissioned services, Clinical Commissioning Groups (CCG's) in the North East and Cumbria are adopting the pathway in waves, learning as it is rolled out and ensuring the process is adapted appropriately.
16. 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.
17. Scrutiny was made aware of a number of contractual issues with the musculoskeletal (MSK) providers resulting in alignment of the back pain and MSK pathways.
18. 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. Any issues highlighted relating to quality or performance would be dealt with appropriately.

19. Members were also 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.

Perfect Month Feedback

20. Scrutiny received a PowerPoint presentation providing a summary and follow up report of Perfect Month held 1 to 31 March 2017 with County Durham and Darlington Foundation Trust's hospital sites.
21. Perfect Month tested all ideas which had been developed over several months and monitored how they embedded and worked, ensuring 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 (SAFER care).
22. Scrutiny was advised that a particular element of Perfect Month was to avoid a 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 input; and improved discharge planning and implementation.
23. We noted that three wards at Darlington Memorial Hospital were 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 multi-disciplinary teams to trial better ways of working.
24. We were pleased to note that performance standards and quality metrics within the Emergency Department had massively improved during this period although we did raise some concerns around the use of a Discharge Lounge and would encourage greater communication between health and social care services regarding its use.
25. We were also provided with an update on streaming funding of £980k which was being used to change processes within the Emergency and Urgent Care Departments. 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.
26. We appreciate this was a concentrated effort on behalf of the Trust and that it could be more difficult to sustain delivery during times of greater pressure.

Clinical Assessment and Peer Review System (CASPeR)

27. Following media concerns I requested information relating to CASPeR, a Pilot Scheme introduced across Hartlepool, Stockton and Darlington CCG in relation to referral to secondary care and reducing variations in order to provide the best care for patients.
28. We were advised that the introduction of CASPeR will reduce variation across practices, support education and training and, in turn, improve the quality of care being delivered across the locality areas.
29. Many patients could be 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.
30. 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.
31. We look forward to receiving a further report after Christmas.

Performance Indicators Quarter 1 2017/18

32. We received an update on performance against key performance indicators for Quarter 1 April to June 2017/18.
33. We heard the performance updates and background information on indicators from the two Officers covering Community Services and Public Health.
34. Members were advised that the performance indicators were aligned with key priorities and likely to be used to monitor the Corporate Plan which was currently being developed.
35. In relation to the Public Health Quarter 1 Performance Highlight report we noted the timeline for 'key' Public Health Indicators and the comparisons that had been made with authorities with a similar population to provide a benchmark.

Councillor Wendy Newall
Chair of the Health and Partnerships Scrutiny Committee