
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.

Winter Planning and Debrief

3. Scrutiny Committee received a presentation from NHS Darlington CCG outlining the Winter Plan 2017/18 of the County Durham and Darlington A and E Delivery Board (The 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.
4. The Board meets monthly throughout the year and comprises representation from CCGs, Acute Providers, Primary Care, Local Authorities, Pharmacies and Police and Fire Authorities.
5. The CCG had ring fenced £700k for the Winter 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.
6. The funding could be used for services such as extra hospital beds, staff requirements, 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 will be able to react to possible surges and outbreaks of influenza.
7. 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 would be undertaken prior to compilation of the Plan for Winter 2018/19.

8. Scrutiny was advised that 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.
9. New command and control arrangements provided more robust onsite Senior Management 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.
10. The target for flu vaccination 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.
11. The peak for influenza is from the Christmas holidays through to January and early vaccination is encouraged to ensure antibodies were in the body.
12. Additional primary care capacity would be available at Dr Piper House to support Urgent Care during the Festive Period, however, as there were no patients last year, there would be no primary care provision on Christmas Day and the funding would be utilised where there was an actual need.
13. Additional capacity to meet anticipated mental health need included out of hours Crisis Team support, liaison psychiatry, Child and Adult Mental Health Services crisis care and treatment for children and young people and Learning Disabilities Enhanced Community Team.
14. 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, Tees Esk and Wear Valley NHS Foundation Trust do not anticipate any issues with capacity and demand.
15. 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.

Monitoring of Outcomes from the Medium Term Financial Plan 2016-20 – Social Fund Arrangements

16. Scrutiny Committee received a presentation on support available from CAB Darlington to vulnerable people through Community Care and Crisis Support which it had operated the service for the past twelve months.

17. Members were advised 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.
18. A client who clarifies for Crisis Support could be provided with vouchers, through an initiative agreed with Primark 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.
19. CAB also asked questions of the applicant 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.
20. Community Support Grants are addressed on the same basis 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.
21. A client with financial difficulties has a meeting with the Debt Team to identify proposals to give a person the ability to manage their finances.
22. Members noted that CAB had sourced cheaper providers to ensure a robust service for service users.
23. Members were pleased to note the current budgets for both Community Care (£105k) and Crisis Support (£50k) and 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.
24. CAB has 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 anticipated that there could be a six to eight week wait for UC which could have serious implications for some individuals.
25. Members were again pleased to note 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 and CAB were performing well under the terms of the contract.

Stroke Services

26. Members received a presentation from NHS Darlington Clinical Commissioning Group which provided information relating to Darlington Stroke Patients during the period January to December 2016.

27. It was reported that during that period 155 people had been admitted to hospital recorded with hospital stroke episodes for Darlington residents, of those 72 were discharged directly home, 74 were transferred to Bishop Auckland Hospital for inpatient care and rehabilitation and sadly nine people died as a consequence of a stroke.
28. Members have remaining concerns about the stroke pathway in the community following patient discharge to home or the Bishop Auckland Rehabilitation Unit.
29. Members noted the Stroke Association apparently continued to work in Darlington although the service had been decommissioned in Durham and would like further information on this.
30. Scrutiny Committee has requested further information on the stroke pathway for Darlington residents and will inform Council of its findings.

Councillor Wendy Newall
Chair of the Health and Partnerships Scrutiny Committee