
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.

NHS Clinical Commissioning Group (CCG) Financial Challenges

3. Scrutiny Committee received a PowerPoint Presentation on the financial position of NHS Darlington CCG together with a number of schemes identified to close the financial gap.
4. Members were advised that if the CCG did nothing the forecasted over spend was £5.451m, however, a financial recovery plan approved by the CCG and NHS England had been implemented to ensure that significant financial risk would be actively managed and the CCG would achieve its financial duties in 2017/18.
5. The Chief Finance Officer stated that CCG delivery of all possible planned Quality, Innovation, Productivity and Prevention (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.
6. Scrutiny was provided with details of a number of schemes that had been identified with the aim of closing the financial gap and, whilst Members raised some concerns, we were assured that none of the schemes were new and had always been in the CCG's financial plan but not necessarily working correctly.
7. 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, had been approved by the Governing Body and that the CCG was trying to ensure patients had the relevant care.
8. Scrutiny requested further information especially in relation to figures, how many procedures and how many patients would be affected.
9. Members were advised that the current spend for acute care was £80m.

10. Members also noted that a benchmarking exercise was to be undertaken with an area of similar demographic make-up to Darlington to try and ascertain why Darlington CCG had more referrals into acute care than other CCGs.
11. Scrutiny will closely monitor this matter and ask to be kept informed especially if there is any deterioration in the situation.

New Models of Care – Community Hubs

12. Scrutiny was advised of the work currently being undertaken in relation to the procurement of the NHS Community Contract within Darlington and County Durham and, in doing so, noted that most community healthcare took place in the community or in people's homes and provided a wide range of care, from support to patients to manage long-term conditions, to treating those who are ill with complex conditions.
13. Members recognised that Darlington's ambition was to deliver care in a much more integrated way as services were currently fragmented with some commissioned separately from different providers.
14. A procurement exercise could resolve the situation and help to deliver the provision of 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.
15. Members noted that the focus of the procurement process was on self-care and prevention and whilst there would be one lead it was not expected that one provider would deliver all elements. 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.
16. Members welcomed these developments especially as patient care will be centred, where possible, around Community Hubs.
17. Members have asked to be kept informed of developments around New Models of Care and Community Hubs.

Safe Sustainable Community Eye Care Services

18. Scrutiny received a briefing paper on the CCG's intention to commission a safe, sustainable, community eye care service to monitor low risk, suspect glaucoma patients.
19. County Durham and Darlington NHS Foundation Trust (CDDFT) predicted many patients were stable and had been in the service for several years. Support was therefore requested from commissioners to reduce the Trusts activity to its overstretched glaucoma clinics which have high numbers of out-patient appointments.

20. 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.
21. 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.
22. Members were reassured to note that pathways were in place if an issue required hospital referral.

Maternity Services

23. Following concerns around Maternity Services, Members received a verbal update on the Service and in doing so noted 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.
24. Scrutiny noted that there were still some outstanding issues relating to recruitment however the Trust was doing everything it could with available resources and consultants were due to commence employment during January and February.
25. Members also noted that birth rate plus which suggested the number of midwives per delivery had highlighted that staffing levels were not correct at both University Hospital of North Durham (UHND) and Darlington Memorial Hospital. Following a consultation five midwives have voluntarily relocated to UHND, however if births were to increase in Darlington staffing structures would be revisited.
26. Members will closely monitor Maternity Services.

Healthwatch Darlington (HWD) Streamlined Service

27. The Chief Executive of HWD attended Scrutiny to advise of streamlined services due to financial constraints and in doing so provided details of the current and previous staff structure and the effect of a 44.5 per cent budget reduction on provision of services.
28. Scrutiny was advised of HWD's revenue allocation for 2017/18 of Core Funding amounting to £78,000 which represented its statutory funding from Darlington Borough Council for 2017 to 18 and provided staffing, activity and overhead costs and to Project Funding, a small amount of additional financial resources from other commissioners and independent funding sources to support time-limited and defined projects.
29. It was reported that due to the budget constraints some services were no longer provided by HWD and that a more cost effective office location had been secured.

30. Members also noted that HWD had written to the Secretary of State outlining the difficulties faced by Healthwatch's across the Country following financial constraints but that no response had been received at that time.

Performance Report Quarter 2

31. We received an update on performance against key performance indicators for Quarter 2, July to September 2017/18.
32. We heard the performance updates and background information on indicators from the Officer covering Community Services and Public Health.
33. Scrutiny was pleased to note 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.
34. Members were also advised that PBH 044 Alcohol related admissions to hospital was always a concern and that Darlington has a greater rate of admissions to hospital for alcohol related diseases than the England Average.
35. Members were pleased to note that the Authority supports National Campaigns raising awareness such as Dry January and that we also commission a recovery and wellbeing service.
36. Members were also advised that the target had been achieved for 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 although noted that this is not as good as the England average but is improving year on year.

Health and Wellbeing Plan

37. Scrutiny received the final draft of the Health and Well Being Plan 2017 to 2022 which had a five year life in the line with the Children and Young People Plan.
38. Members noted that the development of the Plan followed the principles of a 'Life Course' approach; addressed the underlying and environmental conditions that promoted healthy lifestyles and resilience; signposted to, rather than duplicated the content of, related delivery plans; maximised the existing structures, groups and channels in Darlington, and minimised the need for new mechanisms.
39. The Plan has a five year initial life and is largely delivered through other plans with key deliverables set out in the Action Plan.

Medium Term Financial Plan (MTFP)

40. As with all other Scrutiny Committees, we have looked at Cabinet's proposals in relation to the Medium-Term Financial Plan. We were supportive of the proposals and gave particular consideration to the proposed allocation within the Futures

Fund of one-off funding towards Community Safety.

Councillor Wendy Newall
Chair of the Health and Partnerships Scrutiny Committee