

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

Wednesday, 12 September 2018

PRESENT – Councillors Newall (Chair), J Taylor, Copeland, Crichlow, Haszeldine, Heslop and Mrs H Scott

APOLOGIES – Councillors Nutt, E A Richmond and Tostevin,

ABSENT – Councillor Grundy

ALSO IN ATTENDANCE – Councillors Jill Foggin (Communications Officer, County Durham and Darlington Foundation Trust)

OFFICERS IN ATTENDANCE – Karen Graves (Democratic Officer), Ken Ross and Pat Simpson (Senior Project Manager)

HP14 COUNCILLOR HESLOP

The Chair welcomed Councillor Eddie Heslop to his first meeting of Health and Partnerships Scrutiny Committee

HP15 DECLARATIONS OF INTEREST.

There were no declarations of interest recorded at the meeting.

HP16 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY COMMITTEE HELD ON 4 JULY 2018

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 4 July 2018.

RESOLVED – That the Minutes be agreed as a correct record.

HP17 MATTERS ARISING

In relation to Minute HP7 the Vice-Chair, Councillor J Taylor reported that she was aware of a child that had attended a weekend appointment. It was further reiterated by Councillor Scott that this was not standard practice across the Borough and requested that further clarification on the Practices offering the service be sought. The Public Health Principal stated that when talking about eye tests for children in this context the word 'failed' was inappropriate and unhelpful. The screening test is not a 'pass' or 'fail' test. Instead of 'fail' it should read 'that their results were outside the normal range.

HP18 PERFORMANCE INDICATORS QUARTER 1 2018/19

The Managing Director submitted a report (previously circulated) and detailed performance scorecard (also previously circulated) providing Members with Quarter

1 Performance Data against key performance indicators for 2018/19.

It was reported that the performance indicators were aligned with key priorities and the majority were used to monitor the Corporate Plan 2017/21. Many indicators for this Scrutiny Committee were reported annually and quarterly updates were not available.

Details were provided of the 30 indicators that are reported to this Scrutiny Committee, five Culture indicators and 25 Public Health indicators. The majority of the indicators were reported annually and therefore performance information was not available at Quarter 1. All the Public Health indicators were reported in line with the Public Health Framework National reporting schedule which means the data is at least one year in arrears or related to aggregate periods.

Particular reference was made to CUL 063 - Number of school pupils participating in the sports development programme which was showing performance better than at Quarter 1 last year, and to CUL 064 - Number of individuals participating in the community sports development programme which was showing performance worse than at Quarter 1 last year and at this stage is unlikely to achieve end-of-year target, however, this indicator is a count and this is an early point in the year with a long way to go to the year end.

In relation to the Public Health Indicators it was reported that four indicators, namely, PBH 016 - Rate of under -18 conceptions, PBH 033 - Prevalence of smoking among persons aged 18 years and over, PBH 054 - Proportion of five year old children free from dental decay and PBH 058 - Age-standardised rate of mortality from all cancers in persons less than 75 years of age per 100,000 population had all achieved performance better than when last reported.

Two Indicators showed performance worse than previously reported, namely, PBH 009 - Low birth weight of term babies and PBH 048 Rate of chlamydia detection per 100,000 young people aged 15-24. The Performance Manager alerted Members to the fact that although the figures for these two indicators seemed to show that performance had deteriorated the results for both of these were still statistically similar to that for England.

Particular reference was made to the Public Health Performance Highlight report (also previously circulated) which provided more detailed information about the Public Health indicators and was produced in response to the diversity of information and scale of budgets involved.

Discussion and challenge ensued on CUL 063 Number of school pupils participating in the Sports Development Programme and CUL 064 Number of Individuals participating in in the Community Sports Development Programme, particularly the number of before and after school clubs available to children in Primary Schools; the high number of participants in the Darlington 10k Run and the number of Running Clubs represented both within Darlington and the surrounding areas; and the number of well-attended activities available at Eastbourne Sport Complex which indicated an encouraging and healthy picture.

The Public Health Principal advised Members that the activity at Eastbourne Sports

Complex was very visible and affected all schools, however, CUL 063 and CUL 064 were a count and the figure would vary depending of the number of children in the different year groups at schools. Members were pleased to learn that Darlington was very good at children's sports and that as a Borough was extremely proactive in the approach to encouraging physical activity and sport in young people in schools and the community. This investment has been maintained as it is recognised to be an important contributor to ensuring young people grow up healthy in Darlington. It was also reported that unlike some other local authorities, Darlington has continued to fund a Schools Sports Co-ordinator to work with schools, parents and children in encouraging increased physical activity and participation in grass roots sport. Darlington should be very proud as an authority to be so proactive in children's sport.

It was also indicated that these two indicators and the activity that underpins them significantly contributed to the delivery of the Children's Healthy Weight Plan. It was noted that Colleges access Eastbourne Sports Complex to teach students to be sports trainers and it was hoped that once qualified these students would stay local.

In relation to PBH 054 – Proportion of five year old children free from dental decay, the Chair reported that this was being considered as part of the Childhood Obesity and Dental Health Care Review Group which had submitted an Interim Report to Cabinet on 11 September 2018.

RESOLVED - (a) That the thanks of Scrutiny Committee be extended to Officers for their comprehensive accounts in relation to Performance Indicators.

(b) That the submitted report be noted.

HP19 BETTER CARE FUND - SOCIAL PRESCRIBING

The Director of Children and Adult Services submitted a report (previously circulated) detailing the outcome of the social prescribing testbed carried out under the Better Care Fund between 1 May 2017 and 30 April 2018.

The submitted report stated that around 130 people had been referred to the testbed with considerable variation in GP referrals. Investment in the testbed was £93,000 and although three-month reviews indicated good levels of sustained achievement of outcomes, indications were that the current model was not cost effective. Members noted that over a third of referrals were male and that the age range was wider than Better Care Fund intentions.

It was stated that the key objectives of the social prescribing testbed were to maximize identified Individual's overall quality of life by supporting, signposting and connecting them with community groups and activity provision in their local area and to meet the identified needs that were unable to be met by community provision as currently commissioned.

Members were advised that the introduction of the service was marketed to GP Practices and social work teams and a system for recording referrals and the goals set with people was designed and put in place using an existing computer system at the Local Authority and wellbeing navigators were provided with the relevant training.

The wellbeing navigators were four individuals from four organisations, namely 700 Club, MIND, DAD and Age UK. Following a six month review it was clear that insufficient referrals were being made.

It was noted that Wellbeing Facilitation was key to new ways of working across health and social care and in Darlington pilots and initiatives were being tried and tested as Primary Care develops a hub approach in general practice. The GP Federation, Primary Healthcare Darlington, will play a key role in these developments.

The service has Better Care Fund investment of £180,000 and will have a single organisation model, benefitting from pulling referrals from patient lists via the frailty index ensuring that non-medical needs that contribute to future medical needs are met.

It is anticipated that wellbeing facilitators will engage in the pilots involving primary care approaches and that the Federation will play a pro-active role in engaging with all practices and relevant stakeholders to support relationship building and embedding the care co-ordination role with GPs, practice nurses and other practice staff.

Discussion ensued on the low referral rates from Parkgate Surgery which it was felt was mainly due to a communications issue and/or the possible move of patients from that Practice to Clifton Road Practice.

The Chair stated that this Scrutiny Committee had always supported social prescribing and whilst disappointed that the project had failed, welcomed the lessons learned and the new proposed model.

It was confirmed that facilitators had the knowledge to signpost and refer to the correct place; and that the real work was to actually understand the person and investigate what their actual needs were in order to have more chance to succeed.

Members advised Scrutiny of several community groups they were involved in and it was suggested that they be included on the Directory of Organisations available to navigators.

Members raised concerns that it was difficult to reach some people who were socially isolated and that these people would need some form of encouragement to attend a community group or local social event. It was also recognised that not all old people are frail and would like to be treated as an individual.

RESOLVED – (a) That the submitted report be noted.

(b) That a progress report on the new model be submitted to a future meeting of this Scrutiny Committee in six months' time.

HP20 EXERCISE AND ACTIVITY SURVEY UNDERTAKEN AT THE GOLD TEA DANCE

Submitted – The results of the Exercise and Activity Survey undertaken by this Scrutiny Committee on 16 August 2018 at the Annual Growing Older Living in Darlington Tea Dance.

The questionnaire this year related to exercise, specifically the forms of activity available and the amount of exercise undertaken. The survey analysis produced two sets of data one for residents of Darlington only and one for the all surveys completed.

Discussion ensued on the positive messages that arise from the survey and Members requested that a member of the Healthy Darlington Team be invited to the next meeting of this Scrutiny Committee to seek its views on exercise and activity availability for elderly residents.

RESOLVED – (a) That the survey resulted be noted.

(b) That a member of the Healthy Darlington Team be invited to the next meeting of this Scrutiny Committee.

HP21 WORK PROGRAMME

The Assistant Director Law and Governance submitted a report (previously circulated) requesting that consideration be given to this Scrutiny Committee's work programme for the remainder of the Municipal Year 2018/19.

Members previously agreed a revision to the work programme to enable the Committee to analyse information for each topic area aligning it to the eight outcomes and the three conditions in the Sustainable Community Strategy and relevant performance indicators from the Performance Management Framework.

In relation to End of Life and Palliative Care the Chair reported that she had spoken to Jane Bradshaw of St Teresa's Hospice who had offered to provide speakers and a venue to facilitate this Review Group.

RESOLVED – (a) That the current status of the Work Programme be noted.

(b) That the Work Programme be updated to reflect the decisions of this Scrutiny Committee.

(c) That the Chair have a further discussion with St Teresa's Hospice to progress the End of Life and Palliative Care Review Group.

HP22 HEALTH AND WELL BEING BOARD

Members are aware that the Board's Work Programme items were reflected in its agendas, that it was useful to have Members of Scrutiny on the Board, that the process was more focussed and there was an excellent cross section of representation.

Discussion ensued on Item 11 – Darlington Cancer Profile of the Health and Well Being Board scheduled for 12 September and Members were keen to promote the message of screening to all residents, including men, for various cancers and to

attend a GP Practice for any unusual symptoms at an early date to ensure any cancers are detected early and treated.

Members felt that some screening methods were uncomfortable and embarrassing and it was felt that a fuller explanation was needed to encourage people to use the screening services available.

RESOLVED – That Members look forward to receiving an update on the work of the Health and Well Being Board at a future meeting of Scrutiny Committee.