

## HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

Wednesday, 31 October 2018

**PRESENT** – Councillors Newall (Chair), Copeland, Crichlow, Heslop, Nutt, E A Richmond, Mrs H Scott and Tostevin

**APOLOGIES** – Councillors J Taylor,

**ABSENT** – Councillors Grundy and Haszeldine

**ALSO IN ATTENDANCE** – Karen Hawkins (NHS Darlington Clinical Commissioning Group) and Jill Foggin (Communications Officer, County Durham and Darlington Foundation Trust)

**OFFICERS IN ATTENDANCE** – Allison Hill (Democratic Officer) and Ken Ross (Public Health Principal)

### HP23 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting

### HP24 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY COMMITTEE HELD ON 10 SEPTEMBER 2018

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 10 September 2018.

**RESOLVED** – That the Minutes of the meeting of this Scrutiny Committee be approved as a correct record.

### HP25 KAREN GRAVES

**RESOLVED** - That the thanks of this Scrutiny Committee be extended to Karen Graves, Democratic Officer for her help and support to this Scrutiny Committee.

### HP26 CCG STROKE SERVICES

Karen Hawkins, Director of Commissioning and Transformation, NHS Darlington CCG gave a presentation to update Members on the Stroke Rehabilitation Service Review following her presentation to Members in March 2018.

The presentation referred to the review of the current stroke rehab pathway and empathised the importance of engagement as a crucial part of understanding the views of patients, public and carers to inform any future decision making.

The Director of Commissioning and Transformation outlined the engagement methodology which included patient surveys carried out on the wards at Bishop Auckland Hospital and the University Hospital of North Durham and engagement with the carer groups across County Durham and Darlington. It was reported that unfortunately there had only been 66 responses to date so additional funding had

been secured to undertake further engagement to maximise input.

The presentation also highlighted emerging themes and next steps following the engagement activity.

Members discussed one of the emerging themes that there was a lack of support once patients are discharged from hospital and were concerned at the lack of response to the engagement activity. Members were also keen to see that patients who had already been through the system were being captured in the engagement exercise for their feedback on the service and also that the Stroke Association had been contacted. Members confirmed that engagement with patients and user of the service was critical and that information is fed back to participants of the review with service developments.

The Chair advised Members that she had met with the Stroke Club on 22 October and confirmed that lack of support following discharge from Bishop Auckland Hospital was a recurring theme. She also advised Members that she was still trying to make contact with the Darlington Stroke Recovery Service.

Members also discussed the potential lack of general knowledge around services for patients of stroke and lack of signposting and agreed that promotion of the pathways was also key. They also wanted confirmation that General Practitioners were aware of the services available to signpost patients.

The Public Health Principal advised Members that mortality rates of stroke had decreased, however there were still a high number of risk factors which General Practitioners were good at picking up.

**RESOLVED** – (a) That the thanks of this Scrutiny Committee be extended to the Director of Commissioning and Transformation for her informative presentation and Members welcome the Review.

(b) That Scrutiny Members continue to receive regular updates.

## **HP27 NHS CCG DARLINGTON GOVERNANCE ARRANGEMENTS**

Karen Hawkins, Director of Commissioning and Transformation, NHS Darlington CCG gave a presentation on governance arrangements of the NHS Darlington Clinical Commissioning Group (CCG).

The presentation gave background to the CCGs who are responsible for recruiting and selecting their leadership team under the NHS Act 2012 and referred to the newly appointed Single Accountable Officer, Dr. O'Brien across the five CCG's supported by a Joint Management Team.

The presentation highlighted the benefits of the five CCG's working collaboratively and confirmed that place based commissioning was to continue and there was to be no change to existing governance or decision making and will retain a local clinical voice and leadership.

Following discussion thereon Members agreed with all CCG's retaining their

autonomy and requested confirmation that this Scrutiny Committee would still have an input in the Integrated Care System working regionally.

**RESOLVED** – (a) That the thanks of this Scrutiny Committee be extended to the Director of Commissioning and Transformation for her informative presentation.

(b) That Members receive a further update at a future meeting.

## **HP28 PAIN MANAGEMENT**

Katie McLeod, Head of Commissioning and Strategy, NHS Darlington CCG gave a presentation to update Members on the procurement of new Persistent Pain Services.

The presentation outlined the rationale for the change due to the lack of equity of service across Durham and Darlington with the previous model and the high wait times for access to pain psychology and the high level of opioid prescribing; and described the new Biopsychosocial model which adopts a holistic approach to the management of pain and a tiered approach to the provision of care based on the level of intensity of pain.

The presentation also outlined what had changed including a single point of access which had received positive feedback from patients and general practitioners; and included the expected outcomes from a survey of the service.

It was acknowledged that there had been some initial teething problems which had now been recognised and addressed and performance reporting was in place.

Members discussed the Tier 3 services based at the Darlington Memorial Hospital and the Tier 1 and 2 services provided within the community; the emergence of more referral of patients from general practitioners; and the recognition of the psychological impact on pain management rather than focussing solely on relieving the physical aspects of their pain

Members welcomed the service and recognised the importance of an alternative service away from the general practitioners for the management of pain.

**RESOLVED** – That the thanks of this Scrutiny Committee be extended to the Head of Commissioning and Strategy for her informative presentation.

## **HP29 EXERCISE AND ACTIVITY SURVEY UNDERTAKEN AT GOLD**

With the approval of the Chair this item was withdrawn before the meeting and will be presented to the next scheduled meeting of this Scrutiny Committee on 19 December 2018.

## **HP30 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.

**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.

### **HP31 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 and that the process was more focussed and there was an excellent cross section of representation.

**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.