

## HEALTH AND HOUSING SCRUTINY COMMITTEE

Wednesday, 2 September 2020

**PRESENT** – Councillors Bell (Chair), Donoghue, Heslop, Layton, McEwan, Newall, Tostevin and Wright

**APOLOGIES** – Councillors Dr. Chou and Lee

**ABSENT** –

**ALSO IN ATTENDANCE** –

**OFFICERS IN ATTENDANCE** – Miriam Davidson (Director of Public Health), Pauline Mitchell (Assistant Director Housing and Building Services), Lisa Soderman (Head of Leisure), Paul Neil (Programme Manager), Jill Foggin, Michael Houghton (Director of Commissioning Strategy and Delivery), Jennifer Illingworth (Director of Operations, Durham and Darlington), Michelle Thompson (Chief Executive Officer), Ken Ross (Public Health Principal) and Hannah Fay (Democratic Officer)

### HH11 DECLARATIONS OF INTEREST

Councillor Bell declared an interest as an employee of County Durham and Darlington NHS Foundation Trust; Councillor McEwan declared an interest as a Lay Member for Darlington Primary Care Network; and Councillor Tostevin declared an interest as a Member of the Board of Governors for County Durham and Darlington NHS Foundation Trust.

### HH12 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY HELD ON :-

#### HH13 2 JULY 2020

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 2 July 2020.

**RESOLVED** – That the Minutes of the meeting of this Scrutiny Committee held on 2 July 2020 be approved as a correct record.

#### HH14 15 JULY 2020

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 15 July 2020.

**RESOLVED** – That the Minutes of the meeting of this Scrutiny Committee held on 15 July 2020 be approved as a correct record.

### HH15 DARLINGTON OUTBREAK CONTROL PLAN

The Director of Public Health provided Members with an update on the Darlington Outbreak Control Plan and in doing so advised Members that since testing began there had been 630 confirmed cases of COVID-19 in Darlington; Darlington had not

seen any significant outbreaks since June 2020; and in the last seven to ten days there had been an increase in confirmed cases in Darlington from one to two cases per week up to eleven, with the majority in the 18 to 30 year age group.

It was reported that care homes in Darlington had not seen an increase in confirmed cases and there had been no significant outbreaks in work places in Darlington.

Details were provided of Darlington's response to the COVID-19 pandemic which was being closely monitored via a number of forums at a regional and local level. This included three regional Local Resilience Forums; Darlington Health Protection Board which met fortnightly and closely monitored Darlington's outbreak control plan; and the North East Directors of Public Health Network which met weekly to share cross border information about outbreaks and joint planning.

Discussion ensued on the potential increase in the number of confirmed cases following the commencement of the new school year; and timeliness of information received from the government. Members were assured that the Local Authority Public Health team were working closely with all education settings in Darlington; the Public Health Principal received and scrutinised the NHS Test and Trace data daily; and that whilst the test and trace data had improved, this was received a few days in arrears, hence the need for good information and local intelligence sharing between agencies.

Concern was made in respect of the leisure and hospital sector and the need for consistent messages was highlighted. The importance of Members' roles in sharing messages, providing local intelligence and views was reiterated and Members agreed that it would be beneficial for them to receive regular messages to be cascaded to residents within their wards.

The Communications Officer, County Durham and Darlington NHS Foundation Trust provided an update on the Trust's current situation; that whilst confirmed COVID-19 cases had been increasing across the county, this was not being seen in the number of admissions to hospitals. This may in part be due to the age of those testing positive for COVID-19, as younger people did not appear to be as badly affected by the virus; however it was reiterated that the virus was still very serious.

Discussion also ensued on testing for those that were asymptomatic.

**RESOLVED** – That the Director of Public Health be thanked for providing an update on the Darlington Outbreak Control Plan.

## **HH16 DARLINGTON BETTER CARE FUND**

The Director of Children and Adult Services submitted a report (previously circulated) updating Members on the position of the Better Care Fund (BCF) for Darlington and the future structure of the programme.

It was reported that the Better Care Fund was a programme spanning the NHS and Local Government; and brought together ring-fenced budgets from the Clinical Commissioning Group allocations along with funding paid directly to Local Government.

Details were provided of the seven workstream in place to support the delivery of the BCF; four national conditions were in place against which all system areas must comply; and Darlington performance against the four metrics as at the end of quarter four 2019/20 was outlined.

It was stated that the current 2020/21 BCF was a one year continuation programme, with no changes to the national conditions or metrics. Planning guidance to inform the development of a Darlington Plan was outstanding due to Covid related delays.

Details were provided of the Darlington BCF funding package for 2019/20; spend breakdown for 2019/20; and funding for 2020/21.

Following questions by Members, the Programme Manager (BCF & Integration) confirmed that there was scope for communications and promotional activity to enable those residents that were not technologically adept to be aware of and access services; a full system integration had not been implemented however there would be a shift toward technology and digital enhancement in future programmes; and scenario planning had been undertaken, with social isolation identified as an emerging area of importance.

**RESOLVED** – That the position of the Better Care Fund and delays to revised planning guidance, be noted.

## **HH17 PERFORMANCE INDICATORS - QUARTER 4 2019/2020**

The Director of Economic Growth and Neighbourhood Services and Director of Children and Adult Services submitted a report (previously circulated) providing Members with an update on performance against those key performance indicators within the remit of this Scrutiny Committee for the period 2019/20.

Details were provided of the 36 indicators reported to this Scrutiny Committee, nine indicators were reported by Housing and Leisure and 24 by Public Health.

At Quarter 4 data was available for all nine of the Housing and Leisure indicators and of those indicators four had targets to be compared against. It was noted that HBS 016 – Rent collected as a proportion of rents owed on HRA dwellings \* including arrears b/fwd, was showing performance not as good as its target whilst three of the indicators with targets were showing performance better than their target; and that, of the nine indicators, four demonstrated an improved performance compared to the same point in the previous year whilst five indicators, which included the three Leisure indicators, showed a performance not as good as that recorded at the same time in the previous year.

Details were provided on the Public Health indicators which had updated information to report at quarter 4, of which there were five indicators. Those indicators were PBH 020 – Reception: Prevalence of overweight (including obesity); PBH 021 – Year 6: Prevalence of overweight (including obesity); PBH024 – Hospital admissions caused by unintentional and deliberate injuries to children (0-4 years); PBH026 – Hospital admissions caused by unintentional and deliberate injuries to children (0-14 years); and PBH027 – Hospital admissions caused by unintentional and deliberate injuries to children (15-24 years).

Discussion ensued on PBH 041 – Waiting times – number of adult alcohol only clients waiting over 3 weeks to start first intervention and Members were assured that although there had been an increase in waiting times, this was as a result of an increase in service users accessing treatment due to work undertaken by partner agencies. Regarding PBH038, Waiting times – number of adult opiate clients waiting over three weeks to start first intervention, it was reported that the new drug and alcohol service provider was now in place.

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

(b) That an update be provided on the new drug and alcohol service provider at a future meeting of this Scrutiny Committee.

## **HH18 ANNUAL REPORT OF HEALTHWATCH DARLINGTON 2019/2020**

The Chief Executive Officer, Healthwatch submitted a report (previously circulated) sharing the Annual Report of Healthwatch Darlington 2019/20 'Guided by you' (also previously circulated).

The submitted report stated that it was a legal requirement for each local Healthwatch to create and publish an annual report; the annual report demonstrated how Healthwatch had met its statutory requirements; the national focus of the report was on impact; and a number of projects detailed within the Annual report were outlined.

**RESOLVED** – (a) That the thanks of this Scrutiny Committee be extended to the Chief Executive Officer of Healthwatch Darlington for her informative update;

(b) That the Annual Report of Healthwatch Darlington 2019/2020 be received;

(c) That the highlighted projects which demonstrated how Healthwatch Darlington met their statutory requirements, and evidenced how they have made a difference locally, regionally and nationally, be noted.

## **HH19 WORK PROGRAMME**

The Managing Director submitted a report (previously circulated) requesting that consideration be given to this Scrutiny Committee's work programme for the remainder of the Municipal Year 2020/21 and to consider any additional areas which Members would like to suggest should be included in the previously approved work programme.

There was discussion on the current status of a number of topics on the work programme. Members requested an update on the Loneliness and Connected Communities review group; and proposed an item be added to the work programme on mental health and bereavement.

**RESOLVED** – That the current status of the work programme be noted.