DARLINGTON
Borough Council

Health and Housing Scrutiny Committee Agenda

10.00 am
Wednesday, 23 February 2022
Council Chamber, Town Hall, Darlington, DL1 5QT

Members of the Public are welcome to attend this Meeting.

1. Introduction/Attendance at Meeting

2. Declarations of Interest

3. To approve the Minutes/Notes of the meeting of this Scrutiny held on :-

   (a) 15 December 2021 (Pages 3 - 4)

   (b) 5 January 2022 (Pages 5 - 6)

   (c) 19 January 2022 (Pages 7 - 14)

   (d) 2 February 2022 (Pages 15 - 20)

4. Integrated Care System –
   Presentation by the Chief Officer, NHS Tees Valley Clinical Commissioning Group
   (Pages 21 - 44)

5. Digital Health –
   Presentation by the Chief Information Officer, County Durham and Darlington NHS Foundation Trust
   (Pages 45 - 60)

6. Crisis Service Changes –
   Presentation by the Director of Operations County Durham and Darlington, Tees, Esk and

Wear Valley NHS Foundation Trust
(Pages 61 - 70)

7. Drug and Alcohol Service Contract - We Are With You –
Presentation by the Executive Director, We Are With You

8. Work Programme –
Report of the Assistant Director Law and Governance
(Pages 71 - 88)

9. Health and Wellbeing Board –
The Board last met on 16 September 2021. The next meeting is scheduled for 17 March 2022.

10. SUPPLEMENTARY ITEM(S) (if any) which in the opinion of the Chair of this Committee are of an urgent nature and can be discussed at the meeting.

11. Questions

Luke Swinhoe
Assistant Director Law and Governance

Tuesday, 15 February 2022

Town Hall
Darlington.

Membership
Councillors Bartch, Bell, Dr. Chou, Heslop, Layton, Lee, McEwan, Newall and Wright

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HEALTH AND HOUSING SCRUTINY COMMITTEE

Wednesday, 15 December 2021

PRESENT – Councillors Bell (Chair), Heslop, Layton, McEwan and Newall

APOLOGIES – Councillors Lee,

ABSENT – Councillors Bartch, Dr. Chou and Wright

ALSO IN ATTENDANCE – Councillor K Nicholson, Diane Lax (Healthwatch Darlington), Maxine Crutwell (Community Transformation Tees Valley), Emma Joyeux (NHS Tees Valley Clinical Commissioning Group), Dr Helen McLeish (Whinfield Medical Practice), Jo Murray (Tees, Esk and Wear Valley NHS Foundation Trust) and Dr Jo Nadkarni (Tees, Esk and Wear Valley NHS Foundation Trust)

OFFICERS IN ATTENDANCE –

NOTE

This meeting was postponed in order to offer immediate support to NHS and local government organisations in light of the latest situation regarding Omicron and other variants.

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HEALTH AND HOUSING SCRUTINY COMMITTEE

Wednesday, 5 January 2022

PLEASE NOTE THAT THIS WAS NOT A FORMALLY CONSTITUTED MEETING, AND THAT THIS IS A 'NOTE' OF THE INFORMAL MEETING THAT TOOK PLACE.

PRESENT – Councillors Bell (Chair), Heslop, Layton, McEwan and Newall

APOLOGIES – Councillors Bartch,

ABSENT – Councillors Dr. Chou, Lee and Wright

ALSO IN ATTENDANCE – Councillors K Nicholson

OFFICERS IN ATTENDANCE – Elizabeth Davison (Group Director of Operations), Anthony Sandys (Assistant Director - Housing and Revenues), Brett Nielsen (Assistant Director Resources) and Hannah Miller (Democratic Officer)

DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

MEDIUM TERM FINANCIAL PLAN

The Assistant Director Resources submitted a report (previously circulated) requesting that Members give consideration to the Medium Term Financial Plan (MTFP) for 2022/23 to 2025/26.

In introducing the report, the Group Director of Operations reminded Members of the MTFP Briefing that was delivered to Members in December outlining the overall position of the MTFP, and advised that Members now had the opportunity to ask questions relating to the remit of this Scrutiny Committee and to forward any views or comments to the Economy and Resources Scrutiny Committee for consideration at its meeting scheduled to be held on 20 January 2022.

The Group Director of Operations provided an update on the finance settlement which had been received subsequent to the draft MTFP.

It was reported that the Council Tax and Precept levels remained as expected at 2 per cent and 1 per cent respectively; that the £1.5B additional funding announced in the Autumn Statement had been split into £822M Services Grant and £636M Social Care Grant; the Council would be receiving £1.579M from the Services Grant and £1.162M from the Social Care Grant, which was higher than the estimate included within the draft MTFP; and Members were advised that the Services Grant was a one-off payment whilst a further review of Local Government funding was conducted.

Members were also advised that the New Homes Bonus had been extended for a further year, and that this would net a further £1.4M above anticipated levels. It was reported that there were also a number of deductions from initial draft figures, however overall there

would be an additional £1.073M funding for 2022/23.

It was reported that the Public Health and Housing Revenue Account were the two main funding streams within the remit of this Scrutiny Committee; these were both ring fenced grants; that the 2022/23 Public Health Grant allocation had not yet been announced; and there were no specific pressures for Housing or Public Health in 2022/23.

Following a question, the Group Director of Operations advised Members that there were no anticipated reductions in the Public Health grant.

IT WAS AGREED – (a) That this Scrutiny Committee has no comment to make on the MTFP 2022/23 to 2025/26.

(b) That the Chair, in consultation with the Lead Scrutiny Officers supporting this Scrutiny Committee, be given authority to agree the Notes of this Meeting of the Committee, to enable the Notes to be considered at a Special Meeting of the Economy and Resources Scrutiny Committee, scheduled to be held on 20 January 2022.

HOUSING REVENUE ACCOUNT

The Assistant Director Housing and Revenues submitted a report (previously circulated) requesting that Members give consideration to the Housing Revenue Account (HRA)– MTFP for 2022-23 to 2025-26.

The Assistant Director Housing and Revenue provided an update on the key decisions within the HRA for 2022-23 which included a proposed revenue expenditure of £25.448M, a proposed Capital Programme of £32.98M and a proposed rent increase.

It was reported that Councils had the discretion to inflate rents by CPI plus 1 per cent, which would mean a rent increase of 4.1 per cent for 2022-23. Members were advised that a number of options were considered at the Cabinet meeting held on 7 December 2021, taking into account the current economic pressures faced by tenants and balancing this with the need to deliver the Councils ambitious capital and energy efficiency programmes, an increase of 2 per cent was recommended which equated to an average £1.64 increase in weekly rents. Members were also informed that Cabinet recommended that service charges be increased by an appropriate inflationary amount.

Following a question in relation to the delivery of improvements to external wall insulation, Members were advised that all improvement work would be delivered as part of a programme; the Council were preparing to tender for a stock condition survey which would include insulation; and Members make Officers aware of any individual cases as required.

IT WAS AGREED – That this Scrutiny Committee has no comment to make on the Housing Revenue Account – MTFP for 2022-23 to 2025-26.

HEALTH AND HOUSING SCRUTINY COMMITTEE
Wednesday, 19 January 2022

PLEASE NOTE THAT THIS WAS NOT A FORMALLY CONSTITUTED MEETING, AND THAT THIS IS A 'NOTE' OF THE INFORMAL MEETING THAT TOOK PLACE.

PRESENT – Councillors , Bartch, Heslop, Layton, Lee and Newall

APOLOGIES – Councillors Bell, McEwan and Wright

ABSENT – Councillor Dr. Chou

ALSO IN ATTENDANCE – Jennifer Illingworth (Tees, Esk and Wear Valley NHS Foundation Trust), Lisa Ward (County Durham and Darlington NHS Foundation Trust), Warren Edge (County Durham and Darlington NHS Foundation Trust), Dr Chris Lanigan (Tees, Esk and Wear Valleys NHS Foundation Trust), Avril Lowery (Tees, Esk and Wear Valley NHS Foundation Trust) and Laura Kirkbride (Tees, Esk and Wear Valleys NHS Foundation Trusts)

OFFICERS IN ATTENDANCE – Hannah Miller (Democratic Officer)

NOTE

In the absence of the Chair and Vice Chair at the commencement of the meeting, Councillor Newall took the chair for this meeting only.

DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST - QUALITY ACCOUNTS 2021/22

The Associate Director of Nursing (Patient Safety and Governance) and Senior Associate Director of Assurance and Compliance gave a presentation updating Members on the progress against the interim improvement objectives for 2021/22.

Members were advised that the quality strategy, Quality Matters, was being refreshed through a wide programme of consultation; that a number of interim improvement objectives were put in place for 2021/22; and details were provided on the progress against the interim improvement objectives for 2021/22, where data was available.

Falls

Members were advised that the number of acute falls had decreased when compared to the same period in 2020; and noted that there were 6.3 acute falls per 1000 bed days and there were 7.1 community falls per 1000 bed days.

Members were pleased to note the publication of a new Falls Strategy; that a new Rapid Review and learning process from all falls had been implemented; and that recruitment was

underway for a Quality Improvement Senior Sister that would lead improvement projects, initially focussing on falls.

Healthcare Acquired Infections

MRSA Bacteraemia – The Trusts target is zero and it was reported that there had been four cases reported to 31 December 2021.

Clostridium difficile – The target for Clostridium difficile infection (CDI) is no more than 45 cases and the trust had reported 35 cases up to 31 December 2021.

Members were informed that the blood culture policy was being updated in line with national guidance; that face to face Infection Prevention and Control training through 'topic of the month' sessions was being provided for front-line staff; that NHSE/I's Infection Control Lead had visited the Trusts sites to review controls; and five Task and Finish Groups were in place and leading work to continually enhance the Trusts controls in line with good practice.

Care of Patients with Dementia

Members were informed of the ongoing work, including the re-launch of the lead dementia role and work to strengthen the role of dementia link nurses. Members were pleased to note the re-launch of John's Campaign, use of carer passports and 'This Is Me' documentation and the introduction of a quarterly Dementia Care Newsletter for staff.

Pressure Ulcers

Members noted the Trusts zero tolerance for pressure ulcers resulting from lapses in care and the aim to have no Category 3/4 pressure ulcers and were pleased to note that the Trust was on track to meet the ambition.

Electronic Discharge Letters

Members noted the target of 95 per cent and were advised that during the first half of the year the Trust maintained performance in line with previous years, however this was not at the target; and that demand pressures in the second half of the year had impacted on performance. We were informed that the 'Work As One' initiative continued with a close focus on all aspects of discharge.

Care of Patients with Sepsis

Members were informed of the aim to improve the percentage of patients receiving antibiotics within 1 hour of diagnosis in the Emergency Department (ED) and the challenges in light of the increased demands on the ED.

Members noted the delivery of simulation study days to improve staff awareness and processes and the development of a Patient Group Directive which was being piloted in the ED in Darlington. A Lead Sepsis Nurse had been appointed and details were provided of the new sepsis 6 screening tool as part of the new electronic patient record system.

Nutrition and Hydration

Members noted that work continues to promote optimal nutrition and hydration for all patients. It was reported that high levels of compliance had been maintained; that focused support was provided to any wards or teams not meeting the 90% thresholds; and the Acute Kidney Injury nurse was well embedded.

End of Life and Palliative Care

Members noted that the Trust had engaged with partners to develop the Tees-wide palliative care strategy; work was ongoing in relation to recognition of dying in hospital; and care after death documentation had been reviewed and a checklist developed and rolled out to all teams.

Mortality/ Learning from Deaths

It was reported that the Summary Hospital Mortality Indicator (SHMI) was within expected limits for Darlington; that COVID-19 had impacted on the reliability of the SHMI; and that assurance could be taken from the mortality reviews undertaken by the Trust, which showed of the 1072 deaths reviewed in 2020/21, less than 1 per cent had evidence of lapses in care.

Maternity Standards

It was reported that work was in progress to appoint a fetal medicine consultant; the Head of Midwifery role had been upgraded, reporting directly to the Director of Nursing; staffing was under continual review and national funding had been secured to recruit beyond current vacancies and support resilience; and the Continuity of Carer programme had been rolled out to four teams.

Paediatrics

Members noted that the Paediatric Assessment Area at UHND was now open 24/7; acknowledged that due to estate constraints a similar facility could not be established in Darlington Memorial Hospital (DMH), however the complement of children's nurses in A&E at DMH had been increased and training in paediatric competencies had been established for all nursing staff working that area; and a formal Partnership Alliance had been established to strengthen services for children and young people with mental health issues.

Excellence Reporting

Members noted that reporting of excellence in the organisation was promoted the via a quarterly Trust-wide bulletin and that excellence reporting was now tied in with patient compliments.

A&E Waiting times

Members noted the performance trends for Emergency Department and 4 hour wait performance over the period April to October 2021. Members were disappointed to note the deterioration in performance against the 4 hour wait but acknowledged the improvements in

time to initial assessment.

Discussion ensued regarding work being undertaken to address concerns and complaints regarding wait times in the ED, with reference made to the impact of patients not being able to access GP appointments. Members were assured that a comprehensive work programme was in place to optimise flow in the department and the hospital, ensuring patients were as safe as possible and in receipt of a good experience; an A and E system delivery group was in place to review at all aspects of the department; and in relation to ED attendance, the #doyourbitcampaign which was in place, aimed to raise awareness of the first routes people should take for urgent medical advice and treatment; and Members were informed that a number actions were in place to ensure the best use of the GP supported urgent care centre.

Members acknowledged progress against the priorities and the contribution from staff in the Trust, in a particularly challenging year.

IT WAS AGREED – (a) That the Associate Director of Nursing (Patient Safety and Governance) and Senior Associate Director of Assurance and Compliance be thanked for their informative presentation.

(b) That Members be provided with figures and trends for sepsis cases.

(c) That a visit to observe the sepsis screening tool be arranged for Members of this Scrutiny Committee.

(d) That this Scrutiny Committee receives an update at the next meeting regarding the programme of work in place to address A and E wait times.

TEES, ESK AND WEAR VALLEY NHS FOUNDATION TRUST - QUALITY ACCOUNTS 2021/22

The Director of Quality Governance, Director of Operations, Durham and Darlington and Associate Director of Strategic Planning and Programmes, Tees, Esk and Wear Valley NHS Foundation Trust gave a presentation outlining the progress made on the Quality Account improvement metrics and priorities for 2021/22.

Members were advised that the three quality improvement priorities for 2021/22, Care Planning, Safer Care and Compassionate Care, were supported by 50 actions, 36 of which had been achieved and 14 had not been achieved.

It was reported that Care Planning was a key priority area which was overseen by the Project Management Board; and a number of actions under this priority had been extended to quarter 4 due to staff deployment as a response to COVID-19. Reference was made to the new framework, dialogue; that this would be aligned to the new patient record system, cito that was due to go live in Autumn 2022; and that the work undertaken as part of this priority would be delivered to this timeline.

Members were advised of the work undertaken as part of the Safer Care priority with reference made to the focus on organisational learning including the implementation of patient safety briefings, a learning library containing ‘learning lessons from serious incidents’ and a weekly lessons learned bulletin.

Details were provided of the work being undertaken as part of the patient safety campaign; and Members noted that whilst the family conference was not held due to covid and business continuity pressures, work was undertaken with patients and carers focusing on the serious incident process, with an action plan produced.

In relation to the Compassionate Care priority Members noted that a revised policy for managing informal concerns and complaints was due to go live in quarter 4; and bespoke empathy training had been delivered to the complaints team to help develop an empathetic approach.

The presentation provided information in relation to the nine quality metrics as at 31 December 2021, of which three of were reporting Green, those being Metric 2 - number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) –for inpatients, Metric 4 - Existing percentage of patients on Care Programme Approach who were followed up within 72 hours after discharge from psychiatric inpatient care and Metric 5 - Percentage of Quality Account audits
completed; and that six quality metrics were reporting Red.

In relation to Metric 1- Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?, it was reported that whilst still below the Trust target of 88 per cent, Durham and Darlington were performing better than the Trust overall.

In relation to Metric 2 - Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) for inpatients, Members noted that this target was being met. It was reported that there had been one Level 3 fall; and Members were informed of a pilot due to begin in mental health services for older people of Circadian Lighting which was designed to reduce stress and falls.

In relation to Metric 3 - Number of incidents of physical intervention/ restraint per 1000 occupied bed days, Members noted that Durham and Darlington's position was above the target of 19.25 and the reasons for the performance were outlined.

In relation to Metric 6 - Patients occupying a bed over 90 days, Members noted that the target of 61 days or less had not been met and work was being undertaken with mental health services for older people to facilitate discharges.

In relation to Metric 7 – Percentage of patients who reported their overall experience as excellent or good, Metric 8 – Percentage of patients that report that staff treated them with dignity and respect and Metric 9 – Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment, Members noted that whilst the target of 94 per cent had not been met, the metrics were improving and were performing close to the target.

Members were advised that a Quality Programme Group was in place, and were developing ideas for the 2022/23 priorities for improvement; discussions were ongoing regarding an engagement event to agree the priorities; and details were provided of the timeline for the draft Quality Account document.

Members entered into a discussion regarding the derivation of the targets and acknowledged the Trusts progress against the priorities, in a particularly challenging year.

IT WAS AGREED – That the Director of Quality Governance, Director of Operations, Durham and Darlington and Associate Director of Strategic Planning and Programmes, Tees, Esk and Wear Valley NHS Foundation Trust be thanked for their informative update.

COUNTY DURHAM AND DARLINGTON ADULT MENTAL HEALTH REHABILITATION AND RECOVERY SERVICES - REPROVISION OF PRIMROSE LODGE, CHESTER LE STREET INPATIENT SERVICE

The Director of Mental Health & Learning Disability, Durham Tees Valley Partnership and Director of Operations County Durham and Darlington , Tees, Esk and Wear Valley NHS Foundation Trust submitted a report (previously circulated) requesting that Members note the proposal to reprovide the inpatient rehabilitation and recovery unit from Primrose Lodge, Chester le Street to Shildon with a reduction from 15 to eight beds.

The submitted report stated that Primrose Lodge was a 15-bed stand-alone rehabilitation and recovery unit in Chester le Street and was leased from the Local Authority; that the service was commissioned for Darlington and County Durham residents; and the unit delivered supportive interventions to service users with often complex mental health needs.

Reference was made to Willow Ward, a 15 bed high dependency rehabilitation and recovery unit at West Park Hospital which provided support to more complex service users; and members noted the investment of £500k into the community rehabilitation team which would enable the expansion of the existing community service and offer more comprehensive support to a wider number of service users.

Members were informed that an options appraisal to identify the optimum model for community bed-based rehabilitation services had been carried out, which identified relocation to Shildon to be the preferred option. Details were provided of issues associated with Primrose Lodge; this building was deemed not fit for purpose as a modern mental health facility, requiring significant investment to address environmental limitations and safety risks associated with ligature points on the unit; and Members were provided with details of the TEWV owned vacant unit at Shildon.

Members noted that the Shildon unit would provide eight beds, which was a seven bed reduction based on the current provision, however access to the 15 rehabilitation beds at Willow Ward would remain unchanged; reference was made to the demand for inpatient provision, and the factors which had affected bed occupancy at Primrose Lodge; and that a reduction from 15 to eight beds was achievable, based on demand modelling work undertaken as part of the recent investment requirements for the development of the community service expansion.

Details were provided of the risk log and mitigation plan; that three improvement events had taken place to improve the rehabilitation service pathway, ensuring that pathways were needs led and individualised to support transition into community living; the new staffing model was outlined; and details provided in respect of access to community services and relocation of the workforce.

Members were informed of the range of engagement activities undertaken with stakeholders and were provided with the timescale for the reprovision of the inpatient unit, with the work required to move to Shildon anticipated to be completed by the end of March 2022.

Members were advised that an Implementation group would be established in January 2022, meeting fortnightly to review each patient and monitor progress towards discharge and to ensure a planned and safe transition to the new unit; and the group would oversee and determine the timing of the phased bed reductions.

IT WAS AGREED – (a) That the proposal to reprovide the inpatient rehabilitation and recovery unit form Primrose Lodge, Chester le Street to Shildon with a reduction from 15 to 8 beds, be noted.

(b) That an update be provided at a future meeting of this Scrutiny Committee on the outcome of the further targeted engagement process.

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HEALTH AND HOUSING SCRUTINY COMMITTEE

Wednesday, 2 February 2022

PRESENT – Councillors Bell (Chair), Heslop, Lee, McEwan, Newall and Wright

APOLOGIES – Councillors Bartch and Layton

ABSENT – Councillor Dr. Chou

ALSO IN ATTENDANCE – Jill Foggin (Communications Manager, County Durham and Darlington Foundation Trust), Mark Pickering (NHS Tees Valley Clinical Commissioning Group), Maxine Crutwell (Community Transformation Tees Valley), Emma Joyeux (NHS Tees Valley Clinical Commissioning Group), Jo Murray (Tees, Esk and Wear Valley NHS Foundation Trust) and Dr Jo Nadkarni (Tees, Esk and Wear Valley NHS Foundation Trust)

OFFICERS IN ATTENDANCE – Penny Spring (Director of Public Health), Anthony Sandys (Assistant Director - Housing and Revenues), Lisa Soderman (Head of Leisure), Matthew Hufford (Communication and Engagement Co-ordinator) and Hannah Miller (Democratic Officer)

HH33 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

HH34 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY HELD ON 20 OCTOBER 2021

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 20 October 2021.

RESOLVED – That the Minutes of the meeting of this Scrutiny Committee held on 20 October, 2021 be approved as a correct record.

HH35 PRIMARY CARE: AN UPDATE ON NATIONAL POLICY CHANGES 2020/21

The Commissioning Lead, Primary Care gave a presentation (previously circulated) updating Members on the Primary Care national policy changes 2020/21.

It was reported that the standard operating procedure in response to coronavirus was first published on 19 March 2020 and subsequently withdrawn in July 2021 in line with covid recovery; Members noted that during this period Practices remained open with infection prevention control measures in place, as directed by Public Health England, and where clinically necessary, were consulting with patients face to face.

Details were provided of the key operational changes between March 2020 and March 2021, including a move to a total triage model that all practices were required to implement by April 2020; facilitation of Easter Bank holiday GP provision; GP support to Care Homes; the reinstatement of services in July 2020; and additional funding to expand capacity in seven

priority areas.

The presentation provided details of the timeline for Phases 1, 2 and 3 of the covid vaccination programme; Darlington Primary Care Network (PCN) participated in phase 1 for cohorts 1-9 but left the programme in July 2021; Darlington PCN applied and were approved to deliver phase 3 and following Omicron, continued to deliver vaccinations for all cohorts until 31 March 2022.

Members were advised of further key operational changes; on 17 May 2021 social distancing legislation was changed and GPs were encouraged to see patients face to face, whilst continuing to follow infection prevention control guidance that remained in place; non-urgent care was paused on 13 December to focus on the booster campaign; and routine services were reinstated on 27 January 2022.

Members noted that despite the challenges, GPs had been committed to maintaining vital primary care services and had to rapidly adapt to meet the demands of delivering these during a pandemic; and that whilst the new ways of working caused some frustrations for patients, were requested to continue to support Darlington's practices and GPs positively.

Members raised concern and highlighted issues regarding access to GP appointments for residents; the Commissioning Lead, Primary Care highlighted that there was a need for greater patient education to enable patients to access the right service, which may not always be a GP appointment; that there was a range of clinical professionals within practices for patients to access and a GP community pharmacy scheme for minor ailments; and further details on campaigns would be provided.

RESOLVED – (a) That the presentation be noted.

(b) That Members be provided with details of campaigns in place to educate patients on available services.

HH36 COMMUNITY TRANSFORMATION NHS ENGLAND: TEES VALLEY

The Programme Manager, Community Transformation Tees Valley gave a presentation (previously circulated) updating Members on the work being undertaken to review the mental health system as part of the Community Transformation NHS England: Tees Valley.

It was reported that the core aims of the community transformation, which was being driven by the NHS England long term plan, were to improve access to integrated primary and community mental health care for those with severe mental health illness; to move to an integrated, holistic, person-centred care model; and to co-produce services and care pathways with service users, carers and local communities. Members noted that this was a 3 – 5 year programme.

Members were advised of the work being undertaken in the Tees Valley which included a consultation exercise by Healthwatch; and reference was made to the work undertaken between April and September 2021 as part of the information and mapping phase 1.

Details were provided of the TEWV redesign event held in October 2021; the vision for the

model, which had been developed with patients and carers, was outlined; the community hub had been identified as a key element of the model; and the flow of patients between the different levels within the model would be supported by community care navigators.

Details were also provided of the work to be undertaken as part of phase 2 and phase 3; Members were advised that the vision had been signed off in January 2022 and Year 2 proposal submitted to NHSE; and a breakdown of the year 2 funding proposal was outlined.

Members were informed that there had been eight resilience projects, funded non recurrently, to support COVID recovery across Darlington; these projects included increasing capacity in counselling for those who had experienced bereavement, social connections and artistic sessions for individuals with low mood or anxiety, befriending services, female and male allotment sessions and social prescribing; a further two full time mental health nurses had been appointed as part of the Additional Roles Reimbursement Scheme (ARRS), to support adults aged 18 and over; and details were provided of the next steps for Darlington.

Members entered into a discussion regarding recruitment and retention of staff; and the need for recurrent investment in mental health services.

RESOLVED – That the presentation be noted.

HH37 CUSTOMER ENGAGEMENT STRATEGY 2021-2024 UPDATE

The Communications and Engagement Co-Ordinator gave a presentation (previously circulated) updating Members on the Customer Engagement Strategy 2021-2024.

Details were provided of the aims of the customer engagement strategy 2021-2024; that four priorities were in place to deliver the aims, Priority 1- providing the right information, Priority 2 - listening to our tenants, Priority 3 - making decisions with our tenants and Priority 4 - maximizing scrutiny and accountability of the service; and the work undertaken to date for each priority was outlined.

It was reported that engagement with tenants on building safety, including fire assessment, electrical safety and gas safety, was hugely important and there was a need to change how this information was communicated; engagement with tenants would be undertaken via Tenants Panel, surveys and Mystery Shopper to identify how best to communicate building safety information; and role of the Tenants Panel was outlined.

Reference was made to the effects of Covid-19 on the Council's plans; and work planned for the next 12 months was outlined and included setting up Engagement Champion programme for tenants, improvements to the Council's website, introduction of a new Housing Management Policy and a review of the Anti-social behaviour policy and increased customer surveys to gather feedback from tenants.

Discussion ensued regarding engagement with those on the housing waiting list; the Assistant Director Housing and Revenues advised Members that direct engagement would be undertaken as part of the Strategic Housing Needs Assessment.

RESOLVED – That the presentation be noted.

HH38 PERFORMANCE INDICATORS - QUARTER 2 2021/22

The Assistant Director – Housing and Revenues, Assistant Director – Community Services and Director of Public Health submitted a report (previously circulated) to provide Members with performance data against key performance indicators for Quarter 2 2021/22.

It was reported that 36 indicators were reported to this Scrutiny Committee, six Housing and Culture indicators and twenty four Public Health indicators.

At Quarter 2, data was available for nine of the twelve Housing and Culture indicators. It was noted that two indicators had targets to be compared against, HBS 013 – Rent arrears of current tenants in the financial year as a % of rent debit (GNPI 34) which was showing performance better than target; and HBS 016 – Rent collected as a proportion of rents owed on HRA dwellings* including arrears which was showing performance not as good as the target; and that, of the nine indicators with data available, six indicators were showing an improved performance compared to the same point in the previous year, which included two culture indicators CUL 030 – Total number of visits to the Dolphin Centre (all areas) and CUL 064 – Number of individuals participating in the community sports development programme; whilst three indicators showed a performance not as good as that recorded at the same time in the previous year.

In relation to Public Health indicators it was reported that eight of the twenty-four indicators had new data available at quarter 2 and that four indicators were showing performance better than the previous year whilst four indicators were showing performance not as good as the previous year.

RESOLVED – That the performance data reported for Quarter 2 2021/22 be noted.

HH39 WORK PROGRAMME

The Assistant Director Law and Governance submitted a report (previously circulated) requesting that consideration be given to this Scrutiny Committee' work programme and to consider any additional areas which Members would like to suggest be included in the previously approved work programme.

Discussion ensued on the current work programme and it was agreed that an update on the Drug and Alcohol Service Contract be brought forward to the next meeting of this Scrutiny Committee; that the items A and E Wait Times, Housing Management Policy and Affordable Home Ownership Policy be deferred; and that an update on West Park be provided.

RESOLVED – That the work programme be updated to reflect discussions.

HH40 HEALTH AND WELLBEING BOARD

It was reported that the Board had not met since 16 September 2021; and that the next meeting of the Board was scheduled for 17 March 2022.

RESOLVED – That Members look forward to receiving an update on the work of the Health

and Wellbeing Board at a future meeting of this Scrutiny Committee.

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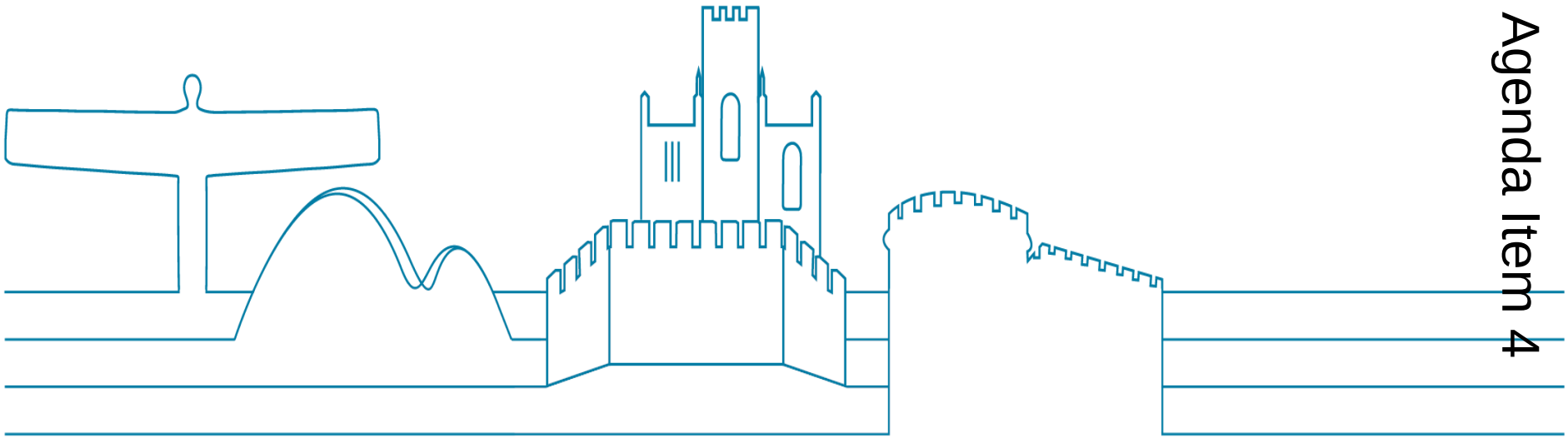
ICS development update



ENGAGEMENT WITH LOCAL AUTHORITIES ON ICS DEVELOPMENT

- Appointment of our ICS Chair via a NHS-Local Government panel
- ICS Chair 121 meetings with council leaders and executives
- Ongoing engagement with local and regional scrutiny meetings
- ICP engagement meetings in July and August to gather views on ICS development
- Joint Management Executive Meetings throughout October-November to develop proposals on ICS governance and operating model
- Local government stakeholder sessions for the appointment of the ICS chief executive
- Engagement on ICB Constitution

CURRENT CCG STATUTORY DUTIES AND POWERS

- Needs assessment
- Commission population level and personalised health services
- Provide information on safety of health services
- Improve quality of services
- Achieve financial balance
- Public involvement and consultation on service changes
- Reduce health inequalities
- Promote patient involvement and choice
- Support innovation and research
- Promote service integration
- Partnership working in specialist areas (e.g. safeguarding, special educational needs, public health)

CCG GOVERNANCE IN NORTH EAST AND NORTH CUMBRIA: **EXISTING STRUCTURES**

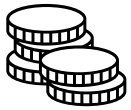
8 Governing Bodies

8 Executive Teams

8 Management Teams

8 Councils of Practices

8 Primary Care Committees



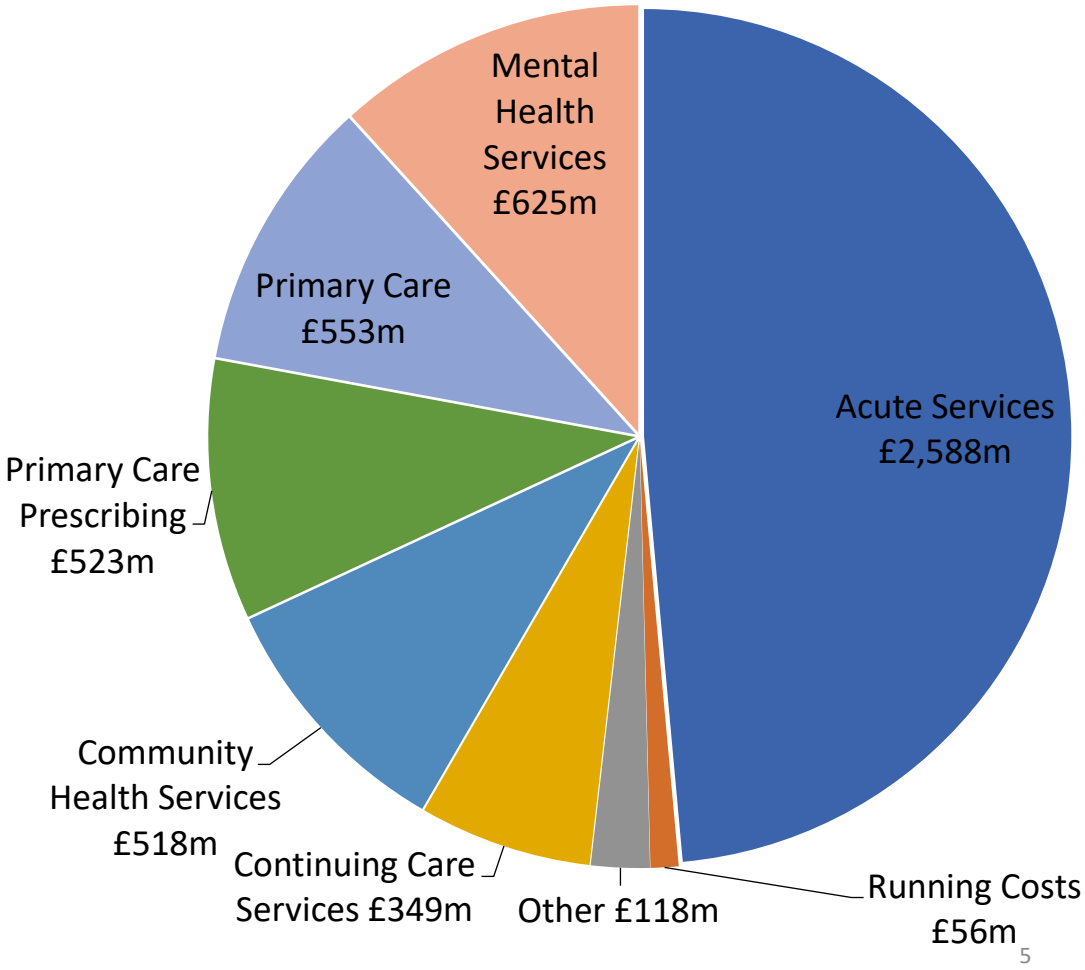
8 Remuneration Committees

8 Audit Committees

8 Quality Committees

8 Finance & Performance Committees

CURRENT CCG COMMISSIONING SPEND IN OUR ICS AREA



Financial values based on 19/20 pre Covid expenditure levels and are based on CCG Core and Delegated Primary Care spend

POTENTIAL DISTRIBUTION OF ICS FUNCTIONS TO EACH LEVEL: **SYSTEM**

- Setting strategy
- Managing overall resources, performance and financial risk
- Planning and commissioning specialised and acute services across larger footprints
- Improvement programmes for quality and patient safety (including safeguarding)
- Workforce planning
- Horizon scanning and futures
- Harnessing innovation
- Building research strategy and fostering a research ecosystem
- Driving digital and advanced analytics as enablers
- Health emergency planning and resilience
- Improving population health and reducing health inequalities
- Strategic communications

POTENTIAL DISTRIBUTION OF ICS FUNCTIONS TO EACH LEVEL: **PLACE**

- Fostering service development and delivery with a focus on neighbourhoods and communities
- Commissioning local integrated community-based services for children and adults (including care homes and domiciliary care).
- Primary care commissioning – building the capacity of local Primary Care Networks and supporting their clinical leadership role.
- Local Clinical Leadership including clinical pathway redesign and helping shape the commissioning of acute services
- Monitoring the quality of local health and care services – including support to care homes, e.g. infection prevention and control.
- Forging strong working relationships with the wider local system including HealthWatch, the VCSE sector, and other local public services.
- Building strong relationships with communities

POTENTIAL DISTRIBUTION OF ICS FUNCTIONS TO EACH LEVEL: **PLACE** (CONTINUED)

Joint work between NHS and Local Authorities

- Participation in Health & Wellbeing Boards to develop JSNAs and Joint Health & Wellbeing Strategies
- Joint initiatives to promote health, prevent disease and reduce inequalities
- Joint commissioning and leadership of local services:
  - Continuing Health Care
  - Personal Health Budgets
  - Community mental health, LD and autism
  - Children & young people (transitions/SEND/LAC)
- Service integration initiatives and jointly funded work through, e.g. the BCF and Section 75.
- Fulfilling the NHS's statutory health advisory role in adults and children's safeguarding.
- The provision of updates to local Scrutiny Committees and Lead Members on local health and care services.

PLACE GOVERNANCE IN NORTH EAST AND NORTH CUMBRIA: EXAMPLES OF EXISTING STRUCTURES

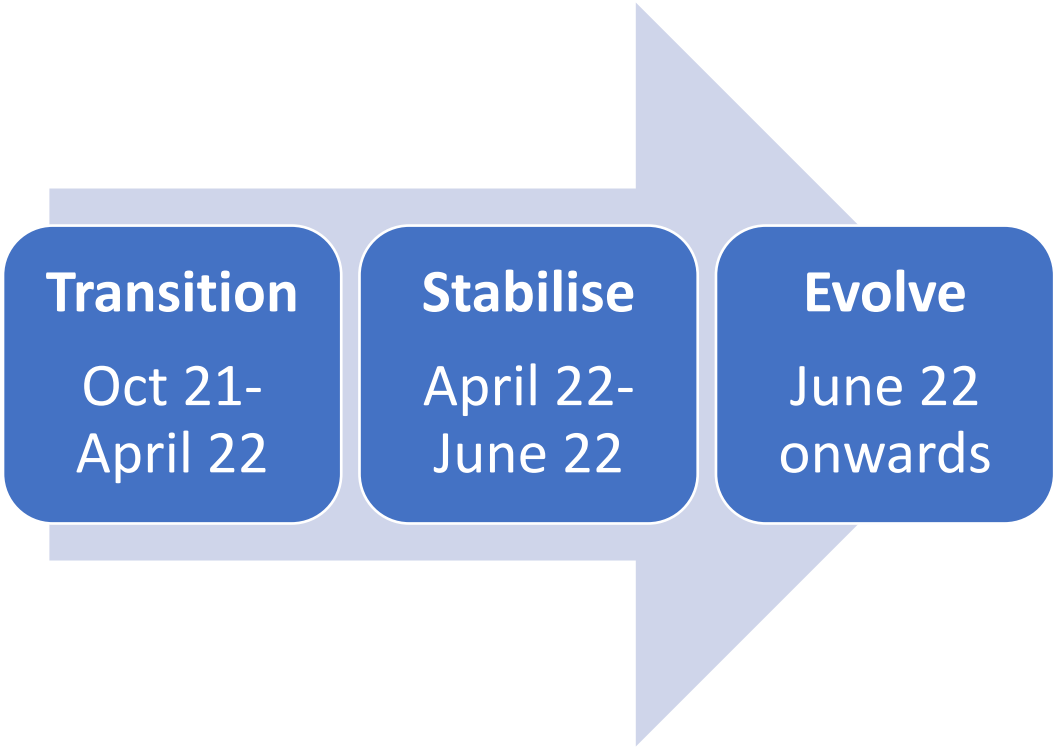
CCG	Local Authority	Partnership Forum
Cumbria	Cumbria County Council	North Cumbria ICP Leaders Board
		North Cumbria ICP Executive
		(Whole of) Cumbria Joint Commissioning Board
		(Whole of) Cumbria Health and Wellbeing Board
Newcastle Gateshead	Newcastle City Council	Collaborative Newcastle Executive Group
		City Futures Board (formerly Health & Wellbeing)
	Gateshead Council	Gateshead Care (System Board and Delivery Group)
		Gateshead Health and Wellbeing Board
Northumberland	Northumberland County Council	Northumberland System Transformation Board
		BCF Partnership
		Northumberland Health and Wellbeing Board
North Tyneside	North Tyneside Council	North Tyneside Future Care Executive
		North Tyneside Future Care Programme Board
		North Tyneside Health and Wellbeing Board
Sunderland	Sunderland City Council	All Together Better Executive Group
		Sunderland Health and Wellbeing Board
South Tyneside	South Tyneside Council	S Tyneside Alliance Commissioning Board & Exec
		South Tyneside Health and Wellbeing Board
Durham	Durham County Council	County Durham Care Partnership
		County Durham Health and Wellbeing Board
Tees Valley	Middlesbrough Council	South Tees Health and Wellbeing Board
	Redcar & Cleveland Council	Adults Joint Commissioning Board
	Hartlepool Council	Hartlepool BCF Pooled Budget Partnership Board
		Hartlepool Health and Wellbeing Board
	Stockton-on-Tees Council	Stockton BCF Pooled Budget Partnership Board
		Stockton-on-Tees Health and Wellbeing Board
	Darlington Council	Darlington Pooled Budget Partnership Board
		Darlington Health and Wellbeing Board

GOVERNANCE OPTIONS FOR PLACE BASED PARTNERSHIPS

- **Consultative forum,** *informing* decisions by the ICB, local authorities and other partners
- **Committee of the ICB** with delegated authority to take decisions about the use of ICB resources
- **Joint committee of the ICB** and one or more statutory provider(s), where the relevant statutory bodies delegate decision making on specific functions/services/populations to the joint committee
- **Individual directors of the ICB** having delegated authority, which they may choose to exercise through a committee
- **Lead provider** managing resources and delivery at place-level under a contract with the ICB

Source: LGA/NHS England 'Thriving Places' guidance, 2021

GOVERNANCE OPTIONS FOR PLACE BASED PARTNERSHIPS: **IMPLEMENTATION AND DEVELOPMENT TIMELINE**



ICS GOVERNANCE

ICB governance arrangements – core elements

ICPs *statutory*	• **Each ICS area will have an Integrated Care Partnership** at system level • **Established by the ICB and relevant local authorities** as equal partners. • We expect the ICP to have a specific **responsibility to develop an integrated care strategy**.for its whole population (covering all ages) using the best available evidence and data – including patient experience, covering both children's and adult's social care, health inequalities and the wider determinants which drive these inequalities.
ICBs *statutory*	• **42 ICBs will replace existing CCGs from April 2022**. Each ICB will be **governed by unitary board**, with flexibility to establish board roles. • **Minimum board membership is 10 roles**: an ICB Chair, 2 x independent executive members, 4 x ICB executive roles, 3 x partner members • Unitary board will be **required to establish an audit committee and remuneration committee** • **Flexibilities to establish and deploy other committees of the board**, with the power to a) appoint non-ICB staff to be committee members b) delegate functions to be exercised by or jointly with other organisations
Place based partnerships	• **ICBs will be able to arrange for functions to be exercised** and decisions to be made, by or with place-based partnerships, **through a range of different arrangements**. • The **ICB will remain accountable for NHS resources deployed at place-level**.
Provider collaboratives	• May be at sub system, system or supra-system level • **Must agree specific objectives with one or more ICB**, to contribute to the delivery of that system's strategic priorities.

INTEGRATED CARE BOARD: MEMBERSHIP

Independent Chair plus a minimum of two other independent non-executive directors. (These individuals will normally not hold positions or offices in other health and care organisations within the ICS footprint.)

At least one member drawn from **NHS trusts and foundation trusts** who provide services within the ICS's area

At least one member drawn from **general practice** within the area of the ICS NHS body

At least one member drawn from the **local authority,** or authorities, with statutory social care responsibility whose area falls wholly or partly within the area of the ICS NHS body.

Chief Executive, Director of Finance, Director of Nursing, Medical Director mandatory plus others as required.

Non-voting membership

Participants: invitees who may address the meeting at the discretion of the Chair

Observers: invitees who may not address the meeting

GUIDANCE: Set out in *Interim guidance on the functions and governance of the integrated care board, August, 2021.*

INTEGRATED CARE BOARD: GOVERNANCE FEATURES

The ICB is a Unitary Board

- Where each member has shared corporate accountability for delivering all of its functions and duties.

Responsible for achieving:

- The four wider purposes of the Integrated Care System
  - **improving outcomes** in population health and healthcare;
  - **tackling inequalities** in outcomes, experience and access;
  - **enhancing productivity** and value for money;
  - supporting broader **social and economic development**.
- Good stewardship of NHS processes of planning, development, delivery, and the proper use of resources

ICB CONSTITUTION DEVELOPMENT

NEXT STEPS AND ENGAGEMENT TIMELINE

Engagement requirements for Draft Constitution:

- Board size and composition - to complete by 17 November.
- All other aspects of the constitution, including the nomination processes for partner members by 30 November.

Draft Constitution was circulated for comments to key stakeholders prior to approval by NHS England:

- CCG Governing Bodies
- Foundation Trust Boards
- Local Authorities
- HealthWatch
- VONNE
- Available for public comments via the ICS website

INTEGRATED CARE BOARD: MEMBERSHIP PROPOSED TO NHS ENGLAND IN DECEMBER 2021

Board membership composition recommended by the Joint Management Executive Group of NHS and Local Authority executives

25 ICB voting members (13 non-execs, 12 execs)

- Chair
- Chief Executive
- Two Partner member(s) NHS and Foundation Trusts
- Two Partner member(s) Primary medical services
- Four Partner member(s) Local Authorities
- Four Non Executive members
- One Executive Director of Finance
- One Executive Medical Director
- One Executive Chief Nurse
- One Executive Chief People Officer
- One Executive Chief Digital & Information Officer
- One Executive Director of Strategy and System Oversight
- Three Executive Directors of Place Based Delivery - North/Central/ South
- One Executive Director of Innovation
- One Executive Director of Corporate Governance, Communications and Involvement

Formal ICB participants (non-voting):

- North East and North Cumbria Voluntary Sector Partnership orth East and North Cumbria ICS Healthwatch Network
- North East and North Cumbria Voluntary, Community and Social Enterprise Partnership

iCS
Integrated Care System
North East & North Cumbria

ESTABLISHING AN INTEGRATED CARE PARTNERSHIP

ESTABLISHING THE INTEGRATED CARE PARTNERSHIP

ETHOS: The Integrated Care Partnership will have a key role to play in setting the tone and culture of the system. Operating a collective model of accountability, including to local residents.

REQUIREMENTS: System partners to determine how the ICP will operate, agree the leadership arrangements and functions it will carry out over and above its statutory responsibilities. The ICP is tasked with developing an integrated care strategy for the area.

GUIDANCE: Set out in *Integrated Care Partnership (ICP)*[19] *engagement document: Integrated Care Systems (ICS) implementation, September 2021*

INTEGRATED CARE PARTNERSHIP: **MEMBERSHIP**

The ICP will need to mutually agree terms of reference, membership, ways of operating and administration.

Chair is jointly selected by NHS and local authority; can be same chair as ICB – approach to be determined locally.

Members must include all local authorities and the local NHS (represented at least by the ICB).

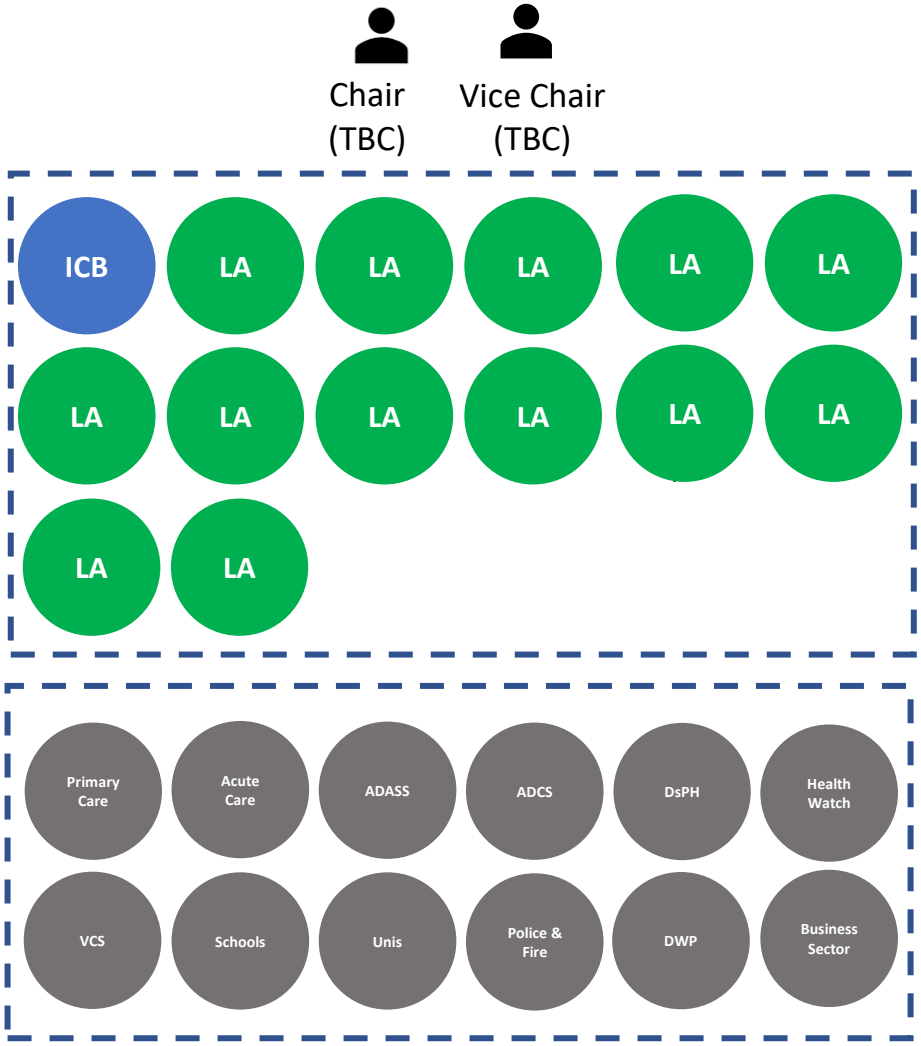
Representatives should draw on a wide range of partners working to improve health and care in their communities, including the views of patients and the social care sector.

GUIDANCE: Set out in *Integrated Care Partnership (ICP) engagement document: Integrated Care Systems (ICS) implementation, September 2021*

THE INTEGRATED CARE PARTNERSHIP: **COMPOSITION**

Core Members

Potential Members



PROPOSING ARRANGEMENTS TO ESTABLISH INTEGRATED CARE PARTNERSHIP BOARD

Joint Management Executive Group on 22 Dec to consider ICP arrangements:

- Scheduling first meeting (likely to be in first quarter of 2022)
- Appointing an ICP chair designate
- Agree ICP terms of reference, membership, ways of operating and administration.
- Consideration of sub-regional ICP arrangements (eg for Tees Valley)
- Develop a formal agreement for engaging and embedding the VCSE sector in system-level governance and decision-making arrangements, eg by working through a VCSE alliance.
- Agree a plan for developing the ICP Integrated Care Strategy building upon existing plans across the system.

ICB Chief Executive Designate appointed

Extensive recruitment process

- Involved NHS, LA Healthwatch partners
- Thank you to all involved

Appointed Samantha Allen as CEO designate

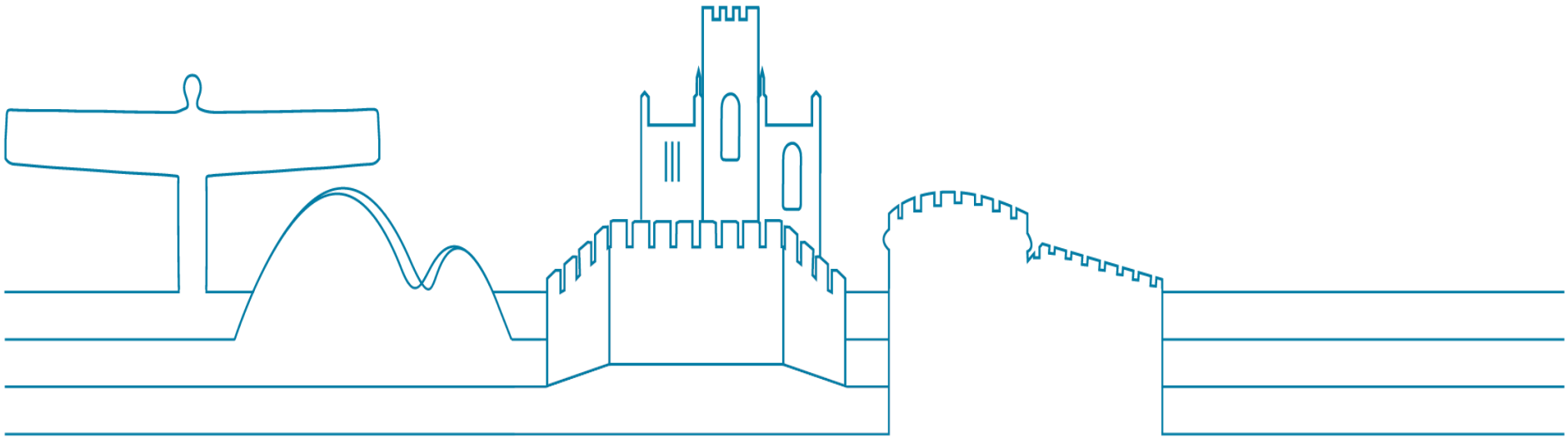
- Excellent appointment
- Broad range of skills and experiences

Joins NENC region the end of January 2022

Integrated Care System

North East & North Cumbria

Questions



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CDDFT Digital Health

Andrew Izon
February 2022

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CDDFT Digital Strategy 2016-2022 (extended)

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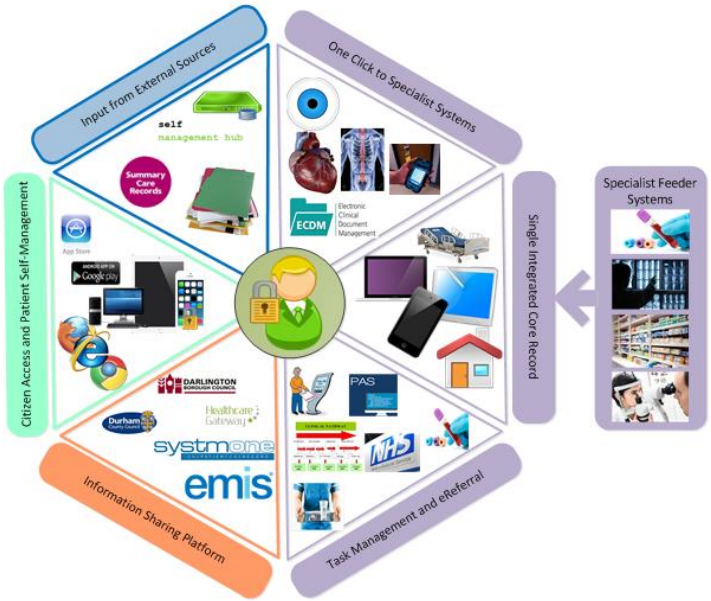

- CDDFT's strategy is approaching the end of its lifespan (including an extension to delivery due to COVID).
- We have achieved many of the strategic aims we set out to deliver within this period, and have welcomed new and emerging technology as a means to deliver against the core themes.
- Our EPR implementation is due to complete Phase 1 in July 2022

CDDFT Strategy Delivery Status

NHS
County Durham and Darlington
NHS Foundation Trust

Strategic Theme	Aim	Status
Working Together	• **shared resources** across the Local Health Economy • **access to relevant information across partner organisations** • facilitate **partnership working.** • Information flows across **multiple organisational boundaries** • **common** digital platform • **clinically driven**	✓ GNCR/HIE ✓ CDDFT Digital Governance ✓ Regional Schemes ✓ ICS and ICP Partnerships
Working Smarter	• access to **complete contemporaneous records** • **single source** of high quality clinical and operational information • **enabler for innovative ways of working** • enhanced use of **mobile technology**, providing care providers with access to contemporaneous information at the point of care and enabling real-time record keeping and management.	✓ EPR Procurement ✓ Single system for community ✓ Healthcall enhancements X EPR Implementation (Jul 2022)

CDDFT Strategy Delivery Status

NHS
County Durham and Darlington

Strategic Theme	Aim	Status
Working Securely	• continue to **protect our information** • cyber security and threat management; we will be able to effectively monitor the status of all systems and proactively manage threats. • Access to information will be via a continuous secure platform, both from within the organisation and externally.	✓ DSP Toolkit assessment and Compliance ✓ Cyber Security Refresh ✓ VPN Provision
Citizen Access	• patients, carers, families and citizens who want it will have access to relevant national and local data services • **see and manage their own records** • undertake transactions with healthcare providers to support the management of their health and wellbeing.	✓ Awaiting development aligned to GNCR

CDDFT Strategy Delivery Status

NHS
County Durham and Darlington

Strategic Theme	Aim	Status
Paper-light to Paperless	• **exploit the benefits** achieved through the utilisation of the systems we currently have in place • maximise the investment already made by the Trust • **remove paper** based processes from the organisation, replacing them as required with secure digitised workflows	✓ Continual improvement programmes for retained systems. ✓ New Development request process via CIG.
Quality Services	• services provided by Health Informatics are **measurable** in terms of quality • compliance with national information standards • utilisation of best-practice methodologies and frameworks • **Service Level Agreements** are be in place • performance data will readily available and published to the organisation. • **Value** of service provision is benchmarked against national data.	✓ Continue to benchmark our services (CIPFA etc) ✓ Service Delivery and Performance Boards Established

CDDFT Digital Maturity

NHS
County Durham and Darlington
NHS Foundation Trust

- In 2021 we undertook a baseline assessment **(pre EPR)** using the HIMMS Electronic Medical Records Adoption Model:
  - CDDFT Achieved Stage 1 in this assessment
  - The assessment highlighted known gaps in provision – the operational silos outlined within the trusts strategy
  - Many of the key gaps will be met through the adoption of our Cerner Millennium EPR and supporting technologies taking us to an **anticipated Stage 5**

STAGE	HIMSS Analytics EMRAM EMR Adoption Model Cumulative Capabilities
7	Complete EMR; External HIE; Data Analytics, Governance, Disaster Recovery, Privacy and Security
6	Technology Enabled Medication, Blood Products, and Human Milk Administration; Risk Reporting; Full CDS
5	Physician documentation using structured templates; Intrusion/Device Protection
4	CPOE with CDS; Nursing and Allied Health Documentation; Basic Business Continuity
3	Nursing and Allied Health Documentation; eMAR; Role-Based Security
2	CDR; Internal Interoperability; Basic Security
1	Ancillaries - Laboratory, Pharmacy, and Radiology/Cardiology information systems; PACS; Digital non-DICOM image management
0	All three ancillaries not installed

CDDFT Digital Maturity

NHS
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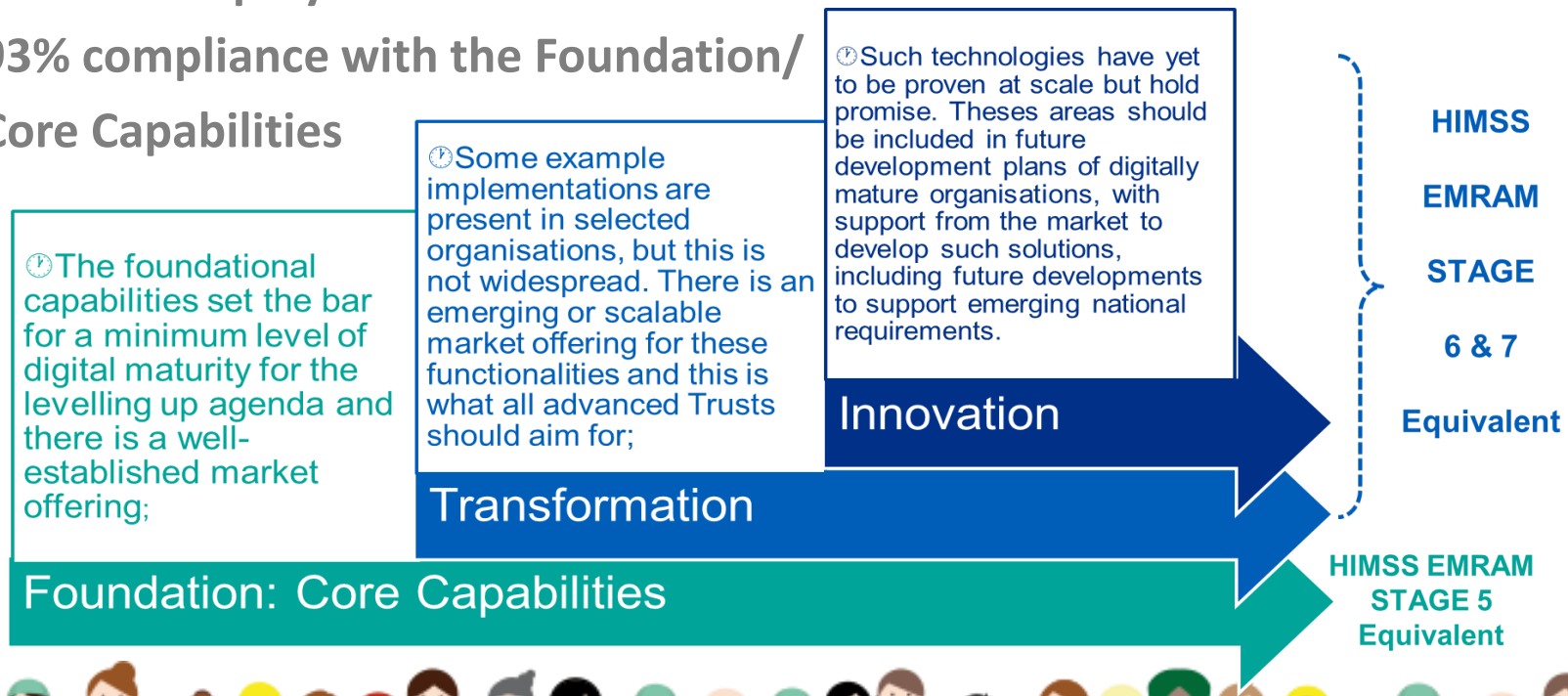
NHS Foundation Trust

- We are currently assessing what our capabilities will be against the Minimum Digital Foundation assessment:

Post EPR deployment we will achieve

93% compliance with the Foundation/

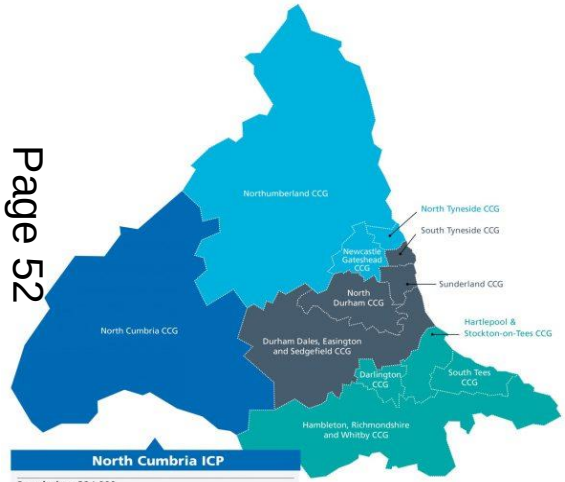
Core Capabilities



CDDFT Digital Partnerships

County Durham and Darlington NHS Foundation Trust

North East and North Cumbria ICS Map



North Cumbria ICP

Population: 324,000
1 CCG: North Cumbria
Primary Care Networks: 8
1 FT: North Cumbria Integrated Care NHS Foundation Trust (NCIC)
1 Council Area: Cumbria County Council (with 4 District Councils)
North West Ambulance Service

NENC ICS-wide

North East Ambulance Service FT covers: North of Tyne and Gateshead ICP; Durham, South Tyneside and Sunderland ICP; Tees Valley South ICP
CNTW Mental Health FT covers: North Cumbria ICP; North of Tyne and Gateshead ICP; plus part of South Tyneside and Sunderland ICP
TEWV Mental Health FT covers: Tees Valley ICP; plus part of South Tyneside and Sunderland ICP
Newcastle upon Tyne Hospital FT: provider of highly specialised and specialised national and regional services (including transplant, paediatric specialisms and major trauma)

North of Tyne and Gateshead ICP

Population: 1.079M
3 CCGs: Northumberland, North Tyneside, Newcastle Gateshead
Primary Care Networks: 24
3 FTs: Northumbria, Newcastle, Gateshead
4 Council Areas: Northumberland, North Tyneside, Newcastle, Gateshead

Durham, South Tyneside and Sunderland ICP

Population: 997,000
4 CCGs: South Tyneside, Sunderland, North Durham*, DDES*
Primary Care Networks: 24
2 FTs: South Tyneside & Sunderland, County Durham and Darlington
3 Council Areas: South Tyneside, Sunderland, County Durham
*County Durham CCG from 1st April 2020

Tees Valley ICP

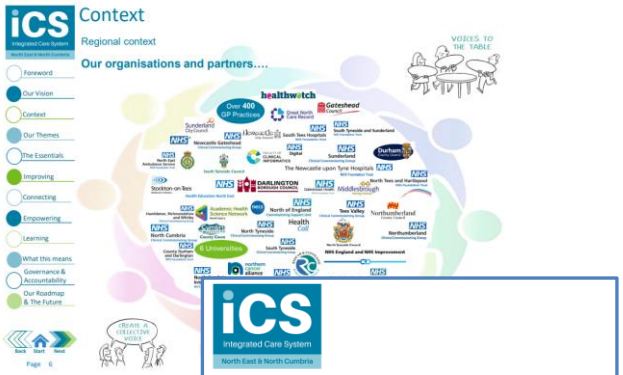
Population: 852,000
4 CCGs: HAST*, Darlington*, South Tees*, HRW
Primary Care Networks: 17
3 FTs: County Durham and Darlington, North Tees & Hartlepool, South Tees
6 Council Areas: Hartlepool, Stockton on Tees, Darlington, Middlesbrough, Redcar & Cleveland, North Yorkshire
* Tees Valley CCG from 1st April 2020
Yorkshire Ambulance Service

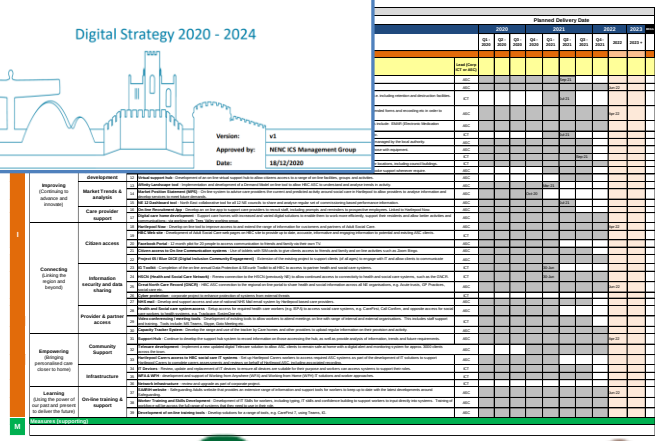
- CDDFT straddle two of the four ICPs within the ICS
- Played an active role in the development of the ICS digital strategy
- Engaged with the two ICP Digital Subgroups
- Established a ‘Digital Durham Place’ meeting, looking to duplicate this in Darlington in 2022

ICS Strategy Delivery

County Durham and Darlington NHS Foundation Trust

- CDDFT along with partners from Local Authorities, CCGs, Mental Health Trusts, Primary Care and 3rd Party Organisations within each ICP have developed a Digital OGIM
- The OGIM outlines how the ICP's active and planned schemes contribute to the delivery of the ICS Digital Strategy and identify key areas for investment and activity within the region in the future.
- These OGIMs are currently being developed into the 5 year plan by the ICS.





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Digital Care in the Community

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- CDDFT already had mobile working provision for our community teams
- As a response to COVID and to support our activity recovery programme we have extended our Agile working provision
- We have continued to meet the needs of our patients throughout the pandemic through the implementation of more digital solutions
- We have more capacity to flex services to meet the needs of our patients due to implementing agile methods of working

Digital Care in the Community

NHS
County Durham and Darlington
NHS Foundation Trust

Health Call Digital Care Homes

- The Health Call Digital Care Home has been deployed in all of the care homes for older people in Darlington.
- It is used to refer patients to the DN's and CSP's using the structured SBAR tool.
- There are on average about 350 referrals per month made using the app.
- It is also used for referring patients for wound care intervention where the home can take a picture of the wound.
- Dietitians use the Health Call Undernutrition Service to monitor their patients.

- There are further developments that will be deployed including a dietetic referral pathway and a SLT referral pathway.

Digital Care - Outpatients

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NHS Foundation Trust

- The global pandemic required the trust to rapidly change the way in which outpatients services were provided to patients.
- We adopted the nationally procured solution for Video Consultations and offered this, alongside teleconsultations, as an alternative to face-to-face sessions.
- Using this opportunity we are supporting the development of a full digital outpatients solution with Health Call, this solution is currently being piloted by several services in CDDFT and allows patients to:
  - Receive and acknowledge their appointments digitally
  - Request virtual consultations as a preference
  - Access the virtual consultation through the Health Call platform
  - Receive correspondence regarding their sessions and any outcomes digitally

The Great North Care Record

NHS
County Durham and Darlington
NHS Foundation Trust

- CDDFT have adopted the GNCR are currently feeding significant amount of data to the Health Information Exchange (HIE) to support better care decisions for our patients.
- Information shared between organisations through this platform includes: Problems, Diagnoses, Procedures, Medications, Vital Signs, Allergies, Immunisations, Lab Results, Scans, Clinical Correspondence, Appointments, Physical Examinations, Family History, Visits, Social History

- This year the GNCR will be further enhanced with the development of the Public Engagement Platform (PEP) or *my*GNCR; CDDFT are supporting the development of this tool and ensuring the required systems are aligned.

Digital Health and Digital Exclusion

NHS
County Durham and Darlington
NHS Foundation Trust

For our colleagues:

- We will continue to **invest in the development of our staff** to ensure they have the right skill set to confidently deliver our digital services
- We will **provide training and access to resources** outside of the clinical 'toolbox'.
- We will continue to run **technology benefit schemes** for our staff to improve access to modern technology.

For our patients:

- Digital Health in CDDFT is **optional** and will always be run in parallel with traditional care provision.
- We will work with colleagues across the ICS to find new ways to reduce digital exclusion – through applying **'satellite services'** principles for our patients.
- We will support the development of **place level strategies** to meet the needs of our communities.

CDDFT Digital Health – Next Steps

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County Durham and Darlington
NHS Foundation Trust

- Development of the trust's new Digital Strategy 2022-2027
- Complete the rollout of EPR Phase 1
- Plan the implementation of the emerging portfolio including:
  - EPR Phase 2
  - Health Call Developments
  - Digital Outpatients Solution
  - Regional Digital Pathology
  - Regional Radiology
- Implement changes as identified in the trust's Digital Governance Review
- Continue developing partnership strategic delivery plans at a place level
- Establish Digital Darlington Place meeting

NHS
County Durham and Darlington
NHS Foundation Trust

Any Questions?

Thank you.

For more information contact:
Cddft.Hiprogramme@nhs.net

Tees, Esk and Wear Valleys
NHS Foundation Trust

Durham & Darlington Adult Mental Health Crisis & Home Treatment Team Update

Jennifer Illingworth
Director of Operations Durham & Darlington

Background

- 2019 decision to merge the Durham & Darlington Teams following re-design work
- Merger commenced in Nov 2019 with teams relocating to base in Bishop Auckland Jan 2020
- Covid & a subsequent service review has impacted on full implementation
- Full implementation of revised model with ongoing quality improvement work commenced in July 2021

Purpose of merger

- To create a single team & optimise available resource across the whole County
- Equitable service offer
- Better responsiveness, continuity of care/ support for service users & staff
- Improved culture/staff wellbeing
- Simplify access
- Improve quality – standardise governance processes

Tees, Esk and Wear Valleys
NHS Foundation Trust

Purpose of CRHT

- To support an individual through a mental health crisis to aid their personal recovery
- To provide individuals with safe, effective, compassionate, high quality care throughout the duration of their input
- To provide timely, responsive triage at point of contact, assessment of needs, intensive home based treatment and alternatives to admission, to service users and their carers/families
- To support admission if required
- Our ultimate aim is to minimise harm to self, from others and potential unintentional harms, for example unnecessary admissions, building on strengths, focusing on recovery and based on collaboration and equal partnership

Revised Model

- Single team ‘Hub & spoke’ model – hub with 2 locality cells
- Hub is central access point with central telephone line and staffed 24/7 – based at Auckland Park Hospital
- Durham cell – based at Lanchester Road Hospital
- Darlington cell – based at West Park Hospital
- Each cell comprises Crisis clinicians, Mental health support staff and intensive home treatment staff
- Work in partnership with the Street Triage Team

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NHS Foundation Trust

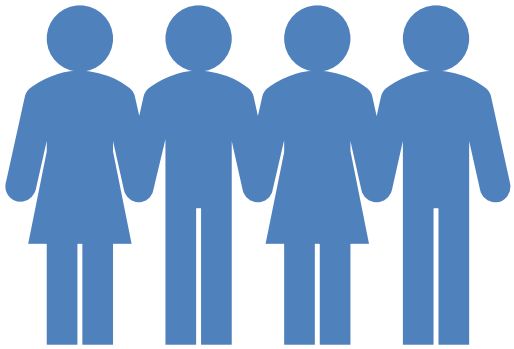
Current position

- Single team (hub and spoke) has been implemented
- Work in progress with continuous service evaluation using PDSA model
- Peer review workers have been employed with lived experience of services to support ongoing service development and service users
- Recruitment/retention/sickness absence challenges
- Clinical Journey – what should this look like for patients in crisis?

Tees, Esk and Wear Valleys
NHS Foundation Trust

Challenges/ Opportunities

- Increased referrals post Covid
- High staff turnover & sickness currently
- Imminent restructure in the Trust bringing together all Crisis services across D&D and Tees Valley
- All challenges bring opportunities to further review the model and utilise the expertise of peer review workers to further develop & refine the service.



Patient/Carer/Referrer/Staff Experience

- We need to continue to gather feedback from all of the above to ensure we get the model right
- We need to learn from any incidents which occur and ensure that is shared will all team staff and lead to changes in practice if required
- We need to work more closely with other VCS organisations in our communities to share information and provide a range of options for people who may be in crisis
- We need to diversify our workforce to reflect the needs of the patients

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Thank You
Any questions?

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HEALTH AND HOUSING SCRUTINY COMMITTEE
23 FEBRUARY 2022

WORK PROGRAMME

SUMMARY REPORT

Purpose of the Report

1. To consider the work programme items scheduled to be considered by this Scrutiny Committee during the 2021/22 Municipal Year and to consider any additional areas which Members would like to suggest should be added to the previously approved work programme.

Summary

2. Members are requested to consider the attached work programme (**Appendix 1**) for the remainder of the 2021/22 Municipal Year which has been prepared based on Officers recommendations and recommendations previously agreed by this Scrutiny Committee.

3. Any additional areas of work which Members wish to add to the agreed work programme will require the completion of a quad of aims in accordance with the previously approved procedure (**Appendix 2**).

4. Members will be aware that a Cross Party Autism Working Group was established following endorsement by Cabinet at its meeting on 4 May 2021 and that the Cross Party Autism Working Group reports to this Scrutiny Committee.

5. At its meeting on 12 January 2022, the Cross Party Autism Working Group received an update on the Needs Led Neurodevelopmental Pathway. It was agreed that further updates on the progress of the pathway be reported to the Health and Housing Scrutiny Committee. These updates will be provided to this Committee via the Cross Party Autism Working Group as and when available.

Recommendation

6. It is recommended that Members note the current status of the Work Programme and consider any additional areas of work they would like to include.

Luke Swinhoe
Assistant Director Law and Governance

Background Papers

No background papers were used in the preparation of this report.

Author : Hannah Miller 5801

S17 Crime and Disorder	This report has no implications for Crime and Disorder
Health and Well Being	This report has no direct implications to the Health and Well Being of residents of Darlington.
Carbon Impact and Climate Change	There are no issues which this report needs to address.
Diversity	There are no issues relating to diversity which this report needs to address
Wards Affected	The impact of the report on any individual Ward is considered to be minimal.
Groups Affected	The impact of the report on any individual Group is considered to be minimal.
Budget and Policy Framework	This report does not represent a change to the budget and policy framework.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision
Council Plan	The report contributes to the Council Plan in a number of ways through the involvement of Members in contributing to the delivery of the Plan.
Efficiency	The Work Programmes are integral to scrutinising and monitoring services efficiently (and effectively), however this report does not identify specific efficiency savings.
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers.

MAIN REPORT

Information and Analysis

7. The format of the proposed work programme has been reviewed to enable Members of this Scrutiny Committee to provide a rigorous and informed challenge to the areas for discussion.

8. The Council Plan sets the vision and strategic direction for the Council through to May 2023, with its overarching focus being 'Delivering success for Darlington'.

9. In approving the Council Plan, Members have agreed to a vision for Darlington which is a place where people want to live and businesses want to locate, where the economy continues to grow, where people are happy and proud of the borough and where everyone has the opportunity to maximise their potential.

10. The visions for the Health and Housing portfolio is:-

    'a borough where people enjoy productive, healthy lives. They will have access to excellent leisure facilities and recognising the importance of having a home, there will be access to quality social housing.'

Forward Plan and Additional Items

11. Once the Work Programme has been agreed by this Scrutiny Committee, any Member seeking to add a new item to the work programme will need to complete a quad of aims.

12. A copy of the Forward Plan has been attached at **Appendix 3** for information.

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APPENDIX 1

HEALTH AND HOUSING SCRUTINY COMMITTEE WORK PROGRAMME

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Integrated Care System (ICS) (Formerly Sustainability and Transformation Plan (STP) including the Better Health Programme (BHP)) **Engagement and Communication Strategy**	23 February 2022 (Presentation) Last considered 3 March 2021 Briefing 21 December 2021	Simon Clayton, NECS/ David Gallagher, CCG		To scrutinise and challenge progress of the principles underpinning the ICS and BHP and timelines for progress.
Digital Health	23 February 2022 (Presentation) Last considered 19 December 2018 ; and by Review Group 16 Nov 2016	Andrew Izon, CDDFT		To scrutinise digital health and its application, including signposting to services.
Crisis Service Changes	23 February 2022 (Presentation) Last considered 21 October 2020	Jennifer Illingworth, TEWV		To receive a briefing and undertake any further detailed work if necessary.
Drug and Alcohol Service Contract – We Are With You	23 February 2022 (Presentation)	Mark Harrison/Jon Murray		To update Scrutiny Members undertake any further work if necessary.

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
A&E Wait Times	27 April 2022	Nichola Ward, CDDFT		To scrutinise A&E wait times.
West Park Update	27 April 2022 Last considered 25 August 2021	Brent Kilmurray, TEWV		To update Scrutiny Members undertake any further work if necessary.
Update on Reprovision of Primrose Lodge	27 April 2022	Jennifer Illingworth, TEWV		To receive an update following stakeholder engagement on the proposal to reprovide the inpatient rehabilitation and recovery unit from Primrose Lodge to Shildon.
Housing Management Policy	27 April 2022	Anthony Sandys		To seek Scrutiny Members views prior to Cabinet.
Better Care Fund	June 2022 Last considered 20 October 2021	Paul Neil		To receive an update on the position of the Better Care Fund for Darlington.
Health and Safety Compliance in Council Housing	June 2022 Last considered 20 October 2021	Anthony Sandys		To provide annual updates Scrutiny Members undertake any further work if necessary.
Affordable Home Ownership Policy	June 2022	Anthony Sandys		To seek Scrutiny Members views prior to Cabinet.
Housing Services Anti-Social Behaviour Policy Review	June 2022	Anthony Sandys		To update Scrutiny Members undertake any further work if necessary.

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Performance Management and Regulation/ Management of Change Regular Performance Reports to be Programmed	Year End August 2022	Relevant AD	Full PMF suite of indicators	To receive biannual monitoring reports and undertake any further detailed work into particular outcomes if necessary
Customer Engagement Strategy 2021-2024 Update (Presentation)	August 2022 Last considered 2 February 2022 (Postponed from 15 December 2021)	Anthony Sandys		To provide six monthly progress reports to Scrutiny. To look at work being done within communities and how the Customer Panel engage with new communities.
Director of Public Health Annual Report and Health Profile	To be agreed	Penny Spring		Annual report
Strategic Housing Needs Assessment	To be agreed	Anthony Sandys		
Healthwatch Darlington - The Annual Report of Healthwatch Darlington	To be agreed Last considered 20 October 2021	Michelle Thompson, HWD		To scrutinise and monitor the service provided by Healthwatch – Annual
Impact of Covid-19 on Mental Health	To agree how to proceed			

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
CCG Stroke Services/Review of Stroke Rehabilitation Services	Last considered 25 August 2021	Katie McLeod CCG		To scrutinise and challenge the CCG's and review of Stroke Rehabilitation Services in the community following discharge from Bishop Auckland Hospital
Preventing Homelessness and Rough Sleeping Strategy Update	Last considered 20 October 2021	Anthony Sandys		To look at progress following the implementation of the strategy. Update on current position within Darlington
Childhood Healthy Weight Plan (Childhood Obesity Strategy)	Last considered 20 October 2021	Ken Ross		To review the effectiveness of the Childhood Healthy Weight Plan on childhood obesity and mental health links in children and young people.
Community Mental Health Transformation (Right Care, Right Place)	Last considered 2 February 2022 (postponed from 15 December 2021)	Jennifer Illingworth, TEWV		To receive a briefing and undertake any further detailed work if necessary.
Primary Care (to include GP Access to appointments)	Last considered 2 February 2022 (postponed from 15 December 2021)	Sue Greaves CCG/Amanda Riley		To scrutinise development around Primary Care Network and GP work

JOINT COMMITTEE WORKING – ADULTS SCRUTINY COMMITTEE

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Loneliness and Connected Communities **Adults and Housing to Lead**	Scoping meeting 28 January 2020 Meeting on 5 October 2020 Meeting on 15 December 2020			

MEMBERS BRIEFINGS

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Voluntary Sector Funding (Adults, CYP, Health and CLS Scrutiny)	June 2022 Joint briefings 14 October 2020 and 10 March 2021	Christine Shields	Full PMF suite of indicators	To update Members following the monitoring and evaluation of this funded projects
CQC Ratings in the Borough of Darlington	October 2022 Scoping Meeting held 18 November 2019 Briefing note circulated 21 October 2020 Briefing note circulated October 2021			To monitor and evaluate CQC scoring across the Borough for heath and care settings.

ARCHIVED

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
NHS Clinical Commissioning Group Financial Challenges and Impact on Services	Last considered 23 June 2021	Mark Pickering, NHS Darlington CCG		To scrutinise and monitor the CCG to ensure delivery of the necessary QIPP required in order to achieve its financial duties and service delivery
Our Big Conversation – Strategic Framework and Business Plan	Last considered 25 August 2021	TEWV		To update Scrutiny Members undertake any further work if necessary.
Childhood Obesity Planning Options in relation to Hot Food Takeaways	Last considered 20 October 2021	Ken Ross		To update Members on the findings of the review into Childhood Obesity Planning Options in relation to Hot Food Takeaways

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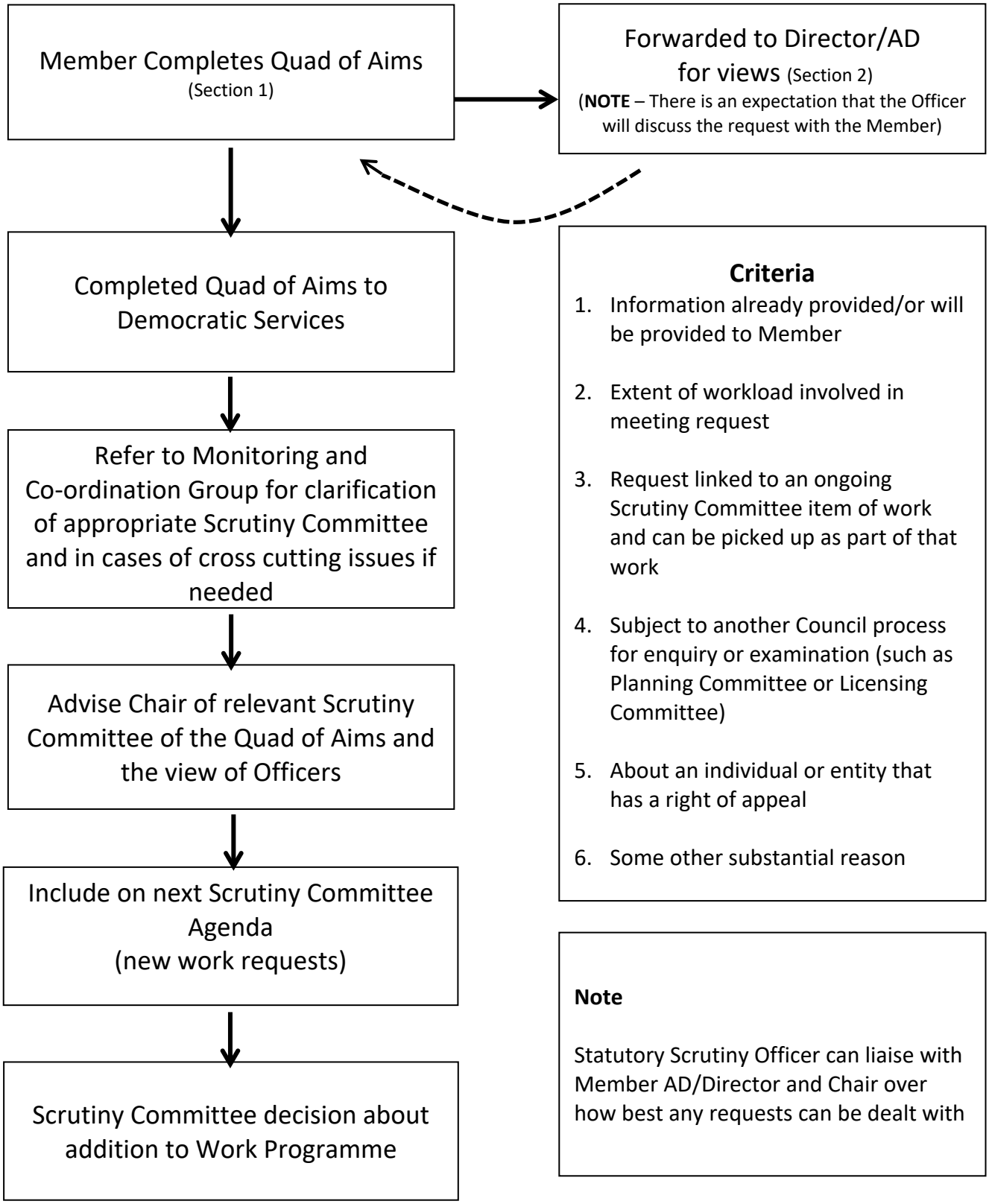
Appendix 2

PROCESS FOR ADDING AN ITEM TO SCRUTINY COMMITTEE'S PREVIOUSLY APPROVED WORK PROGRAMME



PLEASE RETURN TO DEMOCRATIC SERVICES

QUAD OF AIMS (MEMBERS' REQUEST FOR ITEM TO BE CONSIDERED BY SCRUTINY)

SECTION 1 TO BE COMPLETED BY MEMBERS

NOTE – This document should only be completed if there is a clearly defined and significant outcome from any potential further work. This document should **not** be completed as a request for or understanding of information.

REASON FOR REQUEST?	**RESOURCE (WHAT OFFICER SUPPORT WOULD YOU REQUIRE?)**
PROCESS (HOW CAN SCRUTINY ACHIEVE THE ANTICIPATED OUTCOME?)	**HOW WILL THE OUTCOME MAKE A DIFFERENCE?**

Signed Councillor …… **Date …….**

SECTION 2 TO BE COMPLETED BY DIRECTORS/ASSISTANT DIRECTORS

(NOTE – There is an expectation that Officers will discuss the request with the Member)

1. (a) Is the information available elsewhere? Yes …….. No ……..

   If yes, please indicate where the information can be found (attach if possible and return with this document to Democratic Services)

   ……

   (b) Have you already provided the information to the Member or will you shortly be doing so?

   ……

2. If the request is included in the Scrutiny Committee work programme what are the likely workload implications for you/your staff?

   ……

3. Can the request be included in an ongoing Scrutiny Committee item of work and picked up as part of that?

   ……

4. Is there another Council process for enquiry or examination about the matter currently underway?

   ……

5. Has the individual or entity some other right of appeal?

   ……

6. Is there any substantial reason (other than the above) why you feel it should not be included on the work programme?

   ……

Criteria

1. Information already provided/or will be provided to Member
2. Extent of workload involved in meeting request
3. Request linked to an ongoing Scrutiny Committee item of work and can be picked up as part of that work
4. Subject to another Council process for enquiry or examination (such as Planning Committee or Licensing Committee)
5. About an individual or entity that has a right of appeal
6. Some other substantial reason

Signed …… Position …….. Date ……

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DARLINGTON BOROUGH COUNCIL
FORWARD PLAN

DARLINGTON
Borough Council

FORWARD PLAN
FOR THE PERIOD: 1 FEBRUARY 2022 - 30 JUNE 2022

DARLINGTON BOROUGH COUNCIL
FORWARD PLAN

Restoration of Locomotion No 1 Replica	Cabinet 3 May 2022	24
Special Educational Needs (SEND) Accessibility Strategy 2021/24	Cabinet 3 May 2022	25
Representation on Other Bodies 2022/23	Cabinet 14 Jun 2022	26
Reports Deferred		
Land at Sparrowhall Drive	Cabinet	27
Supplementary Planning Guidance (SPD) Design Code - Skerningham Garden Village	Council Cabinet	28