

COUNCIL
31 MARCH 2022

OVERVIEW OF HEALTH AND HOUSING SCRUTINY COMMITTEE

1. Since the last meeting of the Council, the following are the main areas of work the Health and Housing Scrutiny Committee has undertaken.

Primary Care: An update on National Policy Changes 2020/21

2. We welcomed a presentation from the Commissioning Lead, Primary Care on the Primary Care national policy changes 2020/21.
3. We were informed that the standard operating procedure in response to coronavirus was first published on 19 March 2020 and subsequently withdrawn in July 2021 in line with covid recovery and we noted that during this period Practices remained open with infection prevention control measures in place, as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.
4. Members were provided with details of the key operational changes between March 2020 and March 2021, which included a move to a total triage model 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.
5. Members noted the timeline for Phases 1,2 and 3 of the covid vaccination programme and further key operational changes in May 2021 in relation to changes in social distancing legislation and in December 2021 in response to the booster campaign.
6. We raised concern regarding access to GP appointments for residents in Darlington and discussed the importance of patient education to enable patients to access the right service, which may not always be a GP appointment. We noted that there was a range of clinical professionals within practices for patients to access and a GP community pharmacy scheme for minor ailments.

Community Transformation NHS England: Tees Valley

7. We also welcomed a presentation from the Programme Manager, Community Transformation Tees Valley, updating Members on the work being undertaken to review the mental health system as part of the Community Transformation NHS England: Tees Valley.
8. 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. We noted that this was a 3 – 5 year programme.

9. We were provided with details of the work undertaken in the Tees Valley between April and September 2021 as part of the information and mapping phase one. We were informed that a TEWV redesign event was held in October 2021 and details were provided of a model, which had been developed with patients and carers. This model identifies the community hub as a key and we were informed that the flow of patients between the different levels within the model would be supported by community care navigators.
10. Members were also provided with details of the work to be undertaken as part of phase 2 and phase 3 and a breakdown of the year 2 funding proposal was outlined. We also noted the eight resilience projects which had been 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.
11. Members held a discussion regarding recruitment and retention of staff and the need for recurrent investment in mental health services.

Customer Engagement Strategy 2021 – 2024 Update

12. Scrutiny received a presentation updating Members on the Customer Engagement Strategy 2021-2024.
13. We were provided with details of the aims of the strategy and the work undertaken to date for each of the four priorities was outlined. We noted the engagement work being undertaken with tenants to identify how best to communicate building safety information.
14. Members were also provided with details of the effects of Covid-19 on the Council's plans but welcomed the work planned for the next 12 months, including 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.
15. Members queried engagement activity with those on the housing waiting list and noted that direct engagement would be undertaken as part of the Strategic Housing Needs Assessment.

Performance Indicators – Quarter 2021/22

16. We received Quarter 2 performance data against key performance indicators for 2021/22.
17. Members were advised that data was available for nine of the twelve Housing and Culture indicators and that of the twenty-four Public Health indicators, eight had new data available at Quarter 2.
18. We noted that of the nine Housing and Culture indicators, six indicators were showing an improved performance compared to the same point in the previous year whilst three indicators showed a performance not as good as that recorded at the same time in the

previous year, and of the eight Public Health indicators, four indicators were showing performance better than the previous year whilst four indicators were showing performance not as good as the previous year.

Quality Accounts – County Durham and Darlington NHS Foundation Trust (CDDFT)

19. Members met with the Trust to give consideration to the Trust's Quality Accounts to enable Members to have a better understanding and knowledge of performance when submitting a final commentary on the Quality Accounts at the end of the Municipal Year.
20. Members noted the progress against the interim improvement objectives for 2021/22, where data was available.
21. Particular discussion ensued regarding work being undertaken to address concerns and complaints relating to wait times in the Emergency Department and we have requested an update on the programme of work that is in place to address Accident and Emergency wait times.

Quality Accounts – Tees, Esk and Wear Valley NHS Foundation Trust (TEWV)

22. Members met with the Trust to give consideration to the Trust's Quality Accounts to enable Members to have a better understanding and knowledge of performance when submitting a final commentary on the Quality Accounts at the end of the Municipal Year.
23. We received a presentation outlining the progress against the three quality improvement priorities for 2021/22 and performance information in relation to the nine quality metrics.

County Durham and Darlington Adult Mental Health Rehabilitation and Recovery Services - Re provision of Primrose Lodge, Chester le Street Inpatient Service

24. Members received a report from the Director of Mental Health and Learning Disability, Durham Tees Valley Partnership and Director of Operations County Durham and Darlington , Tees, Esk and Wear Valley NHS Foundation Trust outlining a proposal to re provide the inpatient rehabilitation and recovery unit from Primrose Lodge, Chester le Street to Shildon with a reduction from 15 to eight beds.
25. Primrose Lodge is a 15-bed stand-alone rehabilitation and recovery unit in Chester le Street, delivering supportive interventions to service users with often complex mental health needs. The service is commissioned for Darlington and County Durham residents.
26. An options appraisal has been undertaken to identify the optimum model for community bed-based rehabilitation services, which identified relocation to Shildon to be the preferred option. Members were informed of issues associated with Primrose Lodge, which 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.

27. Members were informed that the Shildon unit would provide eight beds, which was a seven bed reduction based on the current provision, however access to the Willow Ward, a 15 bed high dependency rehabilitation and recovery unit at West Park Hospital, would remain unchanged. Furthermore, this reduction was achievable, based on demand modelling work undertaken as part of the recent investment requirements for the development of the community service expansion.
28. We were informed that a range of engagement activities have been undertaken with stakeholders and an Implementation group has been established, meeting fortnightly to review each patient and monitor progress towards discharge and to ensure a planned and safe transition to the new unit. The group will also oversee and determine the timing of the phased bed reductions.
29. Scrutiny requested that an update be provided at a future meeting of this Scrutiny Committee.

Integrated Care System

30. Scrutiny welcomed a presentation from the Chief Officer, Tees Valley Clinical Commissioning Group, updating Members on the development of the Integrated Care System (ICS).
31. We were provided with details of the engagement with local authorities to develop the ICS, the current CCG statutory duties and powers, the existing structures for the eight CCG's in the North East and North Cumbria and the current CCG commissioning spend in the ICS area.
32. Members noted details of the potential distribution of the ICS functions at both a System and Place level and the governance options for place based partnerships. We were also provided with details of the core elements of the Integrated Care Board (ICB) governance arrangements and noted that the membership of the ICB had been proposed to NHS England in December 2021, with 25 voting Members, 13 non-executive and 12 executive, with a commitment to review after one year.
33. Scrutiny were informed of the requirement to establish an Integrated Care Partnership (ICP) of which there are four in the North East and North Cumbria ICS and we noted that the ICP would 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.
34. We discussed in particular concern in respect of the scale of the management structure, the importance of engaging with place and engagement opportunities with regional and local scrutiny committees.

Digital Health

35. We also welcomed a presentation from the Chief Information Officer, County Durham and Darlington NHS Foundation Trust, providing Members with an update on Digital Health.

36. We were informed that the Digital Strategy for CDDFT, which had been published in 2016 and extended up to 2022 due to COVID, was approaching the end of its life span. We were provided with the aims and status of the six strategic themes of the strategy.
37. Members noted that gaps in the provision had been identified by a baseline assessment of the Trust's digital maturity which was undertaken in 2021 and were advised that the gaps would be met through the adoption of the electronic patient record and supporting technologies.
38. We were also informed that the Trust has played an active role in the development of the ICS digital strategy and a 'Digital Durham Place' meeting had been established with an intention to duplicate this in Darlington.
39. Details were provided of the work undertaken for digital care in the community. As a response to COVID and to support the Trusts activity recovery programme, the Agile working provision had been extended. Health Call Digital Care Home had been deployed in all of the care homes for older people in Darlington, enabling patients to be seen in the home, reducing unnecessary visits to the hospital, and to ensure outpatient services continued for patients during the pandemic, the Trust adopted a nationally procured solution for Video Consultations, alongside teleconsultations, as an alternative to face-to-face sessions.
40. We noted that the Trust had adopted the Great North Care Record which would be further enhanced with the development of the Public Engagement Platform and details were provided of the next steps for the Trust which included the development of the trust's new Digital Strategy 2022-2027.

Crisis Service Changes

41. We welcomed an update from the Director of Operations, Durham and Darlington, Tees, Esk and Wear Valley NHS Foundation Trust on the Crisis and Home Treatment Team.
42. Members were reminded that the Durham and Darlington teams were merged in 2019 following redesign work and relocated to a base in Bishop Auckland.
43. We were advised that the model had been revised with implementation of the revised model and ongoing quality improvement work commencing in July 2021. The revised model consisted of a hub and spoke model, with a central access point at Bishop Auckland Hospital and two locality cells, one based at Lanchester Road Hospital and the other at West Park Hospital.
44. Members were informed of the current challenges, including increased referrals and high staff turnover and sickness and that these challenges had provided an opportunity to review the model and further develop and refine the service.
45. We were also informed that a restructure in the Trust was ongoing which would bring together all crisis services across Durham and Darlington and the Tees Valley. Members welcomed the suggestion of an update on the restructure at a future meeting.

Drug and Alcohol Service Contract – We Are With You

46. We were disappointed that a representative from We Are With You did not attend the meeting to provide an update to the Committee.
47. I have sent a letter to the Executive Director for Services on behalf of the Scrutiny Committee to express our disappointment and to request that a representative attends the next meeting.

Work Programme

48. We have given consideration to the Work Programme for this Committee for the Municipal Year 2021/22 and possible review topics. The work programme is a rolling programme and items can be added as necessary.

Councillor Ian Bell
Chair of the Health and Housing Scrutiny Committee