

OVERVIEW OF HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

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

Telehealth and Darlington Healthy New Towns

2. We received a presentation from Catherine McShane, Project Manager, County Durham and Darlington NHS Foundation Trust on Telehealth and Darlington Healthy New Towns and the use of technology to improve health outcomes.
3. The presentation highlighted the single platform of services designed to integrate with local care systems so they are substitutive, not additive; the benefits of digital enablement and the development of services in Darlington to digitally improve self-management.
4. We noted the up and coming work including linking with Care Connect and Electronic Patient Records, mapping out MiHealthCoach for smoking cessation in pregnancy and various patient monitoring services and the challenges being faced with the Healthy New Towns programme; and the regional development of Health Call, a platform that allows physicians, health systems, hospitals and ancillary providers to collaborate and deliver truly patient centric care.
5. Following the presentation we expressed our concerns at the lack of progress to date and the challenges being faced in particular with the GP services. The Project Manager acknowledged our concerns but confirmed that progress was being made and a good response had been received from the practices in Darlington as part of Healthy New Towns.
6. The Director of Commissioning, NHS Darlington CCG confirmed the local authority and the health services were working together on Healthy New Towns and community procurement and the introduction of digital technology without taking away face to face contact.
7. The Public Health Principal also acknowledged the work to date on digital personalised health care and confirmed that it will take time and digital health will not necessarily work for everyone.

Clinical Assessment and Peer Review System (CASPeR)

8. Members received a presentation from Katie McLeod, the Head of Strategy and Commissioning, NHS Darlington CCG on the Clinical Assessment and Peer Review System (CASPeR) which highlighted the challenges facing NHS services; NHS England's Demand Management 'good practice guide'; the aim of CASPeR; the speciality services; CASPeR usage and the initial effectiveness; and the next steps.

9. The three programmes from the 'good practice guide' that CASPeR are focusing on are the Peer Review of Referrals, alternatives to Outpatient appointments and the management and monitoring of outpatient follow up appointments.
10. Best practice pathways have also been developed with other local authorities to reduce inappropriate first outpatient referrals to secondary care and all practices, bar one had agreed to implement the Peer Review as part of their triage process.
11. The Director of Commissioning, NHS Darlington CCG confirmed that there has been a reduction in first outpatient referrals and an overall evaluation of the Referral Management System will be made in 2020 and Members have requested an update on the final evaluation.

Exercise and Activity Undertaken at the Gold Tea Dance

12. We considered the results of the exercise and activity survey undertaken at the recent GOLD Tea Dance and were very encouraged by results and that for those aged over 60 years and over, which was 83.6 per cent of those that completed the survey undertook 30 minutes of exercise a day. Members agreed to promote the benefits of exercise.

Health Inequalities in Darlington: Narrowing the Gap

13. We gave our consideration to the Director of Public Health 2017 statutory annual report which is the fourth annual report following the transfer of public health responsibilities from the NHS to local government.
14. The report highlighted that the life expectancy gap between the richest and poorest wards in Darlington was almost twelve years and explores the breadth and extent of those 'health gaps' and proposes measures to narrow that gap.
15. The recommendations contained in the report aim to address inequality whether at a geographical level or the health inequality which is experienced across protected characteristics including ethnicity, gender, age and sexual orientation.
16. Dr Moffatt, Public Health Registrar attended the meeting and gave us a very interesting presentation which highlighted the life expectancy for men and women by Ward within Darlington and gave further detail on the recommendations to address the inequalities across the life course being the Best Start in Life, Living and Working Well and Healthy Ageing.
17. Dr Moffatt also referred to the Health and Wellbeing Plan for Darlington 2017-2022 which has a strong focus on the need to address inequalities and the importance of doing so through 'upstream' activity and addressing the wider determinants of health following the Starting Well, Living Well, Ageing Well life course approach.

Voluntary and Community Sector Funding: Pilot Community Based Initiatives

18. Members requested an overview of the planned implementation of pilot community based initiatives utilising Future Fund and Voluntary Sector Development Fund monies.
19. The report outlined the funding opportunities that had been made available to Community and Voluntary Sector organisations following the implementation of the Medium Term Financial Plan in June 2016 and the process that had been undertaken to identify ways in which the funding could be utilised to improve outcomes for local people.
20. Following a series of workshops attended by local statutory and voluntary sector organisations it was agreed to focus on two key issues: preventing social isolation in adults and older people and supporting vulnerable families with children and young people at the earliest opportunity.
21. We considered the six community based initiatives proposed for funding and Members requested that we receive a further update following the monitoring and evaluation phase of this work in 2019.

Performance Indicators Quarter 2 2018/19

22. We received Quarter 2 performance data against key performance indicators for 2018/19.
23. Members were advised that of the 30 indicators that are reported to this Scrutiny Committee, five are Culture indicators and 25 Public Health indicators.
24. The majority of the indicators are reported annually and all the Public Health indicators are reported in line with the Public Health Framework National reporting schedule which means the data is at least one year in arrears or related to aggregate periods.
25. Members discussed in particular Performance Indicator Number CUL 063 – Number of school pupils participating in the sports development programme which was showing performance better than Quarter 2 last year; and CUL 064 – Number of individuals participating in the community sports development programme which was showing performance worse than at Quarter 2 last year.
26. In relation to Public Health Indicators Members noted that Performance Indicator Number PHB 044 – Admissions episodes for alcohol related conditions which shows data for 2016/17 had increased from the previous year; PBH 046 – Cumulative percentage of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the five year period showed data better than when last reported in 2016/17; and PBH 052 – Adjusted antibiotic prescribing in primary care by the NHS showed data worse than last reported for 2016.

Medium Term Finance Plan (MTFP) 2019/20

27. As with all Scrutiny Committees we have had the opportunity to respond to Cabinet on its proposals in relation to the Medium-Term Financial Plan (MTFP) 2019/20.
28. The delivery of the core offer remains extremely challenging with some significant pressures arising in Children's social care, however, through innovative financial investments and increased income from economic growth, the Council can still deliver the agreed balanced plan, extend the MTFP and a further £0.600 million has been identified which could be used to bolster the Futures Fund themes or be returned to reserves.
29. We noted the significant work which had been undertaken to achieve economic growth within the Borough, particularly in relation to Symmetry Park, which had been rewarded with a positive net increase in the projected National Non-Domestic Rates (NNDR) collected over the coming MTFP.
30. It was reported that there were no proposed reductions in service levels within the 2019/20 MTFP and there were some only minor changes to the proposed schedule of fees and charges.
31. Members also noted the additional monies identified for winter pressures amounting to £50,000 this year and for next year to be divided between residential and domiciliary care and requested an update to this Scrutiny on the spend in due course.
32. Our response as part of the consultation will be to support Cabinet's proposal in relation to the proposed increase in Council tax of 2.99 per cent for 2018/19 and the proposed schedule of fees and charges.

Councillor Wendy Newall
Chair of the Health and Partnerships Scrutiny Committee