

**HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE**

4 July 2018

**PRESENT** – Councillor Newall (in the Chair); Councillors Copeland, Haszeldine, EA Richmond, H Scott and J Taylor. (5)

**APOLOGIES** – Councillors Nutt and Tostevin; Ken Ross, Public Health Principal; Sue Jacques, Chief Executive, County Durham and Darlington Foundation Trust (CDDFT); Patrick Scott, Director of Operations, Durham and Darlington and Sarah Callaghan, Senior Planning and Performance Manager, Tees Esk and Wear Valleys Foundation Trust; Ali Wilson, Chief Officer and Karen Hawkins, Director of Commissioning and Transformation, NHS Darlington Clinical Commissioning Group. (10)

**ABSENT** – Councillors Crichlow and Grundy. (2)

**ALSO IN ATTENDANCE** – Councillor S Richmond, Cabinet Member with Adult Social Care Portfolio. (1)

**OFFICERS IN ATTENDANCE** – Miriam Davidson, Director of Public Health; Christine Shields, Assistant Director, Commissioning, Performance and Transformation; Ian Thompson, Assistant Director Community Services; Barbara Copson, Performance Manager; Rachel Osbaldestone, Public Health Portfolio Lead; and Karen Graves, Democratic Officer. (6)

**EXTERNAL REPRESENTATIVES** – Graeme Niven, Chief Finance Officer and Joanne Heaney, Head of Strategy and Commissioning; NHS Darlington Clinical Commissioning Group (CCG); Will Smith, Commissioning Delivery Manager, North of England Commissioning Support (NECS); Jill Foggin, Communications Officer, County Durham and Darlington Foundation Trust; and Diane Lax, Healthwatch Darlington. (5)

**HP1. COUNCILLOR DAVID REGAN** - The Chair referred to the recent death of Councillor Regan, a former Member of this Committee and, in doing so, paid tribute to his active contribution as the Men’s Health Champion for this Committee and to local democracy within Darlington.

**RESOLVED** – That the condolences of this Committee be conveyed to the family of Councillor Regan.

**HP2. TIME OF MEETINGS – RESOLVED** - That meetings of this Committee for the Municipal Year 2018/19, be held at 9.30am on the dates, as agreed on the calendar of meetings by Cabinet at Minute C111/Feb/18.

**HP3. DECLARATIONS OF INTEREST** – The Chair declared an interest in Minute HP4/Jul/18 below as a Board Member of the Citizens Advice Bureau.

**HP4. VOLUNTARY SECTOR FUNDING** – The Assistant Director, Commissioning, Performance and Transformation provided a verbal update to Members on the current position relating to Voluntary Sector Funding.

It was stated that a series of Workshops had been held during March and April, followed by further Workshops held in June, and had been attended by 50 to 60 people from various organisations, including Police, Fire Brigade, Health Organisations and schools as well as Voluntary, Community and Social Enterprise organisations currently not operating in Darlington and Members of the Darlington Organisations Together network.

Following the Workshops two focus areas had been identified namely, Social Isolation for Adults and Support for Vulnerable Families with Children. A series of community based projects is to be established across these two focus areas which will run as pilots for 18 months from September 2019. The projects will link with the Mutual Gain work currently being undertaken by Police colleagues as well as NRF proposals and work being undertaken within GP Practices.

It was reported that there had previously been no appetite to apply for one-off funding or non-recurrent funding as it was a time-consuming exercise. Members were also advised that work was ongoing with Community Groups to have sustainability plans in place as there is no longer a guarantee of statutory funding.

The community based projects are to be considered for short term voluntary sector funding and it was envisaged that County Durham Community Fund would be linked to the next stage of the process thereby opening another avenue of funding opportunities. It was hoped that all Groups would become self-funding in the future.

Members were pleased with the progress being made around Voluntary Sector Funding and look forward to receiving details of projects at a future meeting.

Discussion ensued on the need to ensure the money was spent correctly and the need for Scrutiny Committee to monitor the process. The Assistant Director advised that a further report would be provided before the end of the year to give feedback to Members and advise of the list of projects to work on.

**RESOLVED** – (a) That the Assistant Director, Commissioning, Performance and Transformation be thanked for providing an update on Voluntary Sector Funding.

(b) That a report be submitted to a future meeting of this Scrutiny Committee providing further progress.

**HP5. MINUTES** – Submitted – The Minutes (previously circulated) of the meetings of this Scrutiny Committee held on 11 and 27 April and 3 May 2018.

Councillor Copeland advised in relation to Minute HP52/Apr/18, 'that arrangements were being made to remember Lieutenant George Nicholson Bradford a Darlington resident who was awarded the Victoria Cross in World War I.

**RESOLVED** – That, with the above addition, the Minutes be agreed as correct records.

**HP6. MATTERS ARISING** – There were no matters arising.

**HP7. DARLINGTON CHILDREN'S VISION SCREENING PATHWAY – BRIEFING PAPER** – The Commissioning Delivery Manager, NHS Darlington CCG submitted a briefing paper to inform Members of Darlington CCG's change to the school vision screening pathway, commencing 3 September 2018.

Members were informed that the Children's Vision Screening Pathway, which is commissioned by Darlington Borough Council as part of the 0-19 service provided by Harrogate and District NHS Foundation Trust, is to change on 3 September 2018 following a review of the current pathway. The review highlighted that 11 per cent of Darlington reception aged children were referred to hospital eye service orthoptists for further management following failed vision screening and that a significant number of those referrals were not necessary.

It was stated that children who currently fail vision screening have suspected amblyopia (lazy eye) or are considered to have other pathology, for example, squint and are referred to hospital eye services for further management. Onward referral costs are subsequently picked up by the respective CCG for which the child has a registered GP practice.

We noted that health commissioners have worked closely with colleagues from the Council, Harrogate and District NHS Foundation Trust and the Local Optical Committee (LOC) to review the current pathway which was contributing towards the overall increasing number of referrals to hospital eye services. Darlington CCG has subsequently agreed to commission a Children's Community Optometry Service which will eliminate the requirement for onward referral to hospital services for failed vision screening or suspected amblyopia.

Children who have failed vision screening or suspected amblyopia will now have their care delivered by a community optical practice at a time and place suitable for the child and parent/guardian to attend. This includes weekends which ensures that children are not taken out of school and parents/guardians need not necessarily take time off work to attend appointments with their children.

Introduction of this new community service will make the best use of public funds, ensuring the health care needs of local children are met; and reducing health inequalities by delivering a clinically effective quality service close to home. Capacity will also be created at hospital eye services enabling the Ophthalmology Team to manage those children with more complex pathology.

Members were informed that there were currently six practices within Darlington and 50 practices overall within Darlington and County Durham that offered the service.

A similar service is working well in neighbouring CCG areas and ensures that children attending a Durham school and registered with a Darlington GP will not experience cross border issues.

Discussion and challenge ensued on which practices offered the service in Darlington as it was felt that some were not very co-operative at offering week-end appointments for children. The CCG representative assured Members that this would be addressed as children should have access at all times.

The Director of Public Health welcomed the change to the pathway as NHS England had recently published the Healthy Child Programme.

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

(b) That the change in the Children’s Vision Screening Pathway be welcomed.

**HP8. PERFORMANCE INDICATORS QUARTER 4 2017/18 AND PROPOSED INDICATORS FOR 2018/19** – The Performance Manager submitted a report (previously circulated) providing outturn performance data against key performance indicators for 2017/18 and requested Members to consider the basket of performance indicators and schedule of performance reporting for 2018/19.

It was stated that of the five Community Services indicators reported to this Scrutiny Committee, two had achieved target for the year and performance was better than at the end of last year whilst three had not achieved target and were worse than at the end of last year.

Particular reference was made to Public Health indicators which were produced in response to the diversity of information and scale of budgets involved. Two key performance indicators reported at Quarter 4 in line with the National Reporting Schedule related to the National Child Measurement Programme.

It was further advised that 23 other Public Health indicators were reported to Scrutiny at other Quarters throughout the year.

The Assistant Director, Community Services advised Members that CUL 008a, CUL 009a and CUL 010a were based on a National Survey undertaken by Sport England and that performance was on par with other north east local authorities. It was also stated intervention work was ongoing at Red Hall and the outcomes were awaited; work was ongoing with schools and grants were providing activities for young people such as swimming lessons and Sports Days. Members were pleased to note that there were also activities in sheltered housing schemes such as Walking Football and Walking Netball.

The Public Health Portfolio Lead advised Members that in relation to PBH 020 and PBH 021 statistics had shown that 10 per cent of children aged four to five were considered to have excess weight, however, in Year 6 that had increased to 22.5 percent. The Childhood Healthy Weight Plan for Darlington provides a framework for a whole systems approach to reducing obesity and promoting a healthy weight. The plan works with partners including parents, schools and other agencies to take a whole systems

approach to reducing childhood obesity. This includes focussed work with parents, schools and other settings in reducing children's access and exposure to unhealthy foods, particularly those identified as being high in sugar, and increasing opportunities for physical activity.

Discussion and challenge ensued on the methodology to measure physical activity undertaken by everyone and the continuation of the breastfeeding programme relevant to PBH 013c.

The CDDFT representative reassured Members that breastfeeding information was given in Ante-natal classes and the Director of Public Health advised that whilst funding had been withdrawn due to austerity measures it was in the contract with CDDFT and the CCG that breastfeeding support was available.

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

(b) That the proposed basket of performance indicators for 2018/19 be agreed.

(c) That the scheduled for performance reporting for 2018/19 be noted.

**HP9. CHILDHOOD OBESITY AND DENTAL HEALTH CARE** - The Members of the Joint Review Group, established by this Scrutiny Committee and Children and Young People Scrutiny Committee, to examine Childhood Obesity, Dental Health Care and any associated Mental Health Links, submitted a report (previously circulated) requesting consideration of an interim recommendation in relation to any prospective water fluoridation scheme in Darlington.

The submitted report outlined the investigations of the Joint Review Group in relation to poor dental health outcomes in Darlington and the strong links between the highest obesity rates and the poorest dental health being most prevalent in the most deprived areas of the Borough.

It was also reported that dental decay was a significant public health problem in the North East and Darlington had levels of decay in children significantly higher than the average for England.

The Director of Public Health confirmed that the recommendation of the Joint Review Group was to carry out a technical appraisal only and not to make a decision on any potential water fluoridation scheme at this time.

**RESOLVED** – That this Scrutiny Committee supports the joint work underway to gather information required for consideration about any prospective water fluoridation scheme in Darlington and recommends to Cabinet that it agrees to carry out a technical appraisal for consideration of a water fluoridation scheme in Darlington and/or the Tees Valley.

**HP10. DARLINGTON CLINICAL COMMISSIONING GROUP (CCG) FINANCIAL PLAN 2018/19** – The Chief Finance Officer, Darlington NHS CCG gave a PowerPoint Presentation which provided an update on the CCG's Financial Plan 2018/19 and

included final allocations - money the CCG has to spend; summary financial plan – what the CCG is planning on spending; efficiency plan - what savings the CCG have to make to balance the books; and risk and mitigations – scenarios if the planned spend worsens. It was confirmed that Darlington CCG had balanced the books last year and was in a healthier state than some neighbouring authorities.

It was stated that the CCG could not spend above the allocation it received from National Health Services England and that the allocation was split into three areas of programme for patient care, primary care delegated for GP practices and running costs for the management of the CCG. The majority of spend was in the area of programme for patient care and whilst the CCG cannot overspend on running costs for management it could underspend and reallocate.

Particular reference was made to the CCG's expenditure and demands for services which outweigh the allocations received resulting in an efficiency programme, developed by benchmarking against peers and looking for areas where the spend is significantly higher, to balance the books. Benchmarking includes comparing pathways in order to get the best outcome for the spend and the patient.

It was explained that the CCG had to plan for expected inflationary increases and that the minimum wage increase had had an impact in the Care Home Sector.

The Chief Finance Officer gave a full explanation of the CCG's Summary Financial Plan 2018/19 including National Tariffs and Formulas for services, last year's spend, net tariff uplift and contingency plans.

Once the Efficiency Plan has been developed it is assessed by the CCG to identify how it would manage the financial risk if certain scenarios, for example, increased activity in the acute Trust, were to happen. It was confirmed that the focus for efficiency plans was within acute spend, prescribing in primary care and continuing healthcare.

It was reiterated by the Chief Finance Officer that the plan was reasonable and that Darlington was in a less risky position as opposed to other CCGs in the area. The CCG had a block contract with CDDFT and the CCG and The Trust had to work together to drive efficiency and collectively drive transformation and cost.

Discussion and challenge ensued on ineffective procedures and whether the decision was made by the clinician and that efficiency did not drive clinical need. The Chief Finance Officer confirmed that Public Health England and NHS England were looking at procedures where treatment should not happen, such as removal of tonsils, unless there were exceptional circumstances.

Following a question it was confirmed that there would be no delays as waiting lists had to be maintained and that the Referral Management System had removed people who did not need a surgical intervention.

Concerns were raised that people were purchasing essential equipment as Mediquip were not providing like-for-like, although it was accepted that the NHS should fund any medical needs which were different from a 'want'.

Overall Members were pleased with the financial position of Darlington NHS CCG and have requested regular updates on its financial position.

**RESOLVED** – (a) That the thanks of this Scrutiny Committee be extended to the Chief Finance Officer for his informative presentation.

(b) That this Scrutiny Committee welcomes the overall financial position of the Darlington NHS Clinical Commissioning Group.

(c) That this Scrutiny Committee be kept updated on the financial position of Darlington NHS Clinical Commissioning Group.

**HP11. WORK PROGRAMME** - The Assistant Director Law and Governance submitted a report (previously circulated) requesting that consideration be given to this Scrutiny Committee's work programme for the remainder of the Municipal Year 2018/19.

Members previously agreed a revision to the work programme to enable the Committee to analyse information for each topic area aligning it to the eight outcomes and the three conditions in the Sustainable Community Strategy and relevant performance indicators from the Performance Management Framework.

There was discussion on the current status of various topics on the work programme including Integrated Care System (previously Sustainable Transformation Programme) whereby the Chief Finance Officer, CCG advised Members that there was a lot of work ongoing and that collaboration working would become the future. Work was currently ongoing across Commissioners, NHS Trusts and local authorities and that changes could be observed within the next six months. There had also been a restructuring of the CCG's with the possibility of one Chief Executive for five CCGs together with cross-cutting of other responsibilities over several CCGs.

In relation to Pain Management it was confirmed that a new provider had been contracted since February 2018 following a tendering exercise and that any pathway queries should be directed to Karen Hawkins, Director of Commissioning and Transformation.

In relation to the CDDFT CQC Inspection it was reported by the Communications Manager that the Trust was working through an Action Plan and that an update would be provided for Members at a future meeting of Scrutiny Committee.

The Healthwatch representative advised Members that during the Summer HWD was undertaking a piece of work on the Mental Health of Children and would feed back to Scrutiny Committee when completed.

**RESOLVED** – (a) That the current status of the Work Programme be noted.

(b) That the Work Programme be updated to reflect the decisions of this Scrutiny Committee.

**HP12. HEALTH AND WELL BEING BOARD** – Members are aware that the Board’s Work Programme items were reflected in its agendas, that it was useful to have Members of Scrutiny on the Board, that the process was more focussed and there was an excellent cross section of representation.

Councillor H Scott advised Scrutiny Committee that the Health and Well Being Board held 10 May 2018 consisted of mainly verbal updates which Scrutiny was aware of and that the next meeting of The Board was scheduled for 12 July 2018.

**RESOLVED** – That Members look forward to receiving an update on the work of the Health and Well Being Board at a future meeting of Scrutiny Committee.

**HP13. ANY OTHER BUSINESS** – The Chair advised Members that she had recently attended the opening of the MRI Ward at County Durham and Darlington Foundation Trust and congratulated the Trust for the ambience for patients and the excellent and helpful consultants and staff working on the Ward.

The Communications Manager advised Members that, as part of the celebrations of the 70<sup>th</sup> year of the National Health Service, BBC Look North had made a short film around the recently opened County Durham and Darlington NHS Foundation Trust’s MRI Ward and new Scanner which would be shown on 5 July, the actual birthday of the NHS.