

## HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

Wednesday, 19 December 2018

**PRESENT** – Councillors Newall (Chair), J Taylor, Copeland, Crichlow, Heslop, Mrs H Scott and Tostevin

**APOLOGIES** – Councillors Haszeldine and E A Richmond,

**ABSENT** – Councillors Grundy and Nutt

**ALSO IN ATTENDANCE** – Councillors Karen Hawkins (NHS Darlington Clinical Commissioning Group), Katie McLeod (NHS Darlington Clinical Commissioning Group), Jill Foggin (Communications Officer, County Durham and Darlington Foundation Trust) and Catherine McShane (CDDFT)

**OFFICERS IN ATTENDANCE** – Allison Hill (Democratic Officer), Ken Ross (Public Health Principal), Christine Shields (Assistant Director Commissioning, Performance and Transformation), Elizabeth Davison (Assistant Director Resources) and Dr M Moffat (Speciality Registrar Public Health)

### HP35 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

### HP36 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY COMMITTEE HELD ON 31 OCTOBER 2018

**Minutes** - Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 31 October 2018.

With regard to Minute HP26/Oct/18 the Director of Commissioning and Transformation, NHS Darlington CCG advised Members that the public engagement on the Stroke Service had been extended to the end of January 2019.

**RESOLVED** – That the Minutes of the meeting of this Scrutiny Committee held on 31 October 2018 be approved as a correct record.

### HP37 TELEHEALTH

Catherine McShane, Project Manager, County Durham and Darlington NHS Foundation Trust gave a presentation on Telehealth and Darlington Healthy New Towns and the use of technology to improve health outcomes.

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.

The Project Manager also advised Members of 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; outlined the challenges faced with the Healthy New Towns programme; and advised Members of the lessons that had been learnt to date.

Members were also advised about 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.

Discussion ensued on the presentation and Members expressed their concerns at the lack of progress to date and the challenges faced with the GP services. The Project Manager acknowledged the Members concerns and the issues that have caused some delays 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.

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.

The Public Health Principal also acknowledged the work to date on digital personalised health care and confirmed that it will take time and the pressures on primary care is difficult and digital health will now work for everyone.

**RESOLVED** – (a) That the Project Manager be thanked for her presentation.

(b) That Members continue to receive updates on the progress of Telehealth and Healthy New Towns.

### **HP38 CLINICAL ASSESSMENT AND PEER REVIEW SYSTEM (CASPER)**

Katie McLeod, the Head of Strategy and Commissioning, NHS Darlington CCG gave a presentation on the Clinical Assessment and Peer Review System (CASPeR).

The presentation highlighted the challenges facing NHS services; NHS England's Demand Management 'good practice guide'; what was the aim of CASPeR; outlined the speciality services; CASPeR usage and the initial effectiveness; and the next steps.

The presentation outlined the three programmes from the 'good practice guide' that CASPeR were focusing on which were the Peer Review of Referrals, alternatives to Outpatient appointments and the management and monitoring of outpatient follow up appointments.

It was also noted that best practice pathways had 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.

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.

Members of this Scrutiny Committee confirmed that they would like to receive an update on the final evaluation.

**RESOLVED** – That the Head of Strategy and Commissioning be thanked for interesting and informative presentation.

### **HP39 EXERCISE AND ACTIVITY UNDERTAKEN AT GOLD TEA DANCE**

Scrutiny Member received and update from Vicky Grant, Health Referral Co-ordinator on the exercise and activity survey undertaken at GOLD Tea Dance.

**RESOLVED** – That the results of the survey be noted.

### **HP40 HEALTH INEQUALITIES IN DARLINGTON : NARROWING THE GAP**

The Director of Public Health submitted a report (previously circulated) to share with Members the 2017 statutory annual report of the Director of Public Health (also previously circulated).

The Annual Report of the Director of Public Health Darlington 2017 was the fourth annual report following the transfer of public health responsibilities from the NHS to local government and highlighted that the life expectancy gap between the richest and poorest wards in Darlington was almost twelve years. The annual report also explores the breadth and extent of those 'health gaps' and proposed measures to narrow that gap.

The recommendations contained in the report were set out with the intention of addressing inequality whether at a geographical level or the health inequality which is experienced across protected characteristics including ethnicity, gender, age and sexual orientation.

Dr Moffatt, Public Health Registrar gave a presentation on the Director of Public Health's 2017 report which highlighted the life expectancy for men and women by Ward; and the recommendations of the report within Darlington to address the inequalities across the life course being the Best Start in Life, Living and Working Well and Health ageing and there link to wider determinants such as housing, income, education, employment and environment.

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.

**RESOLVED** – (a) That the 2017 Annual Report of the Director of Public Health be noted.

(b) That Dr Moffatt be thanked for his interesting and informative presentation.

### **HP41 VOLUNTARY AND COMMUNITY SECTOR FUNDING: PILOT COMMUNITY BASED INITIATIVES**

The Director of Children and Adults Services submitted a report (previously circulated) to provide Members with an overview of the planned implementation of pilot community based initiatives utilising Future Fund and Voluntary Sector Development Fund monies.

The submitted 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.

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.

The submitted report gave details of the community based initiatives proposed for funding and the Steering Group that had been established to monitor the outcomes and impact of the agreed pilot initiatives.

Discussion ensued on the six community based initiatives that had been proposed.

**RESOLVED** – (a) That the pilot initiatives outlined in the submitted report be noted.

(b) That this Scrutiny Committee receive an update following the monitoring and evaluation phase of this work in 2019.

## **HP42 PERFORMANCE INDICATORS QUARTER 2 2018/19**

The Managing Director submitted a report (previously circulated) to provide Members with performance data against key performance indicators for Quarter 2 2018/19.

It was reported that the performance indicators were aligned with key priorities and the majority were used to monitor the Corporate Plan 2017/21.

Details were provided of the 30 indicators that are reported to this Scrutiny Committee, five Culture indicators and 25 Public Health indicators. The majority of the indicators were reported and all the Public Health indicators were 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.

At Quarter 2, data was available for two Culture indicators and three Public Health Indicators.

Particular reference was made to 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.

In relation to Public Health Indicators it was reported that PHB 044 – Admissions episodes for alcohol related conditions which shows data for 2016/17 had increase 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.

**RESOLVED** – That the performance data reported for Quarter 2 2018/19 be noted.

#### **HP43 MEDIUM TERM FINANCIAL PLAN (MTFP) 2019/20**

Submitted – A report (previously circulated) of the Chief Officers Executive which had been considered by Cabinet at its meeting held on 11 December 2018, in relation to the Medium-Term Financial Plan (MTFP) 2019-20 to 2022-23 and proposing a 2019/20 to 2022/23 capital programme for consultation.

It was reported that the delivery of the core offer which was agreed in 2016 remained 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 could still deliver the agreed balanced plan and extend the MTFP. A further £0.600 million had also been identified which could be used to bolster the Futures Fund themes or be returned to reserves.

It was noted that the Council had allocated £4.1 million to the futures fund in 2018/19, £2.5 million of which was allocated between the five community themes. To date £1.063 million had been committed to the futures fund themes with a balance of £1.437 million remaining.

Discussion ensued on 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.

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.

Members noted the additional monies identified for winter pressures amounting to £501,000 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.

**RESOLVED** - That this Scrutiny Committee has no comment to make on the proposed schedule of fees and charges for those services within its remit and supports Cabinet's proposal in relation to those fees and charges and the proposed Council Tax increase of 2.99 per cent for the next financial year.

#### **HP44 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 the Scrutiny on the Board, that the process was more focussed and there was an excellent cross section of representation.

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

#### **HP45 WORK PROGRAMME**

The Managing Director submitted a report (previously circulated) requesting that consideration be given to this Scrutiny Committee's work programme for the remainder of the Municipal Year 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.

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