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**HEALTH AND WELL BEING SCRUTINY COMMITTEE**  
**ANNUAL REPORT 2010/11**

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**Introduction**

1. After another extremely busy year, I am delighted to present the Annual Report of Health and Well Being Scrutiny Committee to Council on behalf of Members of that Committee. I would like to take this opportunity to thank all the Members for their contribution to the work of this Committee and attendance at meetings. Particular thanks to those Members who participated in Scrutiny Reviews. Their support to the scrutiny process is invaluable and the work of the Committee would not have been as effective without their support and commitment over the last year.
2. I also wish to acknowledge the effort and the help of the Officers in particular Miriam Davidson, Locality Director of Public Health and Pauline Mitchell, Assistant Director, Adult Social Care and Housing, who have assisted the Scrutiny Committee a great deal whilst also continuing with their demanding 'day jobs', also Abbie Metcalfe, Democratic Officer and the many Officers of the Council and the NHS who have assisted us with our work during the year. Officers from the Trusts have continued to approach the Committee with items for consideration, which demonstrates the high regard the NHS Trusts have for the Committee and the excellent relationship that Members have forged with the Trusts.
3. Special thanks to Cabinet Members - Veronica Copeland, Adult Services portfolio and Stephen Harker, Health and Leisure portfolio for their continued support.
4. Over the year, the Committee has administered all the elements of scrutiny, including policy development, progress, consultation, monitoring functions and studies of particular services. We have gained in experience, knowledge and confidence using various techniques and National Institute for Health and Clinical Excellence (NICE) Guidance as appropriate.
5. As a Committee we have continued to look at ways in which we can, through the Scrutiny process, contribute to the work of the Council and enable all our Members to analyse, contribute and comment on ways of developing the scrutiny process further.
6. In addition, the Committee has undertaken reviews and contributed to a number of NHS consultations.
7. With the assistance of Officers, the Committee's focus has remained the three key messages from the Annual Report of the Director for Public Health, into our Work Programme, which explains the reasons for the differences in health between Darlington residents and the rest of England, which are complex. They can be summarised as:- Inequalities in opportunity – poverty, family, education, employment and environment (the wider determinants of health); Inequalities in lifestyle choices – smoking, physical activity, food, drugs, alcohol and sexual activity; and Inequalities in access to service for those who are already ill or

have accrued risk factors for disease. Members continue to have regard to narrowing the gap in health inequalities in every aspect of our work, supported by the Director of Public Health.

8. The Committee links its Work Programme to the workstreams of the Healthy Darlington Theme Group under the Sustainable Community Strategy: One Darlington: Perfectly Placed and scrutinises the indicators of the Local Area Agreement which falls within the Committee's remit. The Work Programme has been developed with consideration to the priorities for improvement outlined within the Sustainable Community Strategy 2008-2021 in line with the delivery themes and work strands. In particular the Aspiring Theme Group – Improving Parenting and the Healthy Theme Group – Narrowing Health Gaps, Access to Sport and Leisure, Healthy Workplaces, Obesity in Young People, Emotional Health and An Ageing Population.
9. Our Work Programme also takes into consideration of the Corporate Plan's Corporate Objectives: Shaping a Better Darlington, Providing Excellent Services, Putting the Customer First, Ensuring Access for All and Enhancing our Capacity to Improve.

### **Liberating the NHS White Paper**

10. The Committee established a Task and Finish Review Group to respond to the White Paper 'Equity and Excellence: Liberating the NHS' (and subsequent white papers) and met on a number of occasions with NHS Partners, Darlington LINK and Council Officers to formulate our response, which was submitted to the Tees Valley Health Scrutiny Joint Committee and forwarded to the North East Joint Health Overview and Scrutiny Committee.
11. The Committee has also responded to further consultations Liberating the NHS: An information revolution and Liberating the NHS: Greater choice and control and widely welcomed the principles of both documents.
12. We have been appraised that Department of Health has published a number of Policy Publications covering Public Health and the implementation of the Equity and Excellence White Paper which sets out the new Government's intention for Health and Social Care.
13. The above two documents, published in December 2010, have had an impact on the workings and subject matters of Health Overview and Scrutiny and we have risen to the challenge of being reactive and proactive to the changes facing us.
14. Healthy Lives, Healthy People: Our Strategy for Public Health in England White Paper sets out the Government's long-term vision for the future of public health in England. The aim is to create a "wellness" service (Public Health England) and to strengthen both national and local leadership. It outlines a radical shift in the way public health challenges are tackled. One of our Public Health Specialists guided us through a summary of the proposals which includes the establishment of Public Health England, proposed ring – fencing of public health funds, a new role for local government in public health, the establishment of a health premium, an extended role for Directors of Public Health, establishment of Health and Wellbeing Boards, the Health and Social Care Bill, Public Health outcomes framework, Health and Wellbeing throughout life and Making it Happen – Consultation and Transition.

15. We have attended a briefing with our Director of Public Health, attended Stakeholder Events and again gathered views to formally respond to the consultation through our Task and Finish Review Group.
16. We very much welcome the Liberating the NHS: Legislative Framework and Next Steps which is the Government's published response to the consultation process and outlines its reforms intentions. There are significant changes to the proposals and it is clear that Health Overview and Scrutiny will actually be given a strengthened role, with increased powers to hold to account any agency in receipt of NHS funds for the provision of NHS Services. It is also proposed to give Local Authorities a new freedom and flexibility to discharge their health scrutiny powers in the way they deem to be most suitable, whether through a specific Health Overview and Scrutiny Committee, or through an alternative arrangement.

### **Improving working relationships**

17. The Committee has continued to build on relationships with the NHS Trusts which provide services to Darlington residents. Lead Members continue to hold regular briefings with Lead Directors of County Durham and Darlington NHS Foundation Trust (CDDFT), NHS County Durham and Darlington (NHSCDD) and Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) to discuss up and coming issues which affect residents of Darlington. These briefings have proved successful for both Members and the Trusts as it is an opportunity for a variety of issues to be discussed, especially in this time of change.
18. With the publication on the Liberating NHS White Paper, positive relationships with GPs have commenced and we hope to build on these relationships through the work of the GP Consortia and the introduction of GP Led Commissioning.
19. We have continued to meet with the Chair of the Local Involvement Network (LINK) and the LINK Co-ordinator on a regular basis to discuss recruiting of members and publicising the work of the LINK. Once again this year the LINK has brought final reports, its Annual Report and Work Programme to the Scrutiny Committee for our consideration and we will continue to be involved with the LINK as it prepares to evolve into HealthWatch.
20. Following the proposals outlined in the White Paper pertaining to LINKs evolving into HealthWatch. Local HealthWatch will ensure that the views and feedback from patients and carers are an integral part of local commissioning across health and social care and provide advocacy and support, helping people access and make choices about services. Local HealthWatch will also provide a source of intelligence, which will be useful for the Scrutiny Committee when undertaking reviews and as a result we will continue to be involved in discussions and remain in periodic contact.
21. Representatives from GOLD have been regularly attending the Committees meetings and feeding back their views on particular issues. As Chair of the Committee, I regularly pop into GOLD and as a Committee we encourage them to work with us and share issues.
22. At our meeting in June, two members from GOLD introduced their work on Dignity. We welcomed the work and Officers from the Hospital Trust were keen to promote the work on dignity in their staff magazine.

### **The Future has been well and truly ‘Seized’**

23. As I reported last year the three lead Members of this Scrutiny have been regularly attending the Seizing the Future Delivery Oversight Board, together with our equivalents from Durham County Council, other NHS Partners and LINKs.
24. We were presented with the Final Report of the Delivery Oversight Board in October and welcomed the report. We believe that it is an easy to read document and value being involved in the process. It was a useful exercise and provided an opportunity to scrutinise in depth the implementation of the changes to services.
25. The Trust states that ‘The *Seizing the Future* programme has been a massive exercise in service redesign and has been deemed to have been successfully achieved by the Trust, its partner organisations and those bodies tasked with overseeing its implementation.’

### **Changes to future hospital provisions**

26. We have continued to maintain our positive relationships with CDDFT and have regularly met with the Associate Director of Marketing and Communications and other Senior Directors. Over the past year there have been a number of positive improvements to hospital services provisions.
27. We have welcomed the reduction in the number of hospital admissions and the lengths of stay are steadily decreasing by up to 20 admissions a day following the induction of the Rapid Access Medical Assessment Centre.
28. At the end of July 2010, Ward 52 closed in Darlington Memorial Hospital which meant that 20 beds would no longer be in use. We were reassured that there would be no staff redundancies as a result and that staff were being redeployed due to vacancies within the Trust.
29. From 1st December 2010, the Trust reported the launch of a new out of hours emergency stroke treatment service, offering 24 hour 7 days a week thrombolysis treatment which operates at DMH one week and then University Hospital North Durham the week after one rotational basis.
30. A further review has been undertaken in respect of the ‘whole’ stroke pathway and as a result we have attended two Stakeholder events. In February we established that the review has included views of clinicians, service managers, commissioning leads, service users and carers. The review has identified that further work is required to ensure the sustainability of hyper-acute stroke services provision across County Durham and Darlington. This includes a full options appraisal of all potential sustainable models for hyper-acute stroke services. The proposals include to centralising on one site and the preferred option being University Hospital North Durham.
31. On behalf of the hospital Trust, NHSCDD will lead on this work with GP leads and other stakeholder through establishing a Stroke Improvement Group. Part of this work will include reviewing other elements of stroke care including community rehabilitation and

early supportive discharge, to consider the 'whole' stroke pathway. A full public consultation will be launched later in year.

32. The Trust is in the process of developing its Clinical Strategy for the next few years and we have attended a Stakeholder event to feed our views into the process. We have received a presentation from Acting Executive Medical Director who highlighted some of the clinical challenges that the Trust are facing; such as delivering 24/7 responsive services, reducing reliance on acute admissions and challenges in; stroke, child health, maternity and capacity in community services.

### **Consultations and Strategies**

33. Throughout this year we have given our comments and consideration to consultations and Strategies within the remits of Adult Social Care, Learning Disabilities, Mental Health Services and Older Peoples Services and Members of the public have addressed our meetings in respect of Fairer Contribution Policy and Learning Disabilities Day Opportunities Redesign.
34. We have also been consulted on the proposed changes to inpatient beds for mental health services for older people in Darlington and South Durham. The consultation set out five options for consideration, four of which involve reconfiguring inpatients beds across South Durham and Darlington which will result in 15 fewer assessment and treatment beds. The proposed service changes will also mean that a specialist centre for challenging behaviour inpatient services could be provided at Auckland Park (they are currently split between Bishop Auckland and Sedgfield). The number of challenging behaviour beds will not be reduced. Our response is that we do not object to the proposals outlined in the consultation, due to the limited impact on Darlington and its residents; and welcome the proposed separation between organic illness and functional illness, based on the evidence gathered from patients and carers.
35. We very aware of the Council's challenging change agenda to transform the current model of social care to one that is driven by people directing their own support to meet their own identified social care outcomes. A key element of this transformation involves commissioning, investing and using resources in different ways. To ensure some clarity for providers and other key stakeholders a commissioning intentions plan has been developed within Adult Social Care.
36. As a Committee we are committed to inputting into the five year strategic plan for NHS County Durham and Darlington. The five year strategic plan sets the strategic direction for the next five years for County Durham and Darlington NHS, taking into context the national policy, regional strategies, partner strategies, demographic changes, epidemiology data, quality, finance, performance and market analysis.
37. We have also had the opportunity make comments on Annual Operating Plan (AOP) which takes into account the impact of the economic downturn, a review of the 2009/10 AOP, refresh of the five year strategic plan, operating framework for the NHS in England 2010/11 and revisions to operating framework.

38. We have received the Joint Strategic Needs Assessment (JSNA) which builds on the existing statutory duty placed on the Directors of Children's Services, Adult Social Services and Public Health to produce on an annual basis a JSNA. We welcome the evident linkages with our Sustainable Community Strategy Priorities, which identifies the top issues facing our community; poses a series of questions for strategic decision-makers and commissioners of services to consider when planning services and a condition profile for Darlington which is constructed around a revised suite of outcome based performance measures designed to monitor the impact of the Sustainable Community Strategy. The SNA forms an important component of the Local Authority's new Business Model and corporate transformation agenda.

### **Narrowing the Gap in Health Inequalities**

39. We have received a number of presentations over the last year focussing on the Committee's commitment to narrowing the gaps in the health inequalities in Darlington. They include:-

- Darlington Health Profile – We are pleased to note that the report states that the health of the people in Darlington is generally improving. However the health of the people of Darlington is still worse than the England average. There are inequalities within Darlington, life expectancy for men living in the most deprived areas is 11 years less than those living in least deprived areas and the corresponding figure for women is nine years. We have welcomed the health profile and acknowledge that there is still a long way to go although, good progress has been made and the life expectancy gap has reduced from 13 years to 11 years in the deprived areas, it is to that end that we continue to focus our Scrutiny work around reducing health inequalities.
- Breast feeding in Darlington – We have considered the final report of the on the project focusing on the Darlington: A Breast Feeding Friendly Town and are pleased that Darlington's breast feeding rate has steadily continued to rise and currently for 2009/10 stands at 62%; which is well above the County Durham and North East average but below the national average of 73%.
- Under 18 conception rates – We know that Darlington has significantly higher under 18 conceptions rates than the National England average and are encouraged by the work that is being undertaken to address this. We are delighted that work is underway with Schools to provide clinics making available contraception in school settings and the appointment of a dedicated Sex and Relationships Officer employed by the Council and leading on the strategic development for education, the workforce and parents is vital.
- Alcohol – We have considered the outcomes and findings of the National Support Team visit to Darlington to review actions and plans to reduce alcohol related harm. It was reported that areas of good practice and overall strengths were identified with good partnership working in place; however, the National Support Team did make some recommendations to strengthen the planning and delivery of alcohol services. We have particularly welcomed the work of the Paramedic Programme which maximised partnership working and the effectiveness of this working arrangement during the World Cup and the summer months.

- Work of BALANCE – We are pleased to learn that there has been a number of reductions in relation to months life lost for males; under 18's alcohol specific hospital admissions; alcohol related recorded crimes; and alcohol related violent crimes. We were particularly interested in the 'localism' approach to minimum pricing of units of alcohol and surprised to learn that alcohol is 70% cheaper now than in 1980 and just how readily available it is.
- Annual Report of the Director of Public Health – We are delighted that this years Annual Report of the Director of Public Health has a focus on Older People, following the Review we initiated last year. One of the Locum Consultant in Public Health Medicine guided us through the key headlines of Annual Report of the Director of Public Health for 2010: Keeping Older People Healthy in County Durham and Darlington. Older people will ultimately benefit from an increased focus on their needs and the involvement of the third sector in this report will improve engagement with and involvement of the older population.

### **Director of Public Health Annual Report – Healthier Lives for Children and Young People in County Durham and Darlington 2009/10**

40. Each Scrutiny Committee scrutinised an element of the above report under their remit and reported its findings to this meeting. This is the first time that all five Scrutiny Committees have undertaken a cross-cutting scrutiny project to scrutinise and challenge key messages and outcomes of a partner organisation.
41. We formally handed over our work to the Director of Public Health which has been published as an accompaniment to the Director of Public Health's Annual Report 'Healthier Lives for Children and Young People in County Durham and Darlington'.
42. I am delighted that the other Scrutiny Committees signed up to this piece of work as health is a cross cutting issue which affects us all. Through successful joined up working and thinking we have scrutinised one of our partners which has demonstrated our commitment to addressing health inequalities in Darlington.
43. This Committee scrutinised the alcohol related hospital admissions of under 18's, as part of this work. A Task and Finish Review Group identified pertinent NICE Guidance as a basis for the scrutinising alcohol admissions for under 18 year olds; reviewed the development of acute emergency/paramedic pathway within County Durham and Darlington and have established the basis the PCT commissions paediatric services to assist in reducing hospital admissions of under 18 year olds. We developed a series of recommendations which we hoped would challenge and encourage all partner organisations to continue to work together to reduce hospital admissions.
44. I am pleased to report that positive progress has made since we undertook our review of alcohol related hospital admissions of under 18 year olds and significant progress has been made against our recommendations. Positive outcomes included that the Social norms work in schools, which helps prevent substance misuse, is expanding to cover other areas such as smoking, sexual health and bullying, and we have a growing evidence base to support the fact that this approach is working well locally; the range of multi-agency projects are in place to divert young people and prevent unnecessary admissions; the pathway from DMH to community treatment (SWITCH) for young people who misuse alcohol is now in place;

the hospital admissions observation unit is now operational in DMH and the number of admissions continues to drop as predicted and the national ranking has improved.

45. We are pleased that the momentum has not been lost and that the further work is underway in respect of operating a new pharmacy pilot. The pilot offers information and brief advice around alcohol consumption to women accessing emergency contraception, in keeping with the new public health white paper.
46. We are delighted that the findings of some recent analysis of emergency admission in to DMH, which shows that none of the 'frequent flyer' admissions involved young people aged under 18 years and look forward to a further report.

### **Reviews**

47. This year we have carried out a number of ongoing reviews as highlighted earlier and we have also established two further Task and Finish Review Groups to respond to NHS Quality Accounts and feed comments to the Care Quality Commission in respects of the Local NHS Trusts.
48. We have also explored and scrutinised how the Council has piloted personal budgets and worked with other local authorities to establish best practice.
49. We met with service users and carers and discussed with them the impact of personal budget on their lives and acquired some very valuable evidence. We concluded that personal budgets do appear to be working as they allow individuals more freedom and more a sense of personal responsibility.
50. We are very keen for personal budgets to be rolled out quickly and that sufficient support is offered to individuals when they transfer from direct payments to personal budgets.
51. Members are sure that once the supported self assessment questionnaire is completed service users and carers will relish the benefits the personal budgets system brings.
52. We formulated a number of recommendations and submitted them to Cabinet for approval.

### **Special meetings**

53. This year due to the immense workload of the Committee we have held a number of special meetings. These meetings have enabled us to consider items and issues at short notice. We have also held themed meetings which empower Members to be fully informed, gain an understanding and undertake detailed scrutiny of a particular service area.

### **End of Life Care**

54. One of our special meetings focused on End of Life Care. We were advised of an Integrated End of Life Care Joint Commissioning Strategy between the Council, NHSCDD and Durham County Council. This Strategy will improve care for end of life/palliative care health and social care services across County Durham and Darlington over the next three years. This strategy will set the work plan for the three organisations to improve and



develop services for end of life care over the next 5 years. The action plan, once it is finalised, will be reviewed and updated annually.

55. We also invited two experts in this field to our meeting Professor Edwin Pugh and Keith Aungiers who informed us about the Good Death Charter and further work being undertaken in respect of end of life care, the facts and the challenges; and the public health approach to developing a North East Regional Charter.
56. Our Health Scrutiny Colleagues in Middlesbrough Council have undertaken a Review of End of Life Care and we also invited them to attend our meeting to share their experiences. Members of the Committee found this subject matter extremely interesting and as a result have formed a Task and Finish Review Group to consider various aspects of End of Life Care in more detail.

### **Children's Health**

57. In January 2011 we hosted a joint meeting with Children and Young People Scrutiny Committee to discuss the cross cutting issue of children's health.
58. Members of both Committees had the benefit of scrutinising with NHS professionals children's health issues such as tobacco control; child obesity and physical activity; teenage conceptions; alcohol and drug misuse; paediatric pathway - acute, paediatric hospital pathway – young people's alcohol misuse; and services for disabled children. We had some positive press interest from this and it was a very successful meeting.

### **Medium Term Financial Plan**

59. We have given a great deal of consideration to the financial position and pressures facing the Council over the next five years and have examined the draft Medium Term Financial Plan. We held a special meeting to consider those elements of the proposals within our remit and formulated recommendations to a Special meeting of Resources Scrutiny Committee prior to submission to Cabinet.

### **Monitoring**

60. We have received a number of reports monitoring work previously undertaken by the Committee such as the progress of the community equipment services. This year we are delighted to note that the performance target D54, which is delivery of equipment within seven days, was consistently met in the first six months of 2010-11. We acknowledge that there are still two outstanding issues that have not been addressed in the current specification, i.e. equipment is not fitted on delivery and delays in picking up equipment after usage, but are reassured that work is continuing with in the integration and transformation of community equipment and we hope to continue to see improvements and efficiencies to the service.
61. The work of the Learning Disability Partnership Board (LDPB) was brought to Members attention. The LDPB monitors the quality of care provided in Health and Social Care settings across Darlington and County Durham. This is in response to the six investigations

carried out across 20 public bodies by the Health Service Ombudsman, following the deaths of six people with learning disabilities whilst in NHS or local authority care.

62. From interest Members have expressed in previous years, we have continued to receive updates on the excellent work that has been undertaken in relation to the Sports and Physical Activity Strategy, in terms of engaging with communities and increasing participation in activities. We are delighted with the progress made against the objectives Strategy which is driven by Community Sports Network.
63. We are extremely pleased that further funding has been secured to deliver a Stroke Rehabilitation Programme, and additional funding has been sourced from NHS County Durham and Darlington for 2011/12 to retain the post of the Physical Activity Coordinator who leads on health related physical activity for Darlington. Members are particularly delighted about the successes of the Community Games and the involvement of all the Primary Schools in Darlington.
64. We have recently been advised on the progress on the Strategy which supports and facilitates the universal access to information, advice and support for those people and their carers who may need adult social care support or need some support to remain independent. We are interested in how the Strategy will benefit so many older people.
65. We have also considered the progress being made to continue developing a strategic framework to improve prevention and early intervention for those individuals who need or may need support to meet their adult social care needs. The framework is a key enabler with projects arising from it which will contribute to the Adult Social Care Transformation Programme and to the delivery of whole system efficiencies.
66. We have received assurance that overall winter pressures are reducing over all sections of the NHS including seasonal flu. The additional pressures in response the severe weather conditions, the impact of flu and other respiratory diseases were managed successfully. The plans in place to cope with the additional pressure have withstood the demand and demand is steadily reducing.
67. As part of our role we have continued to monitor the Service of Adult Social Care Services, Health Improvement, Supporting People and Public Protection.

### **Tees Valley Health Scrutiny Joint Committee**

68. Myself, Councillor Newall and Councillor H Scott have attended meetings of the Tees Valley Health Scrutiny Joint Committee and there has been monthly meetings over the last year.
69. This year the Joint Committee has taken a particular interest Cancer Screening. We have received evidence from NHSCDD and NHS Tees and formulated a Final Report. We are delighted that Darlington is increasing the take up of breast cancer screening and cervical cancer screening. The figures in respect of people using bowel cancer screening packs are also steadily increasing. Work is set to continue to promote the screening services with all ages but specifically the younger generation.

70. The Joint Committee has also received updates and feedback on Improving Sexual Health Services; Out of Hours Care Services Redesign; the Momentum Project and Capacity of Mental Health Services across Tees together with presentations on the Mental Health and Well Being in the BME Community; the Child and Adolescent Mental Health Services (CAMHS) and Learning Disability Short Breaks Services for Tees from Tees, Esk and Wear Valley NHS Foundation Trust; Changes to Ambulance National Targets and Electronic Patient Report Form Project from North East Ambulance Services NHS Foundation Trust, we look forward to the electronic patient report form being rolled out across Darlington and County Durham.
71. On behalf of our Director of Public Health the Public Health Specialist and Immunisation and Vaccination Coordinator represented Darlington and presented Members of the Joint Committee an update on seasonal flu. We have been briefed locally and he advised that nationally and locally take up of flu vaccinations have been low this year; although, after a slow start older people have been taking up their vaccinations in Darlington in January 2011. Currently the take up of older people immunisation stands at 75% and in respect of young people with underlying chronic diseases the take up has increased to 50%, which we are very pleased about.

### **North East Joint Health Overview and Scrutiny Committee**

72. A project to: “examine the physical, mental and broader health needs of ex-servicemen and women, their families and communities, how they are being assessed and their needs met across the range of agencies at regional and local level, and how far ex-service personnel and their families are aware of the support available to them” has been undertaken over the last 12 months.
73. The North East Joint Health Overview and Scrutiny Committee agreed its final report on 14th January, 2011. It makes 47 recommendations to a wide range of organisations, including local authorities.
74. Newcastle has acted as lead authority, co-ordinating the whole project, which has been supported by the Centre for Public Scrutiny, which will be promoting it as an example of good practice in scrutinising health inequalities.
75. Cabinet supported the recommendations and the North East Joint Health Overview and Scrutiny Committee will be monitoring and reviewing the implementation of progress against the recommendations on a six-monthly basis, and, to assist with this, an Action Plan has been developed specifically for Darlington assigning Officers to relevant recommendations and requiring them to report progress against thereon.

### **Final thought...**

76. Finally, I would like to take this opportunity to thank all those past and present who have supported me and wish all Officers and Members good luck with the many challenges that lie ahead. Throughout my tenure I have enjoyed scrutinising the local NHS, working with North East colleagues and assisting in improving and promoting health inequalities within the Borough.

**Councillor Marian Swift**  
**on behalf of Health and Well Being Scrutiny Committee**