
**SIX MONTHS IN – OVERVIEW FROM HEALTH WATCH, PUBLIC HEALTH,
DARLINGTON CLINICAL COMMISSIONING GROUP AND HEALTH AND WELL
BEING BOARD.**

SUMMARY REPORT

Purpose of the Report

1. The purpose of the report is to brief Health and Partnerships Scrutiny Committee Members on the progress made since the transitional arrangements were reported to this Committee in February 2013.

Summary

2. Members will recall that transition arrangements were reported to the 11th February 2013 meeting of this Committee in respect of Healthwatch, Public Health, Clinical Commissioning Group and the Health and Well being Board. Members resolved that a further report be considered in six months' time outlining progress and challenges of implementation.
3. This report updates Members on
 - a) Whether the transition arrangements in place were sufficient and assisted with the process;
 - b) An overview of the work carried out in the last six months; and
 - c) Future ambition and work.

Recommendation

4. It is recommended that the update be noted.

Paul Wildsmith
Director of Resources

Background Papers

There were no background papers used in the preparation of this report.

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S17 Crime and Disorder	There are no implications arising from this report.
Health and Well Being	The transfer of public health functions and resource to the Council will strengthen the capacity of the Council to improve health.
Carbon Impact	There are no implications arising from this report.
Diversity	There are no implications arising from this report.
Wards Affected	All wards affected.
Groups Affected	All groups affected.
Budget and Policy Framework	This decision does not represent a change to the budget and policy framework in the transitional year 2012/2013.
Key Decision	No.
Urgent Decision	No.
One Darlington: Perfectly Placed	The vision for public health in Darlington is about reducing health inequalities, improving health outcomes and further integrating health and social care.
Efficiency	There are no implications arising from this report.

MAIN REPORT

Healthwatch

5. Transition arrangements taken forward in partnership and were certainly helpful in focussing the set-up activity. Implementation has enabled the role of Healthwatch to be seen as a crucial part of the development of a Health and Well-Being Board. They also highlighted the need for individuals to engage with Healthwatch if concerns were going to be addressed but also for the networking approach to underpin work with all sectors in Darlington.
6. Healthwatch is still developing the governance model and is currently operating with a board of five so will need to recruit other members over the next few months. The Board were appointed following advertisements in the local papers and on partner websites. The interviewing panel included representation from Carers Federation, the Local Authority and Clinical Commissioning Group. Scoring criteria were agreed and formal interviews held, references taken prior to appointment being confirmed. The skills of Healthwatch Board members include governance, finance and equalities and they bring together a wealth of experience and knowledge.
7. Healthwatch has already set up outreach activity as set out below:

Venue	Day	Time
Salvation Army, Thompson Street east	1 st Saturday of the month	10:00 – 11:30
Maidendale House, Burnside Road, Firthmoor	2 nd Thursday of the month	11:00 – 11:30
Cockerton Library, The Green, Cockerton	1 st Thursday of the month	15:00 – 17:00
Redhall Community Centre, Headingly Crescent	4 th Thursday of the month	9:00 – 10:30

8. Healthwatch facilitated a joint event on the 10th July 2013 which was attended by over 120 people, including patients/residents and representatives from the public, private and voluntary sector. The information from the workshops will help to inform the work of Healthwatch in the future and will also be valuable for commissioners of health and social care services.

Public Health

9. The changes to the public health service under the Health and Social Care Act (2012) required a massive level of organisational planning during 2012/13. Local arrangements were managed by workstreams e.g. HR, Finance and Contracts, Information Governance etc. reporting to the Darlington Borough Council Public Health Transition Reference Group. Assurance was provided to NHS County Durham and Darlington and Darlington Borough Council that all aspects of public health transition were timely and delivered safely. Health and Partnerships Scrutiny Committee received a report in February 2013 on the transition and Members resolved that a further report be considered in six months' time.
10. There are three key domains of public health – *public health practice*, *health protection* and *health care public health* i.e. improving services. Work carried out in the last six months has been under the banner of the three key domains and nine areas of public health practice:
 - (a) Surveillance and assessment of the population's health and wellbeing;
 - (b) Assessing the evidence of effectiveness of health and healthcare interventions, programmes and services;
 - (c) Policy and strategy development and implementation;
 - (d) Strategic leadership and collaborative working for health;
 - (e) Health Improvement;
 - (f) Health Protection;
 - (g) Health and Social Service Quality;
 - (h) Public Health Intelligence;
 - (i) Academic Public Health.
11. The following examples provide an overview of the work programmes led and delivered by the Darlington Public Health Team.

Health Improvement

12. Darlington Borough Council has become responsible, under the Health and Social Care Act, for a wide range of public health duties. A key early task has been to ensure all commissioned programmes are underpinned by appropriate contract arrangements and governance. The work included establishing the funding flow and requirements of the Public Health Ring-Fenced Grant and ensuring a public health plan and performance framework is in place.
13. Strategic leadership and collaborative working for health has been demonstrated over the past six months in all aspects of public health activity however some examples include the public health input to the Darlington Children and Young People Collective in June 2013 where the Director of Public Health presented the *Darlington Child Health Profile (2013)* and informed the subsequent discussion about the key issues.
14. Surveillance and assessment of the health and wellbeing of the Darlington population is on-going. The *Darlington Health Profile (2013)* will be the subject of a future report.

15. The publication of Public Health England *Longer Lives (2013)* and *Be Clear on Cancer (2013)* reports have been disseminated and will inform commissioning decisions.

Health Care Public Health

16. Actions which fall under the domain of “Improving Services, Health Care Public Health” include work to support Darlington Clinical Commissioning Group (DCCG), in the tasks leading to authorisation and in the first six months of the DCCG.

Public Health strategic leadership and collaborative working for health is a key area of public health practice. An example of this was the public health participation in the July 2013 event hosted by Healthwatch, “Your Health, Your Town, Your Say.”

A “core offer” agreement (a description of the support, information and advice the specialist public health service provides) with Darlington Clinical Commissioning Group is in place and underpinned by an annual action plan.

17. A clinical governance framework for Darlington Borough Council is being established, which will ensure that the new Council Public Health responsibilities will take account of patient safety, clinical effectiveness and patient (user) experience. The Director of Public Health is establishing an internal Clinical Quality Group which will report regularly to the Council Audit Committee.

Health Protection

18. Actions in the first six months to deliver the third domain of Public Health, Health Protection, include emergency planning, infectious disease control, links with environmental health and developing a health input to Licencing activities. Under the Health and Social Care Act (2012), the Director of Public Health is the responsible officer for the Darlington Borough Council contribution to health protection matters. An issue that required local intervention in the last 6 months was the response to a measles outbreak across the Tees Valley, including Darlington. Key messages remain that vaccination is critical in preventing the spread of measles and protecting the health of an individual. A national campaign, led by NHS England, is underway to increase uptake rates of Measles, Mumps and Rubella (MMR) vaccination via GP practices.
19. A major programme of work in the first six months post-transition was assessing the evidence of effectiveness of public health interventions in preparation for the Council “Your Darlington: Money Talks” events process.
20. Collaborative working for health has been essential in developing arrangements for the Tees Valley Shared Public Health Services. The governance of the arrangements is in place and a range of supporting services will add capacity to the Darlington team.
21. The key Local Authority Public Health responsibilities under the Health and Social Care Act (2012) are described in central Government Policy and in Annex C of the

Ring-Fenced Public Health Grant Local Authority Circular and other Public Health Guidance.

22. Reporting mechanisms on Public Health activity include data for mandated, national programmes, local contracted activity, Scrutiny reports, Health and Wellbeing Board and Darlington Clinical Commissioning Group Governing Body reports.

Darlington Clinical Commissioning Group

New Organisations

23. Since becoming a new statutory organisation from 1st April 2013, the CCG is also developing relationships and ways of working with other new organisations in the system, the closest relationship being with our commissioning support service NECS, who deliver commissioning support to a varying level to all the CCGs across the North East and Cumbria and the Area Team from NHS England.
 - North of England Commissioning Support Services that are judged to be of a high standard, and the new relationships that CCGs are forging with NECS will be critical to CCGs successes.
 - The NHS England Area Team are responsible for the Assurance process with CCGs and a 2nd Assurance meeting took place in mid-August. The relationship between the CCG and Area Team is also very important particularly due to the overlap in responsibilities of Primary Care Quality and provision of services over and above standard contractual requirements.

Delivery Plan

24. The 2013/14 Delivery plan is actively monitored against milestones via CCG internal processes. The Q1 report was shared with the Executive in July where the majority of schemes were on target. The CCG has a number of lead GPs who are heading up key areas of work and will report their progress at a PLT event on 18 September.

Nursing Home Pilot

25. The two year Nursing Home Pilot is due to commence at the beginning of September 2013.
26. The project will align designated GP practices to the majority of individual Nursing Homes providing anticipatory care planning as an enhanced service to improve quality of medical care to residents, improve the multidisciplinary training of staff, rationalise prescribing and aspire to reduce unnecessary emergency admissions to hospital. The pilot was well received by Overview and Scrutiny Committee as well as the Health and Wellbeing Board.

Your Town Your Health Your Say

27. The second “Your Town Your Health Your Say Event”, hosted by Darlington Healthwatch in partnership with the CCG and Darlington Borough Council on 10 July 2013. We are currently collating the feedback from the event with an aim to produce an initial newsletter via Healthwatch by the end of August 2013.

Caring Beyond Tomorrow – A Primary Care Strategy for Darlington

28. Dr Jenny Steel GP at Blacketts Medical Practice is leading this significant piece of engagement work, actively seeking out opinion with GP practices and staff on their views on current demands and pressures in their day to day work as well as their views on future solutions and potentially different ways of working. Patient and public opinion on GP services has also been sought through the CCG Community Council, Your Town Your Health Your Say Event on the 10th July as well as patient questionnaires available on the CCG website. Other key stakeholders have been approached for their opinions and a collated report is expected in the early Autumn expressing the main themes and options for consideration for a potential future model of Primary Care in Darlington.

County Durham & Darlington Clinical Programme

29. The Clinical Programme Board (CPB) has now been in operation since April following the Clinical Summit in February this year and is the agreed vehicle, consisting of the most senior lead officer and lead clinician from each organisation, to align strategic priorities between clinical organisations, the 3 CCGs, CDDFT and TEWV. The Group will facilitate more active collaboration and relationship building between clinicians and potentially once further trust developed, engage in greater transformational change.
30. The CPB will oversee 3 main subgroups chaired by the Clinical Leads from each of the County Durham and Darlington CCGs, Urgent Care, Planned Care and Intermediate/Community Care. The agreed initial priority outcomes are to reduce the burden on the urgent care system across the County.
31. Each of the 3 subgroups will have priority work streams that will engage all relevant stakeholders including the 2 Local Authorities.

➤ The Urgent Care workstreams are

- Primary care & nursing homes
- Urgent Care Centres
- Front of house patient handovers
- Alternative dispositions
- Patient Education
- Winter planning/escalations
- DUCT Urgent care transport

- The planned Care workstreams are 3 top Long Term Conditions resulting most often in acute admissions
 - diabetes, cardiovascular disease, respiratory)
 - dementia
 - cancer.

- The Intermediate/community Care workstreams are
 - Community nurses
 - Intermediate care
 - End of life/palliative care
 - Home Equipment Loan Service

32. Plans are under way to host another cross-organisation Clinical Summit Event in October to share the work programmes, the intended outcomes and secure continued clinical engagement.

Developing the Organisation

33. Areas of focus include

- Review of Constitution
- Revised Plan on a Page
- Committee Structure
- Refresh Organisational Development Plan
- Themed Development Sessions

NHS England – Call to Action’

34. NHS England is announcing a process of engagement with patients, clients, the public, partners and NHS and care staff nationally and locally to develop the future strategy for health, the NHS and care services. As a CCG we will be involved in this work, which is being launched this month and we are waiting to see what that involves.
35. The Call to Action document outlines the scale of the challenge the NHS faces, the need for change and the need for us all to engage in how to bring about these radical changes in partnership to secure its future. Much, but not all of this is reflected in varying degrees in our five year plan and plan on a page. The intention is that we use the document to engage patients, clients and the public to inform the development of local five year
36. The CCG has supported a proposal developed by CDDFT to secure significant central funding to improve the environment of care within outpatients at DMH for people with dementia. This builds on the work of the Darlington Collaborative.

CCG equality and diversity survey

37. There is a duty on the CCG under the Equality Act 2010 to comply with the Public Sector Equality Duty. The CCG is using this framework to improve equality performance and to support compliance with the requirements of the Equality Act (2010). The CCG has recently undertaken a self-assessment against the EDS equality outcomes and our summarised evidence will be going out to stakeholders for consideration and comment in August 2013.

Commissioning Plans for 2014/15 onwards

38. The CCG is now in the early planning phase of developing commissioning plans and priorities for 2014/15. This will include a refresh of the Clear and Credible as the strategic plan for the next 3-5 years.

Health and Well Being Board

39. Slides from recent Health and Well-being Board Provider Event are attached as Appendix 1.