

HEALTH AND WELL BEING SCRUTINY COMMITTEE

30th August, 2011

PRESENT – Councillor Newall (in the Chair); Donoghue, Francis, Macnab, Nutt, Regan, E. A Richmond, S. Richmond, H. Scott and J. Taylor. (10)

APOLOGIES – Councillors I. Haszeldine. (1)

ALSO IN ATTENDANCE – Councillor Copeland.

OFFICERS IN ATTENDANCE – Murray Rose, Director of People and Chris Sivers, Assistant Director – Development and Commissioning.

EXTERNAL REPRESENTATIVES – Dr Harry Byrne, Cahir of Clinical Commissioning Group; Mary Bewley, Head of Communications and Public Relations; Miriam Davidson, Director of Public Health; David Gallagher, Director of Consortium Development (Darlington & Sedgfield) and Mark McGiven, Public Health Specialist; NHS County Durham and Darlington and Sarah Callahan, Tees, Esk and Wear Valley NHS Foundation Trust.

HWB6. DECLARATION OF INTERESTS – There were no declarations of interest reported at the meeting.

HWB7. MINUTES – Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 21st June, 2011.

RESOLVED – That the Minutes be approved as a correct record.

HWB8. NHS TRUST UPDATE – Sarah Callahan, Tees, Esk and Wear Valley NHS Foundation Trust reported that the Children’s Eating Disorder Unit at West Park was now open and advised that there has been a managerial restructure based around localities within the Foundation Trust.

David Gallagher, NHS County Durham and Darlington reported that Strategic Health Authority has announced new cluster arrangements and that Ian Dalton has been appointed Chief Executive of NHS North of England.

RESOLVED – That the updates be noted.

HWB9. OVERVIEW OF SERVICES FOR PEOPLE INCLUDING CHANGE TO HEALTH SERVICES – The Assistant Director of Development and Commissioning gave a presentation to Members to outline the National Health changes and the impact for Local Government. The National Policy for health was explained and particular reference was made to Clinical Commissioning Groups, Public Health, Health Watch and Health and Well Being Boards.

Members were specifically interested in the Health and Well Being Boards and considered the relationship the Scrutiny Committee would have with the Board. The Assistant Director explained that the Health and Well Being Boards would have executive functions similar to Cabinet functions and therefore they would decide how the funding is spent as the majority of

the funding received would not be ring fenced. The scrutiny of the Health and Well Being Board would fall within this Committees remit and as the proposals are developed about the formative Group the Scrutiny Committee would be involved in the process.

RESOLVED – (a) That the presentation be noted;

(b) That the issues discussed within the presentation be used to formulate the Committees Work Programme; and

(c) That the Committee receive regular updates about the changes to National Health and the impact for Local Authorities.

HWB10. CHANGING ROLE OF SCRUTINY- (1) Health and Well Being Scrutiny Committee Work Programme – Members discussed and developed ideas for a future Work Programme ensuring that any items add value and are able to show a demonstrable outcome. Members also discussed a number of issues such as Clinical Commissioning Groups, Public Health, Health Watch and Health and Well Being Boards which they would like to receive regular updates on.

RESOLVED – That the following items be added to this Scrutiny Committees Work Programme; Health Profiles for Darlington; Care closer to home; Clinical Strategy; Single Needs Assessment; Stroke after care; Veterans Scrutiny Review and Oral Health.

(2) Health and Well Being Scrutiny Committee Review Groups and Task and Finish Reviews – Members discussed, taking into consideration the comments of the Assistant Director Development and Commissioning with regard to the challenges ahead, key areas of work for this Scrutiny Committee to focus on. It was agreed that all Members of this Scrutiny will be invited to each Review Group meeting and that the Review Groups and Task and Finish Groups will be primarily Member led.

RESOLVED – That the suggested areas of Review to be submitted to the Monitoring and Co-Ordination Group for approval are De-Commissioning Policy, Suicide Prevention and Health Watch Funding.

HWB11. CLINICAL COMMISSIONING IN DARLINGTON – The Director of Consortia Development and the Chair of the Shadow Clinical Commissioning Group gave a presentation reminding Members of the principles of the White Paper and the core purpose of the new commissioning system is improve health outcomes for patients. The power and responsibility for commissioning services has been devolved to local consortia of GP Practices. There has been a number of changes ‘post pause’ including the change from GP Led Commissioning to Clinical Commissioning Groups (which will now include commissioners and clinicians, from primary and secondary care). Clinical Commissioning Groups (CCG) will commission the majority of NHS services but that does not include dentistry, community pharmacy and primary ophthalmic services. CCG will also be given practice level budgets calculated by the NHS Commissioning Board and hold contracts with providers.

Members were pleased that a lot of work has been undertaken to establish the Clinical Commissioning Groups and acknowledged that there is still a long way to go, as preparation is underway to achieve the authorisation process. In Darlington there is a shadow CCG already in place, with pathfinder status, and are making good progress. Relationships with this Council are being forged through representation on Darlington Partnership Board and the Formative Health

and Wellbeing Board. There have also been specific clinical developments such as colocation of Urgent Care/Accident and Emergency and Integrated Musculoskeletal Triage Service.

Discussion ensued about the size of the consortia and whether Darlington will be big enough to stand alone; the involvement of 'other' clinicians in the CCG; how prevention and advice on healthy eating etc. will be funded in the future and decommissioning of services.

RESOLVED – That the presentation be noted.

HWB12. PUBLIC HEALTH AND LOCAL AUTHIRITIES: TRANSITION – The Director of Public Health submitted a report (previously circulated) which provided an overview of the key issues regarding public health responsibilities in Local Authorities as described in recent policy guidance. The Director of Public Health reminded Members about the White Paper Healthy Lives, Healthy People: our strategy for public health in England which set out the vision for a reformed public health system in England. The aim is to create a public health system that will address the causes of poor health and support those who need it most and wherever possible responsibilities and power should be transferred to the local level allowing local services to be shaped to meet local need.

The Director of Public Health also tabled a copy of the recently published Health Profile for Darlington for 2011. It was reported that the health profile in Darlington is generally worse than the England average, that deprivation is higher than average and 4,875 children live in poverty. Life expectancy for both men and women is lower than the England average. The priorities for Darlington include reducing smoking, tackling alcohol crime and reducing early deaths from cancer and heart disease. Members were particularly interested in the performance indicators reported within the health profile and the differences between Darlington and the England average. Members were interested in the indicator in respect of hip fractures in people over 65 years.

RESOLVED – (a) That the proposed changes in respect of Public Health be noted.

(b) That the Committee receive regular updates regarding the proposed changes.

(c) That the Health Profile for Darlington be noted;

(d) That further exploration of some of the key indicators be undertaken by Members of this Scrutiny Committee and;

(e) That the Health Profile for Darlington be shared with Children and Young People Scrutiny Committee as many of the issues impact on children and young people health needs.

HWB13. POLICY REVIEW (a) REVIEW OF PROGRESS ON POLICY REVIEW ITEMS – HYPER ACUTE STROKE SERVICES – INTERIM REPORT – The Director of Resources submitted a report (previously circulated) updating Members of the Committee the work undertaken to date by the Hyper Acute Stroke Services Review Group established to respond to the NHS County Durham and Darlington 'Improving stroke care for the people of County Durham and Darlington: A public consultation on proposed changes to hyper acute stroke services'.

The final report of the Review Group will be submitted to a special meeting of this Committee on 6th September, 2011, when the Chair will present to the Director of People the Committee's draft response to the consultation for incorporation in the Council's formal response.

RESOLVED – That the work of the Review Group undertaken so far be noted