
**HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE –
WORK PROGRAMME 2011/12**

SUMMARY REPORT

Purpose of the Report

1. To note the current status of the Health and Partnerships Scrutiny Committee's Work Programme.

Summary

2. The original Work Programme of this Scrutiny Committee (**Appendix 1**) was considered on 30th August 2011. Members are now requested to reconsider that programme and suggest any further areas of work.

Recommendations

3. It is recommended that
 - a. the current status of the Work Programme (**Appendix 1**) be noted; and
 - b. the submitted Terms of Reference (**Appendices 2 and 3**) be approved.

**Paul Wildsmith,
Director of Resources**

Background Papers

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

Abbie Metcalfe : Extension 2365

S17 Crime and Disorder	This report has no implications for Crime and Disorder
Health and Well Being	This report has implications to the address Health and Well Being of residents of Darlington, through scrutinising the services provided by the NHS Trusts.
Carbon Impact	There are no issues which this report needs to address.
Diversity	There are no issues relating to diversity which this report needs to address.
Wards Affected	The impact of the report on any individual Ward is considered to be minimal.
Groups Affected	The impact of the report on any individual Group is considered to be minimal.
Budget and Policy Framework	This report does not represent a change to the budget and policy framework.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision
One Darlington: Perfectly Placed	The report contributes to the delivery of the objectives of the Community Strategy in a number of ways through the involvement of local elected members contributing to the Healthy Darlington Theme Group.
Efficiency	The Work Programmes are integral to scrutinising and monitoring services efficiently (and effectively), however this report does not identify specific efficiency savings.

MAIN REPORT

Work Programme

4. All Members are aware of the ambitious programme of change across the Council including changes to the remits of the five Scrutiny Committees. A key role of Scrutiny is to ensure that the programme is able to deliver the service improvements and the budget savings necessary and Members need to take this into account when considering their Work Programmes and ensure that any work focuses on delivering outcomes rather than service delivery.
5. The original Work Programme of this Scrutiny Committee (**Appendix 1**) was considered on 30th August 2011; however, Members are now requested to consider status of this Work Programme and suggest any further areas of work.
6. If Members wish to add any topics, taking into account the comments in paragraph 5, a Quad of Aims will need to be developed and submitted prior to the item being brought to Scrutiny Committee, to ensure that it does contribute to the strategic aims of the Council.

Terms of Reference

7. The Health and Partnerships Scrutiny Committee has been requested to scrutinise and feedback their comments on County Durham and Darlington NHS Trust Quality Accounts for 2012/13. Also following consideration at Tees Valley Health Scrutiny Joint Committee the Chair thought it would be prudent to consider the progress report on Darlington's Health and Well Being Board at this meeting.
8. Quad of Aims have been initialised and approved by the Chair of Monitoring and Co-Ordination in the absence of a meeting of the Group.
9. Draft Terms of Reference for both these pieces of work have been developed (**Appendix 2**) and Members are requested to consider and approved these documents.

Telehealthcare

10. At the last meeting of this Scrutiny Committee held on 14th February, 2012, Members agreed to undertake a cross cutting piece of work into Telehealth and a joint meeting of the Adults and Housing, Health and Partnerships and Place Scrutiny Committees was held on 21st February 2012 and the overarching Terms of Reference was agreed.
11. At that meeting, it was agreed how the work on Telehealth could be split between the three Scrutiny Committees and Terms of Reference have now been developed for each strand. There are however, clear cross cutting issues for this Committee and Adults and Housing Scrutiny Committee and terms of reference for this area of work (**Appendix 3**) are attached (part of the work will be carried out jointly) and Members are requested to consider and approve this. It is anticipated that the work will commence in the next Municipal Year.

12. Members will be interested to note that Place Scrutiny Committee will focus its work on infrastructure, and economic benefits.

Forward Plan

13. Members are also requested to consider Cabinet's Forward Plan, which is available on the Council's website, to assist in determining any further items which they might wish to include on their Work Programme.

Health and Partnerships Scrutiny Committee

ITEM	PURPOSE	STATUS
111/Accident & Emergency data	To consider the outcome of the Pilot 111 scheme and the impact of attendances at Darlington Memorial Hospital Accident and Emergency Department following its introduction.	Completed
Darlington Health Profiles:- Oral Health	To consider the improvements of oral health and hygiene of the residents of Darlington.	Completed
Annual Report of the Director of Public Health	To consider the Annual Report of the Director of Public Health for County Durham and Darlington 2011/12.	Completed
Care closer to home	To consider the arrangements for delivering care closer to home including provision of hospital care in nursing homes and community settings.	Under Review Group investigation
CDDFT Clinical Strategy	To consider the Clinical Strategy of County Durham and Darlington NHS Foundation Trust and its implementation. Consider the key areas identified: Surgery, End of Life Care, Women and Children's Services, Older People and Long Term Conditions.	Under Review Group investigation

Darlington Strategic Needs Assessment	To consider the Single Needs Assessment for Darlington.	Completed
Stroke Services	To consider the impact of the centralisation of the hyper acute stroke services and the provision of stroke after care in Darlington in terms of rehabilitation and community facilities.	To be programmed
North East Review of the health needs of the ex-service community	To consider an update on the progress Darlington Borough Council has made against the recommendations agreed by the North East Joint Overview and Scrutiny Committee.	On today's agenda
Winter pressures and preparedness	To consider how the local NHS are in a position to deal with winter pressures, including seasonal flu.	Completed
LSP Review/Community Contribution	To consider the proposed changes to the Darlington Partnership, and have an opportunity to input into developments to increase Member involvement.	On today's agenda
Police and Crime Commissioner developments	To understand the proposed changes to policing arrangements, and their potential impact on the remit of this Committee in the future.	To be investigated further
ANEC - Health Task and Finish Group	To provide Members with the opportunity to scrutinise the recommendations contained within the final report and question and	Under Review Group investigation

	challenge the Cabinet Member of his involvement in the process. To ask the cabinet member for reassurance that the recommendations will be implemented and benefit this Council.	
Darlington Health Profiles:- Hip Fractures	To consider the incidence of people suffering from hip fractures over 65 years of age in Darlington.	On today's agenda
Darlington Health Profiles:- Alcohol	To consider the performance of the multi-agency approach in Darlington to minimising harm from alcohol and the provision of alcohol treatment services.	On today's agenda
Darlington Health Profiles:- Smoking	To consider the performance of NHS stop smoking at a key element of the Darlington Tobacco Control Alliance.	On today's agenda
Medium Term Financial Plan	To contribute and challenge the Medium Term Financial Plan and assist with the implementation and development of the required savings.	Completed
Clinical Commissioning Group – Clear and Credible Plan	To consider the aspects of the Clear and Credible Plan, to comment on the Communications and Engagement Strategy and Development Plan and contribute to the draft Clinical Strategy.	To be investigated further

Telehealthcare	To raise awareness and the profile of Telehealth and consider the potential benefits and efficiencies that could be achieved.	Under Review Group investigation
Quality Accounts – County Durham and Darlington NHS Foundation Trust	To enable Members to comment on the Trusts' chosen priorities, make any suggestions before considering the draft Quality Accounts for 2012/13.	On today's agenda
Darlington Health and Well Being Board	To consider progress that Darlington has made in establishing a Darlington Health and Well Being Board.	On today's agenda

TERMS OF REFERENCE

Title: County Durham and Darlington NHS Foundation Trust Quality Accounts

Scrutiny: Health and Partnerships Scrutiny Committee

Start Date: 17th April 2012

End Date:

PURPOSE/AIM	RESOURCE
<p>To enable the Scrutiny Committee to scrutinise the Trusts' Quality Accounts for 2011/12. Members will have to opportunity to consider the Trust priorities for 2012/13 and assess whether the Trust have achieved the priorities from last year.</p>	<p>Democratic Services County Durham and Darlington NHS Foundation Trust</p>
PROCESS	OUTCOME
<ol style="list-style-type: none"> 1. Receive a presentation from NHS Officers 2. Scrutinise the priorities for improvement and the rationale for choice. The priorities are divided into the three components of quality; those being Safety, Experience and Effectiveness. 3. Provide feedback on the draft Quality Accounts. 	<ol style="list-style-type: none"> 1. To allow a greater understanding of Quality Accounts 2. Provide comments and feedback to the Trust on the Quality Accounts and this year's priorities 3. To enhance the Scrutiny Committees relationship with the Trust

COUNCILLOR

CHAIR **Councillor Newall**

(TO BE SIGNED BY MEMBER OR SCRUTINY COMMITTEE REQUESTING TOPIC)

(TO BE SIGNED BY CHAIR OF SCRUTINY COMMITTEE)

TERMS OF REFERENCE

Title: Darlington Health and Well Being Board
Scrutiny: Health and Partnerships Scrutiny Committee
Start Date: 17th April 2012 **End Date:**

REASON FOR ITEM	RESOURCE (ITEM REQUIRED & PERSONNEL)
<p>To enable the Scrutiny Committee to understand the process undertaken to establish Darlington Health and Well Being Board (HWB); explain how relationships have been built and how the Board is beginning to set priorities.</p>	<p>Democratic Services Darlington Borough Council Officers</p>
PROCESS	ANTICIPATED OUTCOME
<ol style="list-style-type: none"> 4. Receive a presentation from Officers. 5. Question any areas, in relation to the following (in line with Tees Valley health Scrutiny Joint Committee):- <ol style="list-style-type: none"> a. The progress has been made so far on establishing a HWB. b. How the HWB has gone about starting to build its key relationships c. How the HWB is beginning to set priorities and what they are d. The HWB's early thoughts on how it will ensure it has access to appropriate expertise to fulfil its intended planning and strategic role. 6. Provide feedback and make any recommendations. 	<ol style="list-style-type: none"> 4. To allow a greater understanding of the process undertaken to establish Darlington Health and Well Being Board. 5. To consider what the relationship with the Scrutiny Committee and the Health and Well Being Board will look like. 6. To receive regular updates about the progress being made.

COUNCILLOR

(TO BE SIGNED BY MEMBER OR SCRUTINY COMMITTEE REQUESTING TOPIC)
OF SCRUTINY COMMITTEE)

CHAIR.....

(TO BE SIGNED BY CHAIR)

TERMS OF REFERENCE

Title: Telehealthcare (telehealthcare)

Start Date: 5th March 2012 **End Date:**

Scrutiny: Adults and Housing and Health and Partnerships Scrutiny Committees

PURPOSE/AIM		RESOURCE
To explore the current benefits of telehealthcare, through studying pilots, carrying out visits and meetings with Officers and assessing the potential of extending the service through integrated pathways and joint working.		Members Relevant Portfolio Holders DBC Officers Democratic Services CDDFT GPs Age UK
PROCESS		OUTCOME
<p>Adult and Housing</p> <ol style="list-style-type: none"> 1. Briefing/explanation of Lifeline Services. 2. To consider the evidence, past pilots and research available. 3. Undertake visits to Care Homes, to seek services users perspective. 4. Identify the benefits of Lifeline services. 5. Consider the potential of extending the service, visit the CCTV control room. 6. Examine services provided by Age UK in some Darlington Care Homes. 	<p>Health and Partnerships</p> <ol style="list-style-type: none"> 1. Overview of Telehealthcare 2. To consider the evidence, past pilots and research available. 3. Meet with Lead GPs to identify their position in relation to Telehealthcare. 4. Explore the usage of Telehealthcare with the hospital and conditions of discharge. 5. Exploration of referrals and assessment of need practices with GPs, hospitals, community services and services users. 	<ol style="list-style-type: none"> 1. Understand the issues around Telehealthcare 2. Consideration of whether integration of pathway/service is possible and appropriate 3. Establish whether there is evidence to enhance the lifeline service 4. Make recommendations to Cabinet 5. The ultimate outcome is to prevent unnecessary hospital admissions and extend and provide a good quality of life for Darlington residents.

<p>7. Address and scrutinise any concerns.</p>	<p>6. Address and scrutinise any concerns.</p>	
<p>Jointly undertake:-</p> <ol style="list-style-type: none"> 1. Explore the benefits of an Integrated pathway or service 2. Consider opportunities of enhancing the services – lifeline/telehealth/telecare 3. Consider the benefits of joint working. 4. Ascertain whether there is skills gap and requirement of more training as to why the equipment isn't used more widely. 5. Explore the benefits of having a central storage point of keys for accessing properties, in the case of an emergency. 6. Explore the benefits of triggers for diagnosis and/or referrals to other services through frequent callers for non-emergencies. 		

COUNCILLOR
 (TO BE SIGNED BY MEMBER OF SCRUTINY COMMITTEE REQUESTING TOPIC)

CHAIR
 (TO BE SIGNED BY CHAIR OF SCRUTINY COMMITTEE)

DOES THIS ITEM CONTRIBUTE TOWARDS THE STRATEGIC AIMS OF THE COUNCIL?

YES