
OVERVIEW OF HEALTH AND PARTNERSHIPS PORTFOLIO

Purpose of the Report

1. Since the last meeting of Council, the main areas of work under my Health and Partnerships Portfolio were as follows:

Public Health

2. Planning for effective transfer of public health leadership, responsibilities and functions from NHS County Durham and Darlington is proceeding. The Darlington Public Health Transition Plan is monitored constantly to make sure there is a smooth transfer from the 'sender' organisation to the 'receiver' organisation, i.e. Darlington Borough Council.
3. An external assessment of our progress will be conducted in October 2012, although at the time of writing, the assessment method has not been agreed.
4. Public health transition workstreams preparing for the new system include Finance, Contracts, Estates, IT, HR, Clinical and Corporate Governance, Communication and Engagement. The workstream leads report via the Darlington Borough Council Reference Group, i.e. the Receiver body.
5. A separate workstream has been scoping the potential for public health collaboration across the Tees Valley. The most efficient option for Darlington is a core shared service around Public Health intelligence and clinical governance with a local public health focus on the new responsibilities.
6. Since the last meeting of Council, the following have been received: -

Darlington Community Health Profile, End of Life Care Profile, Cancer Profile and Darlington Population Health Profile.

The implications of the above information are reflected in the development of the Joint Health and Wellbeing strategy.
7. The Darlington Tobacco Alliance, along with partners, e.g. Darlington Clinical Commissioning Group (CCG), responded to the national consultation on plain, standardised tobacco packaging. It is the strong evidence that it would reduce smoking, particularly among young people, that has driven the proposals.

Health and Well Being Board

8. Darlington's Shadow Health and Well Being Board has now met three times over the last few months. It has been agreed to take up some free support offered by the Local Government Association to develop the Board.
9. At the September Health and Well Being Board meeting it was agreed to build on the success of the Dementia Collaborative by commencing a new Darlington Improvement Collaborative which will focus on Long Term Conditions. A scoping event was held in August which had delegates from Darlington Clinical Commissioning Group, Tees, Esk and Wear Valley Mental Health Trust, the Foundation Trust, NHS County Durham and Darlington, Public Health and the local authority to consider the next steps in taking this forward.
10. It has been agreed by the Health and Well Being Board and the Clinical Commissioning Group, to jointly plan and deliver communications and engagement activity together. A range of recent engagement activities have already been delivered jointly and the Board will build on the success of these. In July LINK hosted a well attended engagement event which considered health and wellbeing priorities in Darlington for the following year and over 100 members of the public attended this session.

Darlington Partnerships

11. I have been supporting the Partnership in reviewing how it can involve communities better to ensure that there is effective two-way communication and the views of community groups inform the future working of the Partnership. The first Community Workshop was held on 18 July which attracted 40 community representatives. Topics covered at the meeting included a report from the Partnership Board, progress on action priorities and communications. The meeting was successful in stimulating significant debate and is expected to act as a productive means of engagement going forward. Selecting community representation for the Partnership Board will be discussed at its next meeting.
12. The Partnership Board is introducing new working arrangements to oversee key areas of activity. It will identify a number of individuals who will take lead responsibility at the Board for key areas of activity (safer and stronger communities or healthy and supported individuals, for example). These operational leads will then make management arrangements as needed outside of the Board, reporting on an annual basis on how these are working in practice. The proposed operational leads for 2012 to 2015 are as follows:
 - (a) Community Safety – Police local commander
 - (b) Children and Young People – Cabinet Member for Children and Young People
 - (c) Health and Well Being – Chair of the Health and Well Being Board
 - (d) Economic growth – private sector lead
 - (e) One Darlington – voluntary sector lead
 - (f) Creative Darlington – Chair of Creative Darlington Board
13. The Partnership is supporting the development of a Strategy for Wellbeing. The Strategy continues the work and partnership activity that was contained within the Sustainable Community Strategy and fulfils the new statutory duty placed on local authorities through new Health and Wellbeing Boards to produce a Health and Wellbeing Strategy. A draft will be considered at the September Partnership Board meeting.

Equalities and Engagement

14. A draft Equality and Inclusion Scheme has been approved by Cabinet on 11 September. This follows an engagement programme that has taken place over the summer with representatives of all of the protected characteristics set out in the Equality Act 2010. This will guide future work on both equalities and impact assessment and set out a clear process for activity that ensures that we comply with our Public Sector Duty in relation to all of the protected groups within the Equality Act 2010.
15. Engagement has taken place in relation to the impact of the move of the Social Fund from the Department of Work and Pensions to the local authority in April 2013. This will impact on people who would potentially need to access a crisis loan or a community care grant. A second stage of impact assessment discussion was held in Central Hall on 17 August and via e-mail. This looked at proposals for the implementation of the local scheme including the referral process, criteria and monitoring. The results of the consultation were generally positive and it was agreed that a further review with stakeholders would take place in the summer of 2014 to check what unforeseen impacts may have occurred.

Welfare Rights

16. The total caseload for Welfare Rights is currently 150, which includes complex appeals cases. Appeals dealt with by the Newcastle Tribunals service are currently taking over a year to be listed and as the number of appeals is growing both nationally and locally. This waiting time is likely to increase.
17. During July, £126,200 was secured in additional benefit for clients compared to £92,953 for the same period last year.
18. The changes to the benefit system are impacting upon the service, particularly the change from Incapacity Benefit to Employment Support Allowance. This has resulted in lower awards and cases. Appeals are taking significantly longer to process.

Community Advice Project (CAP)

19. The take-up campaigns officer has run three campaigns targeting older people and disabled children. Over £281,167 has been claimed as a result of these campaigns and a further campaign was also run in partnership with DAD through the DASH play scheme. The take-up officer has now left their post as there are no further campaigns planned during the final two months of the post.

Healthwatch

20. A draft advocacy contract for health service complaints is currently being developed as agreed by all but one of the local authorities in the North East. This will go out for tender in the next few months and will replace the current Independent Complaints Advocacy Service from 1 April 2013. The procurement will be lead by Gateshead Council but with elements of monitoring taking place at a locality level. This will ensure that we can highlight any local issues but also benefit from the economies of scale that a regional contract gives.

21. The specification for the remaining functions of Healthwatch is currently being developed and will be put out to the market in October subject to approval. A joint Tees Valley Provider Event was held on 14 September and was advertised through the NEPO Portal. This enabled the Councils to test the market and to discuss any issues that potential bidders wanted to ask. The event provided some joint information and broke out into locality workshops as each authority is going out to procurement based on its own boundary.

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