OVERVIEW OF HEALTH AND WELL BEING SCRUTINY COMMITTEE

- 1. Since the last meeting of the Council, the following are the main areas of work the Health and Well Being Scrutiny Committee has undertaken: -
 - (a) Hyper Acute Stroke Services Consultation Over the past three months this Scrutiny Committee has undertaken detailed scrutiny of the hyper acute stroke services consultation document and gathered evidence. We presented our findings to the Director of People at a special meeting of the Committee to influence the Council's response to the consultation. We have unanimously agreed that the need for a single hyper acute stroke unit is overwhelming and fully support the Trust on this; the issue for us has always been the location of the single unit. We have concluded that, because the difference between the two sites is so marginal (and having taken everything into consideration, including the Royal College of Physicians Sentinel Audit), that they can find no reason or documentary evidence to suggest otherwise that Darlington Memorial Hospital could not be the preferred option and equally accommodate a centralised stroke unit in Darlington. This single unit could provide an equally first class service for residents of Darlington, County Durham and North Yorkshire and be well placed within the Region to deliver high quality hyper acute stroke services.
 - (b) Changing Role of Scrutiny–We have received a presentation from the Assistant Director, Development and Commissioning outlining the change to National Health Service and the impact for the Local Authority. Clinical Commissioning Groups, Public Health, HealthWatch and Health and Well Being Boards are of particular concerns to Members of the Committee and we will continue to monitor these changes has they happen.
 - (c) Clinical Commissioning in Darlington We have received a presentation from the Director of Consortia Development and the Chair of the Shadow Clinical Commissioning Group. 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 Clinical Commissioning Group 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.
 - (d) **Public Health and Local Authorities Transition** Our Director of Public Health has reported the key issues regarding public health responsibilities in Local Authorities as described in recent policy guidance. Members attention was also drawn to the recently publicised Health Profile for Darlington for 2011. The priorities for Darlington include

reducing smoking, tackling alcohol crime and reducing early deaths from cancer and heart disease. Members are keen to explore the Darlington health profile in more detail.

- (e) **Tees Valley Health Scrutiny Joint Committee** Councillor H Scott attended the first meeting of the Joint Committee for this municipal year.
- (f) **Work Programme 2011/2012** –We have given consideration to the Work Programme for this Committee for the Municipal Year 2011/12 and possible review topics and in doing so, we have taken into account the reduced resources available within the Authority and ensured that, in recommending our work programme to Monitoring and Co-ordination Group, that any work we undertake will have demonstrable outcomes and contribute to the work of the Council and its strategic aims and objectives.

Councillor Wendy Newall Chair of the Health and Well Being Scrutiny Committee