
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) **Response to the White Paper** – The Committee has established a Task and Finish Group to respond to the White Paper and have met on a number of occasions. The Committee response was submitted to the Tees Valley Health Scrutiny Joint Committee and forwarded to the North East Region Healthy Scrutiny Joint Committee. Members of the Task and Finish Group will meet to agree the final response on 28th September 2010, prior to its submission to cabinet.
 - (b) **Regional Health Scrutiny** – Councillor Newall and I attended the first session within the Social and Economic workstream group meeting. At this meeting we met with representatives from some of the organisations that offer assistance and support to ex service personnel. Also attending the meeting were a mixture of ex servicemen whose ages spanned from early 20's to 90. We discussed issues around transition and services available once left the forces. The second workstream meeting considered housing and Councillor Newall and I also attended this meeting. It was very well attended by our Regional Colleagues and Housing Officers; Colonel Nick Millen, Garrison Commander, Catterick Garrison also attended the meeting to provide an overview of the Tri Services and MOD Housing support and advice for service leavers.
 - (c) **Darlington Local Involvement Network (LINKs) Annual Report** – The Chair of Darlington LINK Paul Bell guided Members through the report and explained that there was a Core Group which consists of 16 members, made up of individuals from a range of community organisations and voluntary sector agencies. These members are decision makers and are able to lead on areas of interest or concerns raised and matters added to the Work Programme. Darlington LINK have established three working groups those being access to General Practitioners, Stroke after care and Communications Group. Members are pleased to note that membership of the LINK has increased over the last year, although, further work still needs to be done with younger groups. There are two different types of membership, the main database and facebook members, the intentions are to expand into a third group by establishing a twister site. The age range spans from 17 to 84, totalling over 500 at the present time.
 - (d) **Adult Social Care Complaints, Compliments and Comments Procedure Annual Report 2009/2010** – We have recently received the Annual Adult Social Care Complaints, Compliments and Comments Annual Report 2009/10. The submitted report provided an overview of the changes to the social care and health complaints regulations introduced on the 1 April 2009 in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. Members are pleased to note that the total number of representations in Adult Social

Care decreased from 127 in 2008/09 to 66 in 2009/10. The largest reduction was in the number of compliments received, from 91 (71.7% of all feedback) in 2008/09 to 39 (59.1% of all feedback) in 2009/10. The areas that received the most compliments were Occupational Therapy (12 compliments) and Physical and Sensory Impairment (9 compliments). There was also a reduction in the number of complaints received from 29 in 2008/9 to 26 in 2009/10. Although there was a reduction in the number of complaints received during 2009/10 this represented a greater proportion of the total number of representations received 39.4% as opposed to 22.8% in 2008/09. We will continue to receive the Annual Report.

- (e) **Five year strategic plan** – The Director of Partnerships and Services, on behalf of NHS County Durham and Darlington introduced the five year strategic plan for NHS County Durham and Darlington at a recent Committee meeting. The five year strategic plan sets the strategic direction for the next five years for County Durham and Darlington NHS, taking into context the national policy, regional strategies, partner strategies, demographic changes, epidemiology data, quality, finance, performance and market analysis. The strategic plan also considers organisational development gaps and management cost reduction implications. The key emphasis of the plan is health improvement and illness prevention, and sets out the strategic objectives, which are underpinned by the four strategic goals.
- (f) **Annual Operational Plan 2010/2011** – The Director of Partnerships and Services also explained that the Annual Operating Plan (AOP) takes into account the impact of the economic downturn, a review of the 2009/10 AOP, refresh of the five year strategic plan, operating framework for the NHS in England 2010/11 and revisions to operating framework. There is a staged approach to AOP investment consisting of two stages. Priority Level 1 taking into account the current contractual commitments, regional commitments and vital signs/operating framework priorities. Priority Level 2 considering QIPP programme, five year strategic plan and other areas of prioritised spends. Members were pleased to note that the revised operating framework highlights military veterans, which links directly to the on going Regional Health Scrutiny Review; transforming community services, management cost efficiencies and the future direction of clinical commissioning.
- (g) **Fairer Contribution Policy** – Members views were sought on a new policy for determining how much a resident of Darlington can afford to contribute towards the cost of their social care, known as the “Fairer Contribution Policy” and for new charges for Council commissioned social care services were sought at a recent meeting prior to its submission to Cabinet. Gordon Pybus, DAD addressed the meeting expressing concerns about changes in policy and procedures which have yet to be agreed. He explained that two meetings had previously been held and that another further meeting had been arranged. Members were reassured that other community groups had been consulted and were happy with the document in the current format. All proposed changes to the wording of the policy or procedures would be highlighted to Cabinet and be minor wording alterations for clarifications purposes.
- (h) **Six Lives – Parliamentary Ombudsman’s Report On Learning Disabilities – Recommendations For Local Authorities** – Members of the Committee have been informed about the six investigations carried out across 20 public bodies by the Health

Service Ombudsman, following the deaths of six people with learning disabilities whilst in NHS or local authority care. The report also advised Members of the work on the Learning Disability Partnership Board (LDPB) to monitor the quality of care provided in Health & Social Care settings across Darlington & County Durham. In 2008 Sir Jonathan Michael was asked to carry out an independent inquiry into healthcare for people with learning disabilities as a result of Mencaps's national report 'Death by Indifference'. The ten recommendations within the Sir Jonathan Michael's inquiry 'Healthcare for All' report set a benchmark for the delivery of care to patients with a learning disability. Primary Care Trusts and Acute Trusts across the region submitted action plans to the Strategic Health Authority Leadership Group in December 2008 outlining how these recommendations would be implemented. We were updated with a position statement in respect of the NHS County Durham and Darlington, and Darlington Borough Council Action Plan following validation by the Strategic Health Authority and Valuing People Support Team of the October 2009 Annual Self Assessment Return. DLDPB submits a self assessment report on an annual basis where these actions are monitored regionally.

- (i) **Redesign of mental health day opportunities** – We have been recently informed about the redesign of mental health day opportunities. This is being planned in partnership with Supporting People and NHS County Durham and Darlington. The report also provided Members with the opportunity to contribute at an early stage to the development of a new service model. . The aim is for an integrated approach which delivers the right assessed care for vulnerable people with mental health needs. Locally the Joint Mental Health Strategy is being prepared for public consultation. The Day Opportunities will be a key component in delivering the strategic plan.
- (j) **Performance Report 4th Quarter 2009/10** – Members have been given instructions in scrutinising the four service plans for which this Committee is responsible for monitoring, i.e. Health Improvement, Adult Social Care, Supporting People and Public Protection and for scrutinising those elements of the Sustainable Community Strategy, One Darlington: Perfectly Placed and the Local Area Agreement for which the Health & Well Being Scrutiny Committee have responsibility for.
- (k) **111 Telephone Number** – We have recently received a presentation from the head of Communications and Public Relations of NHS County Durham and Darlington following the launch of the NHS 11 Service. The expected benefits to the public will be improved public access to urgent healthcare service, increasing public satisfaction and confidence in the NHS, call handles by NEAS seamless transfer between 111 and 999, a consist high standard of triage every time and it avoids delays for patients, by directing them to the correct service to meeting their needs. It will ultimately have expected benefits to the NHS by increasing the efficiency of the NHS, enabling the commissioning of more effective and productive healthcare services and increasing the efficiency of the 999 emergency ambulance services by reducing the number of non-emergency call received.
- (l) **Adult Mental Health Strategy** – The Head of Strategic Commissioning updated Members on the progress of the Adult Mental Health Strategy and Action. The original intention was to go out to consultation, in the summer months but this has been delayed due to the recent financial restrictions of the PCT and the need to meet Quality,

Innovations, and Presentation and Productively (QIPP) requirements. Further work which Adult Social Care is able to undertake in accordance with the Action Plan, has been carried out. Members will receive further update on this.

- (m) **Darlington Health Profile 2010** – The Director of Public Health and a colleague, a Speciality Registrar in Public health introduced the Darlington Health Profile, the report states that the health of the people in Darlington is generally improving. For example; life expectancy for men and women has risen since 2004/06; over the last 10 years death rates from all causes and early death rates from cancer, heart disease and stroke have all improved; the percentage of children gaining 5A*-C GCSEs (inc English and Maths) is similar to the England the average and the levels of obesity in children and adults is similar to the England average. However the health of the people of Darlington is still worse than the England average as the levels of deprivation are higher and life expectancy are lower than the England average; the figures for mothers smoking in pregnancy, those initiating breast feeding, infant deaths, physically active children and teenage pregnancies are worse than the England average; similarly for adults the proportion of those who smoke, binge drink alcohol, and eat healthily are worse than the England average. There are inequalities within Darlington, life expectancy for men living in the most deprived areas is 11 years less than those living in least deprived areas, the corresponding figure for women is nine years. We welcomed the report and acknowledged that there is still a long way to go although, good progress has been made and the life expectancy gap has reduced from 13 years to 11 years in the deprived areas.
- (n) **White Paper – Liberating the NHS** – Lead Members of this Committee have held regular meeting to discuss the white paper and to formulate a response. Members are supportive of a lot of principles contained within the white paper and have expressed reservations about other aspects. Members have grave concerns about the development of HealthWatch and the expectations the white paper has on volunteers and the associated funding requirements. Other concerns shared by Members are the introduction of Health & Well Being Boards and the GP Consortia. This Committee has also fed into the Tees Valley Health Scrutiny Joint Committee and North East Region Joint Overview and Scrutiny Committee response.
- (o) **Tees Valley Health Scrutiny Joint Committee** – We have been regularly attending meeting f the Tees valley Health Scrutiny Joint Committee. At the recent meeting, members received feedback from NHS County Durham and Darlington and NHS Tees in respect of the work that the Joint Committee undertook in respect of Cancer Screening. We are delighted that Darlington are increasing the take up of breast cancer screening and cervical cancer screening. The figures in respect of people using bowel cancer screening packs are also steadily increasing. Work is set to continue to promote the screening services with all ages but specifically the younger generation.
- (p) **Work Programme 2010/2011** – We have given consideration to the Work Programme of this Committee for the Municipal Year 2010/11 and possible review topics. We have examined Cabinet’s Forward Plan, in order to identify areas of particular interest or concern and I have extended an open invitation for the inclusion of additional items on the Committee’s Work Programme.

2. Since the last meeting of Council, the Chair of the Committee has attended various briefings with Officers.

Councillor Marian Swift
Chair of the Health and Well Being Scrutiny Committee