
OVERVIEW OF HEALTH AND PARTNERSHIP SCRUTINY COMMITTEE

1. Since the last meeting of the Council, the following are the main areas of work the Health and Partnership Scrutiny Committee has undertaken:-
 - (a) **Health and Wellbeing Board** – We have received a briefing explaining the current themes of the Health and Social Care Bill in relation to the formation of Health and Well Being Boards, including its purpose and key functions, Local Authority responsibilities, membership arrangements and matters for local discretion. We have been made aware that Darlington established a development group which began meeting on February 2011, to develop relationships between Local Authority Officers and GPs. This Group became a Formative Health and Wellbeing Board and over the past 12 months focused on a mutual understanding of the Corporate Strategies of the main provider organisations. The Group has committed to become a Shadow Health and Wellbeing Board by 1 April 2012 and will meet that commitment. We look forward to receiving further updates and establishing a formal relationship with the Board in due course.
 - (b) **Transfer of public health functions to Darlington Borough Council** – We have also received a briefing note outlining the transfer of public health functions to this Council. The Director of Public Health has advised us that the Council has developed an options appraisal to assist in deciding the best model for integration of public health functions into the Council. Some aspects of public health leadership will need to be closely aligned to Durham County Council and Durham Constabulary (such as emergency planning), some functions will sit well alongside existing council responsibilities (such as environmental health) and some will benefit from co-ordination across the Tees Valley (such as smoking cessation campaigns). Close working with all internal and external partners is necessary for the successful delivery of public health outcomes and local political leadership from elected Members will also be critical in promoting public health. We have expressed our frustrations that there is still a lack of guidance from Government in respect of the budget allocation, staffing allocation, the skill set of allocated staff and the skill set of partner Councils also acquiring the public health functions.
 - (c) **Darlington Shadow Clinical Commissioning Group** – At our last Scrutiny Committee meeting we received a presentation from Dr Harry Byrne, Chair and Martin Phillips Interim Chief Operating Officer, Darlington Shadow Clinical Commissioning Group (CCG) describing the Clear and Credible Plan (CCP) 2012/13 and the Development Plan 2011/12. The CCP outlines the vision/purpose of the CCG, the summary of key health challenges/opportunities facing the CCGs, details the achievements so far, provides an overview of key priorities, initiatives to be implemented and details about how the CCG will perform and manage the delivery of initiatives. Mr Phillips advised that the CCG are working with Darlington LINKS to

keep the patient view at the centre of their planning and commissioning decisions. We have welcomed the CCG plans and are pleased with the positive relationship that we are building with the CCG and look forward to receiving a draft of their Clinical Strategy in the future.

- (d) **Police and Crime Commissioners Transition** – We have received an update of the key proposals and issues in relation to the development of Police and Crime Commissioners (PCCs) in Durham and Darlington. Under the new arrangements, Police and Crime Panels (PCP) will also be established and this will include local elected Members. Durham Police Authority has established a set of transition arrangements, including a Transition Board and a number of project workstreams. Members expressed concern that the responsibility for the Community Safety Funding will transfer from Local Authorities to the PCCs from 1 April 2013. PCCs are also likely to hold joint responsibility for some drug treatment monies, alongside public health. The PCCs will work in partnership with the Community Safety Partnerships (CSP) in Local Authority areas, and will have powers to bring together such partnerships across the force area. It was acknowledged that the relationship between the PCC and CSP still needed to be established, together with its relationship with the Scrutiny Committee. We look forward to the next update during the summer months.
- (e) **Telehealthcare** – A joint special meeting of Adults and Housing, Health and Partnership and Place Scrutiny Committees was held recently. This meeting considered Telehealthcare: Market analysis in a Darlington context, Telecare and Telehealth. The aim of the meeting was to raise awareness and the profile of Telehealthcare; to give considerations to the benefits and efficiencies that can be achieved as a result of Telehealthcare and consider whether further scrutiny is required. At a recent Monitoring and Co-ordination Group meeting it was agreed that each of the three Scrutiny Committees will undertake a detailed piece of work within their individual remits to assess the potential of Telehealthcare and associated infrastructure and feedback to a further Joint meeting.
- (f) **County Durham and Darlington NHS Foundation Trust Clinical Strategy and Vision** – We are continuing our work with the Trust and arranging meetings for Councillors to scrutinise each individual workstream within the Clinical Strategy. This work will continue into the next municipal year.
- (g) **Community contribution to Darlington Partnership** – We are continuing our work in respect of developing a proposal for a community workstream of the Darlington partnership. On behalf of the Task and Finish Review Group, I wrote out to the Community Partnerships and Resident Associations to seek views of engagement/awareness of Darlington Partnerships. The responses were disappointing and reaffirmed the need to improve community engagement with the Local Strategic Partnership. Members look forward to working with the Cabinet Member and Members from other Scrutiny Committee to progress this work and we will report back in due course.
- (h) **Darlington Health Profile 2010/11** – We have met with members of NHS County Durham and Darlington Public Health Team to consider hip fractures in age group 65 and over and also smoking related deaths. In respect of hip fractures we have been

reassured that the large rate changes are influenced by the relatively small numbers of fractures (in the relatively small population of over 65s) and slight changes in patient numbers cause large rate changes. We have also heard about the excellent falls services and the integrated work that the Council and County Durham and Darlington NHS Trust are delivering. In respect of the indicator relating to smoking related deaths we are pleased to hear about the positive progress that is being achieved through joint working with the Council, NHS and most notably Darlington Tobacco Alliance and FRESH. We are delighted that improvements around smoking prevalence are being made but acknowledged that smoking remains the biggest single preventable cause of premature death in the UK. We intend to respond to the forthcoming consultation on plain packaging. At the request of Councillor Regan we will be inviting some young people from Darlington School of Mathematics and Science to attend our next Scrutiny Committee to show a DVD they have developed highlighting the dangers of second hand smoking. We intend to pull together some recommendations in respect of both these indicators before we consider alcohol related hospital admissions at our next meeting. A final report will be produced in April 2012.

- (i) **Tees Valley Health Scrutiny Joint Committee** – Councillor H. Scott and I attended recent meetings of the Joint Committee and we have received presentations from a variety of NHS Trust Organisations in respect of the NHS Operating Framework and its implications for respective organisations. At the most recent meeting representatives from County Durham and Darlington NHS Trust attended and discussed the biggest issues facing the Trust; the challenges/opportunities the issues pose; whether the Operating Framework creates any uncertainty for the Trust and the sort of climate the Operating Framework create for their organisation.
- (j) **North East Regional Joint Health Scrutiny Committee** – I recently attended the Regional Joint meeting and listened to presentations from North East Ambulance Services (NEAS) in respect of the review of Accident and Emergency Services and Patient Transport Criteria. As a result we intend to invite representatives from NEAS to attend a Health and Partnerships Briefing to describe any potential loss of ambulance provision that may be perceived as part of their Review. We also received a presentation on the progress of 111 (which we already know is a success in Darlington) and an update from NHS North East on respect of the transition to the new Healthcare system. At the next meeting of the Regional Joint Committee we will consider the progress made against the Action Plan which was formulated as part of the North East review of health needs of the ex-service community.
- (k) **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 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 Partnership Scrutiny Committee

