
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) **Strategic Needs Assessment (SNA)** – The Director of Public Health, Miriam Davidson, has shared with us the SNA explaining that it builds on the existing statutory duty placed on the Directors of Children’s Services, Adult Social Services and Public Health to produce on an annual basis a Joint SNA. The SNA differs from previous JSNAs in that it includes a broader range of data; is specifically structured against our Sustainable Community Strategy Priorities; identifies the top issues facing our community; poses a series of questions for strategic decision-makers and commissioners of services to consider when planning services; and a condition profile for Darlington, which is constructed around a revised suite of outcome-based performance measures designed to monitor the impact of the Sustainable Community Strategy. The SNA forms an important component of the Council’s new Business Model and corporate transformation agenda.
 - (b) **Clinical Commissioning and GP Consortia** – We have received a joint presentation from the Director of Unplanned Care, NHS County Durham and Darlington and the Assistant Director Development and Commissioning who advised of the seven integrated pathfinder project plans for County Durham and Darlington, which includes one specifically for Darlington, with an overarching implementation plan. There is an integrated approach to whole system GP Led Commissioning to include hard budgets; Governance and schemes of delegation; contracting, performance management and data; patient involvement and engagement; and Local Health Economy including Local Authorities. We were also advised of the lead roles the consortia would be leading on and in relation to Darlington work has already commenced on musculoskeletal triage and urgent care. Members were very interested to hear the transitional arrangements that are in place, and the early governance arrangements, including the development of Health and Well Being Boards.
 - (c) **County Durham and Darlington NHS Foundation Trust – Clinical Strategy** – The Acting Medical Director has briefed us on the Trust’s developing vision of being a premier provider of healthcare in County Durham and Darlington, being a major provider of women’s and children’s services in the North East, having a reputation for excellent specialist services and a national profile as a pathfinder for new ways of offering health services in hospital, home and community. Constraints such as workforce, working within the existing hospital and community estates infrastructure and finances were acknowledged, together with a number of clinical challenges that the Trust is facing. This includes delivering 24/7 responsive services, reducing reliance on acute admissions and challenges in stroke, child health, maternity and capacity in community services. A number of work streams going forward were reported for older people (including end of life, admission and discharge); long term conditions;

emergency care including medicine; Accident and Emergency and urgent care; planned, emergency and trauma surgery; maternity and child health and elective medical care. Particular reference was made to the children's and women's services, following press coverage and whether a review would be undertaken. We have been reassured that the Trust is merely highlighting that there are pressures within that service area and no formal solution has been agreed. We are aware that discussions are being held with the clinicians regarding the internal pressures the Trust is facing, although, no decision has been made. The Trust would not wish to provide a low quality service and there would need to be a satisfactory agreement of a way forward.

- (d) **Re-ablement and Social Care Funding** – The Head of Strategic Commissioning and Health Partnerships has explained the re-ablement and social care funding allocated through NHS County Durham and Darlington. The re-ablement funding for 2011-12 will be transferred via a Section 256 agreement to the Council on the basis of a costed delivery plan. The plan has been developed in partnership and focuses on implementing the Intermediate Care Plus pathway. The funding schedule will be agreed across all agencies showing how the funds are to be deployed. It is anticipated that from 2012, funding for re-ablement element may be included within tariffs for services provided by the Foundation Trust. The funds will be used to avoid readmission to acute hospital; facilitate hospital discharge and provide support to remain independent after discharge; avoid admission to long term residential care and generally promote recovery and the development or retention of activities for daily living. Social Care funding will also be transferred to the local authorities under the terms of a Section 256 Agreement. It will be used for purposes that promote seamless care and which improve the health and wellbeing of the population. Wherever possible, social care funding will be used to promote a shift towards preventative interventions as described in Putting People First “Think Local Act Personal”. Due to pressures on Local Authority funding it is accepted by all parties that some funding may be used to secure the long term future of existing services. Funding will also be used to develop new services to address the preventative agenda.
- (e) **Hyper Acute Stroke Services – Draft Consultation document** – We have given consideration to the draft consultation proposal document ‘Improving Stroke Services for the People of County Durham and Darlington’. Following national and regional work looking at delivering high quality stroke services NHS County Durham and Darlington in collaboration with County Durham and Darlington NHS Foundation Trust and other stakeholders have carried out an initial review of local stroke services. It was reported that one of the main conclusions of the review was a recommendation to amalgamate hyper-acute stroke services on a single hospital site and that the preferred option for this by the group was the University Hospital of North Durham. Patients will have 24-hour specialist stroke care, seven days a week and be directly admitted to a specialist stroke unit rather than having to wait in Accident and Emergency. We offered some feedback to the document and look forward to the consultation being launched and will respond accordingly.
- (f) **Quality Accounts Task and Finish Review Group** – The Task and Finish Group have responded to the Tees, Esk and Wear Valleys NHS Foundation Trust early consultation around the priorities to be chosen for next year's Quality Accounts.

- (g) **Breastfeeding in Darlington** – We have received a further progress report on the progress of initiating and supporting breastfeeding in Darlington. We are delighted that funding is secure with an aim of increasing both the breastfeeding initiation and maintenance rates throughout the Borough. The Head of Children’s Commissioning, NHS County Durham and Darlington advised on performance measures for the breastfeeding initiation rate for Darlington (all maternities), the rate at 6-8 weeks and the ‘drop off’ between birth and 8 weeks which is significantly higher in England. We have welcomed the report and particularly the introduction of Maternity Care Assistants based within the hospital to support increased in breastfeeding initiation and on hospital discharge and hope it will make a big difference.
- (h) **Universal Access to Information, Advice and Support (Adult Social Care)** – Following a request from Members we received an update on the progress on the Services for People Strategy to deliver universal access to information, advice and support in relation to adult social care.
- (i) **Service Plans Quarter 3** – Members have revisited the three service plans for which the Committee is responsible for monitoring, i.e. Health Improvement, Adult Social Care, Supporting People and Public Protection, in addition improving health is included in the Planning, Performance and Partnerships service plans and for scrutinising those elements of the Sustainable Community Strategy (SCS), One Darlington: Perfectly Placed. Overall, aggregated performance of the three service plans is on target and all three are showing on target performance. The Adult Social Care service plan has six indicators below target, four above target and ten on target with data unavailable for 11. The Public Protection service plan contains 16 indicators with four on target and 12 not available. The third service plan is Supporting People showing on target performance with one indicator on target and data unavailable for four. Members were advised that the data for the SCS is unavailable for quarter 3 for all three indicators relevant to this Scrutiny Committee.
- (j) **Public Health White Paper Task and Finish Review Group** – We have responded to the consultation on the recent Department of Health consultation on the White Paper and accompanying documents relating to Public Health. Our response has also been shared with Cabinet.
- (k) **North East Region Health Scrutiny – Health needs of ex service personnel – North East Launch** – The launch of the Regional Review of the health needs of ex-service personnel has held on 30th March 2011. I attended this event together with the Cabinet Member for Adult Services. There were a number of representatives from the armed forces, NHS and voluntary sector in attendance.
- (l) **North East Joint Health Overview and Scrutiny Committee** – I have recently represented Darlington at the Joint Committee. The meeting considered the draft priorities of Quality Accounts that are being produced by the North East Ambulance Service. The meeting also responded to the national review of Children’s Congenital Cardiac Services in England. The Joint Committee has unanimously supported Option A which includes Newcastle Freeman Hospital as one of the seven Specialist Surgical Centres.

(m) **Tees Valley Health Scrutiny Joint Committee** –I have attended the recent meeting of the Joint Committee and consideration was given to the following issues; out of hours service redesign, capacity of community mental health services, Child and Adolescent Mental Health Services and Learning Disabilities Short Break Services for Teesside and Personal Health Budget Pilot Update.

2. Since the last meeting of Council, I have attended various briefings with Officers.

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