
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 Partnerships Scrutiny Committee has undertaken: -
 - (a) **Hyper Acute Stroke Services Consultation** – NHS County Durham and Darlington Joint Board meeting on 1st November 2011 considered a report on the public consultation on the proposed changes to the hyper acute stroke services. The Joint Board unanimously agreed that the hyper acute strokes services should be centralised onto a single site and that the single site should be University Hospital of North Durham. Obviously we are very disappointed with this decision and as a Scrutiny Committee we will continue to ensure that the implementation of the changes are monitored and that the change in service provision benefits patient outcomes.
 - (b) **Changing Role of Scrutiny** – We have received a presentation from the Assistant Director, Development and Commissioning outlining the change to the Scrutiny Committees remit. Members were reminded about their role in respect of National Health Service and the impact for the Local Authority and their new responsibility of the partnership element. The Committee will focus its attention around the Health agenda and consider elements of partnerships in due course.
 - (c) **111/Accident and Emergency data** – We have received presentations at our recent meeting regarding the outcome of the pilot 111 scheme by NHS County Durham and Darlington. 111 is the NHS number for non-emergency calls but offers the caller a vast array of services and calls can be elevated to 999 if necessary. Members were interested to comprehend why the results of the pilot have seen a reduction in the number of people presenting to Accident and Emergency departments across the patch. While the County Durham and Darlington NHS Foundation Trust has seen an increase of 2-3% attendances at Accident and Emergency Department. Members challenged the figures and understood the reasoning behind the difference, there was a feeling that this needed to be better communicated to the general public. We are encouraged by the proposed integration of the Urgent Care Centre (Dr Piper House) and Accident and Emergency to be located at Darlington Memorial Hospital as we feel a one point of access and assessment will benefit residents and reduce waiting times. We will continue to scrutinise these proposals.
 - (d) **Darlington Health Profile 2010/11** – Following receipt of this year's health profile for Darlington we have agreed to scrutinise one specific element at each of our meetings, this will enable us to gain an understanding of reasoning behind the data presented and enable us to consider how the health of our residents' impacts on the services this Council provides. Dr Landes, Deputy Director of Public health, NHS County Durham and Darlington shared information of oral health services in Darlington. Figures from 2008/09 showed that the number of children under the age of 12 with decayed teeth was more than 40% and that Darlington was the second worst in the region, however,

the figures were comparable to areas with natural fluoridisation. Figures from 2010/11 show that the percentage of people visiting a dentist has reduced by more than 10 % in some age brackets and this could partly be due to the economic times we are facing. Members of the Committee are keen to raise the profile of oral health and encourage Darlington residents to visit the dentist on a regular basis.

- (e) **Joint Annual Report of the Directors of Public Health for County Durham and Darlington 2010/2011** – Our Director of Public Health has reported the Joint Annual Report of the Directors of Public Health for County Durham and Darlington 2010/2011. The Annual Report is presented in the context of major change in the wider NHS and the current public health system. The Annual Report highlights some of the key public health programmes across County Durham and Darlington and references a range of additional reports available on public health priorities. The report also defines the role of the public health team and signposts readers to additional resources including the Darlington Single Needs Assessment (which Members will consider at the next meeting). Members challenged the public health programmes and the impact they having on assisting in the reduction the health inequalities in Darlington.
- (f) **Responding to Consultations** – Since the last meeting of Council, this Committee has responded to the Department of Health’s National Suicide Prevention consultation and Allocations Options for distribution of additional funding to Local Authorities for Local Health Watch, NHS Complain Advocacy, PCT Deprivation of Liberty Safeguards. Both responses involved Members attending one meeting and then feeding back their views at a further meeting to the Democratic Officer who submitted the response on our behalf. I would thank all the Members involved in responding to these consultations for their time and commitment.
- (g) **Tees Valley Health Scrutiny Joint Committee** – Councillor H Scott and I attended the recent meeting of the Joint Committee and we considered an outline from South Tees Hospitals NHS Foundation Trust about proposed changes to the Orthodontic Services. The proposals are in respect of the hospital delivery of orthodontic services for areas of Tees Valley, Hambleton, Richmondshire, County Durham and Darlington, that they should be centralised within a specialist orthodontic centre at James Cook University Hospital and the Friarage Hospital, Northallerton. This would result in the closure of existing treatment facilities at Darlington, Bishop Auckland, North Tees and Hartlepool Hospitals. The centralisation is based on a number of drivers: lower numbers of patients being referred to the hospitals services, the referrals requiring more specialist services, current staff shortages and the national shortage of specialist consultants, concerns about the sustainability of the current service provision and the detrimental effect on the Trusts ability to provide other specialist cancer and trauma services where orthodontics is part of the multidisciplinary team. We also received assurances from NHS Tees and NHS County Durham and Darlington about seasonal flu and winter preparedness. As a result we have challenged NHS County Durham and Darlington to present an update to our Committee in December to enable us to report back to the Joint Committee in the spring. The Joint Committee also received a briefing on extending patient choice which will inform their future work.
- (h) **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 Partnership Scrutiny Committee