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**OVERVIEW OF HEALTH AND PARTNERSHIPS PORTFOLIO**

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**Purpose of the Report**

1. Since the last meeting of Council, the main areas of work under my Health and Partnerships Portfolio were as follows.

**Public Health**

2. The Darlington Workplace Health event for 2014 recognised employers who have deliberately made employee health and wellbeing a priority. Workplaces awarded included A-one and Integrated Highway Services; Darlington Association on Disability (DAD); Darlington College; Darlington Job Centre Plus; Henry Williams Group; Middleton Hall Retirement Village and Tees Valley YMCA. The Council, along with the other local authorities in the North East, participate in the North East Better Health at Work Award (BHAWA) recognising the benefits of workplace health.
3. Following an overwhelming vote by MPs in favour of standardised tobacco packaging in February, the government appointed Sir Cyril Chantler to carry out a review of the evidence. The findings of the review state there is a strong public health case for the policy.
4. FRESH and Darlington Tobacco Alliance will continue to involve partners in consultation about the regulations. The latest (April 2014) You Gov poll found that 69 per cent of North East adults supported plain, standardised packs.
5. Public Health quality audits and service reviews are progressing as part of the condition of the waiver to procurement and contract rules granted by Council in 2013.
6. The Council commission BALANCE to survey alcohol behaviour and perceptions, the Darlington report is available and the findings are being shared via DAAT, Community Safety and Children and Young People partnerships. The survey covers a broad range of topics, including levels of consumption, attitudes towards minimum pricing, alcohol and children, health impacts, alcohol and pregnancy. For details contact the Public Health Team.

**Darlington Partnership**

7. The Partnership commissioned a report which identified the concerning and growing scale of poverty in Darlington and agreed a number of actions to help alleviate its impact.

8. Darlington has a rich and varied number of voluntary organisations that provide for residents in need. Where agencies have collaborated there is evidence of a much improved level of support provided.
9. The Partnership concluded it would try to help agencies to provide comprehensive support for people facing crisis due to poverty close to where they live through outreach sessions in community settings. The Council's newly built Customer Services Centre is also providing access to the Darlington Citizen's Advice Bureau and the Credit Union and therefore access to support in communities is being developed as 'spokes' to the Centres 'hub' of provision.
10. A steering group has been established to develop community advice and support access points. Rather than attempting to establish numerous centres at the same time, a programme of openings is being developed. The first opened in St Mary's Community Centre in Cockerton early in April. This will be followed swiftly by a broader range of support available at The King's Church on Whessoe Road with more to follow imminently.

## **Healthwatch**

11. Darlington Healthwatch Limited has now become a social enterprise independent organisation and was assigned the contract from Carers Federation by Council at the meeting on the 20 March 2014. The Darlington Healthwatch Board has now held three open sessions to appoint volunteers to the Healthwatch Committee who will lead on specific objectives for equalities, older people, learning disability and mental health, children and young people, communications and volunteering.
12. Tees Valley Authorities continue to work closely to look at the learning points that can inform future work on Healthwatch that will benchmark provision and highlight learning points to inform future commissioning. As part of this approach an external evaluation has been commissioned from Emily Sweetman Limited.
13. The evaluation involves understanding how Healthwatch has :
  - (a) raised public awareness;
  - (b) undertaken engagement with residents and stakeholders;
  - (c) worked in partnership with providers from all sectors;
  - (d) developed relationships and supported the work of scrutiny;
  - (e) developed the reputation of Healthwatch at delivery and strategic levels; and
  - (f) the impact of activity undertaken by Healthwatch.
14. The evaluation methodology includes surveys, face to face interviews and a 360 degree feedback process. It involves staff, commissioners, scrutiny, providers,

voluntary sector organisations and residents.

## **Welfare Rights**

15. 16 new enquiries were opened during March and 12 enquiries were closed. These include both complex and one-off enquiries. In addition, 11 enquiries were dealt with as consultancy for local authority and voluntary agency staff. At the end of March the total caseload was 39 cases.
16. In relation to Appeals, six individuals were represented at appeal during March. Nationally, there has been an almost 60 per cent increase in benefit appeals over the last year. This is largely due to an increase in the number of employment and support allowance appeals, which increased by 86 per cent in the three months April to June 2013.
17. New rules relating to appeals, introduced in October, saw mandatory reconsiderations being introduced and ending the previous process of appealing a Department for Work and Pensions (DWP) decision. This will particularly affect employment and support allowance (ESA) claimants who are found fit for work and will no longer be entitled to benefit unless they sign on as available for work or are allowed to appeal. Potentially, people who are sick or disabled will have no income if they are found fit for work under ESA rules but not fit enough under Jobseeker's Allowance rules.
18. During March £10,647 was secured via Council services, in additional benefit, for individuals. This is a significant reduction compared to the previous year. However, across the whole advice sector in Darlington we know that partners have overachieved against targets in terms of additional income generated. Further work will be undertaken to give a comparison of total secured money compared to the previous year to identify whether we are continuing the trend of securing increased money for Darlington residents.

## **Health and Well Being Board**

19. At a special meeting of Health and Well Being Board approval was given of the final Better Care Fund submission bid which was required to be submitted to the NHS Area Team and Local Government representative by 4 April 2014.
20. The final submission document was a key driver for the Council and the Darlington Clinical Commissioning Group to work more closely together and develop a more integrated approach to the delivery of health and social care services in the future to enable people to be cared for within their own home and community wherever possible.
21. The document also contained the Vision of what health and social care services would look like in Darlington in 2018 and the significant challenges and risks ahead in delivering that Vision, particularly in the transformation of services, within the required timescales.

22. The views of the Board were sought on priorities that should be set for Darlington's next Children and Young People's Plan which sets out the vision and the strategic aims and objectives for the delivery of services for children and young people provided by a range of partners.
23. The production of the plan ensures that all partners are clear about the locally agreed vision, aims and objectives.
24. The Board received a summary report on clinical and social care quality which focussed on the intelligence gathered through analysis of issues, incidents and complaints raised by service users about the care and experience they have received and also those reported by social and health care workers up until March 2014. It also included information relating to compliance against national and local standards and matters raised about professional performance and safeguarding.
25. The report was structured around the three domains of quality: user/patient safety, user/patient experience and clinical effectiveness or service quality.
26. Each of our main providers, primary care and clinical commissioning groups were assessed using these domains. The intelligence gathered against these sources of information was essential to assessing whether our service users/patients were protected from harm and whether they had a positive experience of their care.
27. The Board also received update reports from Darlington Clinical Commissioning Group, Health Watch and an update on the Health and Social Care Delivery Plan.

**Councillor A Scott**  
**Cabinet Member with Portfolio for Health and Partnerships**