
OVERVIEW OF HEALTH AND PARTNERSHIPS PORTFOLIO

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

In-year reduction to the Public Health Grant

2. Cabinet was advised of the potential impact of the in-year cut to the Public Health Grant announced by the Chancellor of the Exchequer in June 2015 and confirmed in the July budget.
3. The Grant is used to significantly improve the health and wellbeing of local populations, to undertake health protection and health improvement functions delegated from the Secretary of State, to reduce inequalities across the life course, including within hard to reach groups and to ensure the provision of population healthcare advice.
4. The savings announced amount to £3b and include £200m for this year's Public Health Grant, to be deducted from the January 2016 instalment. It was proposed that the savings would be calculated as a flat rate application of 6.2 per cent applied to all authorities, which equates to an in-year cut of £0.521m to the Public Health Grant for Darlington from a total grant of £8.399m. This would provide a revised Public Health Grant allocation for 2015/16 of £7.878m.
5. Cabinet recommended that the Director of Public Health continues to review the options to manage the impact of the cut, in consultation with the respective Portfolio Holder and to provide an update when official confirmation was received as to how the cut would be applied and whether it was recurrent.

Public Mental Health

6. Public Health is working collectively with Darlington Borough Council's Children's Services and Darlington Clinical Commissioning Group to produce a Darlington Transformation Plan for children and young people's mental health. The Plan's purpose is to clearly articulate how the local offer for children's and young people's mental health and wellbeing will develop to incorporate recommendations from the national Department of Health's children's mental health strategy, 'Future in Mind'.

7. Public Health has been sharing the lessons and recommendations from the 2015 Darlington Suicide Audit. The Director of Public Health's Annual Report recommendations included the development of a Darlington Suicide Prevention Plan. This will be collaboratively produced with the Darlington Mental Health Network.

Physical Activity Across the North East

8. Public Health teams in all 12 North East local authorities are planning a programme of physical activity where each would host a physical activity showcase month throughout 2016. The target audience for the project would be those who are currently inactive and aims to facilitate engagement of this group in some form of physical activity. It aims to promote the range and diversity of physical activity options which can be built into everyday life, as well as showcasing the offer which local authorities have in place. It will not be about developing new offers but engaging a wider audience in the current local offer which includes streets, parks and active travel, as well as groups and formal activities.

0-19 years: Children's Services Public Health

9. On 1 October 2015, the responsibility for 0-5 year Public Health (Health Visiting and Family Nurse Partnership programme) transferred to the Authority as the last element of transfer of Public Health duties and responsibilities to local authorities detailed in the Health and Social Care Act of 2012. This included the transfer of responsibilities for the commissioning of these services on behalf of the Secretary of State for Health from NHS England to Local Authorities. A contract is in place with County Durham and Darlington NHS Foundation Trust as the current provider of these services until 31 March 2016. This is to ensure a safe and stable transfer of responsibilities and to minimise any potential disruption for children and families in Darlington.
10. Following a decision by Council on 17 July 2014 and to ensure that the Authority complies with European procurement law, a process commenced to re-procure services that provide Public Health services for 0-5 years and 5-19 years in Darlington. This includes a review of the current services that explored how the services could be aligned and re-designed to provide a 0-19 years service in order to improve outcomes for children and young people, increase efficiency and achieve value for money.
11. It is anticipated that a successful provider will be selected to enable a contract to be awarded in December 2015. This will enable the new service to be in place for 1 April 2016.

One Darlington Partnership

12. Following the announcement of the Council Leader that Darlington would resettle ten refugee families displaced by the Syrian crisis, the Partnership pledged its support at its meeting of 9 September 2015.

13. Darlington's faith communities are keen to play a significant role in welcoming refugees and Nick Barker, Archdeacon and Priest in charge of Holy Trinity Church is co-ordinating with Churches Together and the Interfaith Group.
14. A first action has been to establish an account at the Credit Union to receive donations.
15. Offers of help and accommodation are being logged and information about charities and agencies that can best use their support is being disseminated.

Healthwatch Darlington

16. Healthwatch Darlington's (HWD) communication and engagement strategies continue to expand reaching more people and organisations daily. Promotion on social media continues and HWD continues to visit and identify Access Points in different community venues to ensure health and social care information is available for residents when and if needed.
17. The Mental Health, Learning Impairment, Darlington Ageing Well (DAWN) and Darlington Organisations Together Networking Groups have all met recently. Guest speakers spoke in relation to Help for Heroes 'Hidden Wounds' Service, the Care Act, Lifeline Services, Independent Complaints Advocacy (ICA) and DAD Carers Support Service. The Children's Collective was also informed of Legal Highs Substance Misuse and New Psychoactive Substances.
18. The Groups help to provide information and aid signposting for clients to organisations most relevant to their needs.
19. HWD continues to work with the Darlington Long Term Health Conditions Multi Disciplinary Teams to ensure communication and engagement continues to help implement an integrated way of working in the locality and the patient and carer voice is heard.
20. HWD has undertaken surveys relating to Back Pain Pathway and Darlington Macmillan Cancer Information Centre, a well-used service within Darlington.
21. Effective ways of working with Black and Minority Ethnic groups and young people is being developed to ensure that their views influence policy and strategy and delivery.

Welfare Rights

22. During September, £25,983 was secured in additional benefits for clients. The total raised for the period April to September 2015 is £159,155.

Health and Well Being Board

23. The Board received the outcome of the Darlington Autism Self-Assessment, as reported to the Public Health Observatory in March 2015, which attempts to gauge local progress in implementing the Autism Act 2009. The self-assessment contained the seven broad themes of planning, training, diagnosis, care and support, accommodation, employment and the Criminal Justice System.
24. In relation to good practice Darlington has held several Market Events in the Dolphin Centre to bring together providers of support to people with Autism and their carers. The Board acknowledged the progress made to date and agreed that a local delivery plan should be developed to address the gaps identified in the self-assessment.
25. We received a progress report on the agreed four priorities in the Children and Young's People Plan 2014-17 which was published in July 2014 and was part of the Council's framework. The progress against each priority and its sub-sections showed some fully implemented actions and others where work was ongoing.
26. The Board noted the development of a five-year Community Safety Plan for Darlington together with the achievements of the plan in tackling crime and anti-social behaviour to date. The Plan includes strong input from all key stakeholders and is a summary of partners' aspirations although it is recognised that constraints during the next five years may impact upon delivery of the whole plan.
27. The Board received an update on the Securing Quality in Health Services (SeQiHS) programme led by NHS organisations in the Durham, Darlington and Tees area and an outline of the new programme management and support arrangements for the next phase of work.
28. The commissioners and providers of acute care services to people living in Durham, Darlington and the Tees Council areas have been working together to examine ways of delivering consistently high quality clinical care and improved clinical outcomes whilst making sure acute care services can meet increasing demands within significant financial constraints.
29. Significant work has already been undertaken to review evidence based clinical standards and consider the feasibility of their delivery but there remains much to be done in shaping the potential new models of care and engaging stakeholders, the public and patients as options aimed at addressing the challenges our acute care services face are developed.
30. The Board received a report providing an update on winter planning and resilience and outlined the processes that the County Durham and Darlington Systems Resilience Group (SRG) were following to provide assurance and monitor the delivery of approved resilience schemes.
31. The SRG has overall responsibility for the capacity planning and operational delivery of urgent and emergency care across the health and social care system

and CCG's receive resilience monies to manage year round surges in activity, however, NHS England have been clear that there are no further resilience monies available.

32. The Board received a summary of the key findings from the outcome of the Ofsted Inspection of Services for children in need of help and protection, children looked after and care leavers and review of the effectiveness of the Local Safeguarding Children's Board which was published on 1 September 2015.
33. The report resulted in a judgement of 'inadequate' for children's services overall due to a number of areas where the inspection team found that key aspects of arrangements for safeguarding children were not well managed. Although the overall judgement was inadequate a number of strengths were identified during the inspection.
34. The single inspection is unannounced and took place between 23 June and 16 July involving nine inspectors being on site for two weeks.
35. An Improvement Plan will develop as priority improvements are completed to focus more on continuous improvement and the development of consistently good services that contribute to good outcomes for children and young people.
36. I attended a two day training course on Health and Wellbeing Boards, provided and delivered by the Local government Association (LGA). The course was provided free of charge.
37. On 23 October I attended the regional ANEC HWB Chairs Network meeting. Professor Paul Johnstone, Regional Director of Public Health England (PHE), presented PHE's response to the 'Due North' report.

Councillor A Scott
Cabinet Member with Portfolio for Health and Partnerships