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**OVERVIEW OF HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE**

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1. Since the last meeting of the Council, the following are the main areas of work the Health and Partnerships Scrutiny Committee has undertaken.

**Work Programme 2015/16**

We have given consideration to the Work Programme for this Committee for the Municipal Year 2015/16 and possible review topics, the work programme is a rolling work programme and items can be added as necessary.

**Darlington Community Safety Plan 2015-2020**

2. All Local Authorities have a responsibility to work with statutory partners – the Police, Clinical Commissioning Group (CCG), Probation and Fire and Rescue Services and with the public to produce a joint five year Community Safety Plan setting out priorities and key areas of action. In Darlington the Community Safety Partnership (CSP) is responsible for production of this Plan.
3. The Chair, Chief Superintendent Graham Hall attended Scrutiny to present the Plan and Members welcomed the five priorities :
  - Reducing the harmful effects of drugs and alcohol and tobacco;
  - Tackling anti-social behaviour;
  - Reducing offending and re-offending;
  - Working with families with multiple problems; and
  - Supporting vulnerable people with a focus on domestic abuse, sexual violence and hate crime.
4. Members were pleased to note the wide range of activities and partners who work together and the achievements which have been made. Current statistics indicate that crime figures in the Borough are falling and Darlington is a safe place in which to live.
5. In the context of the huge pressure and uncertainties on public finances, the Plan is a summary of partners' aspirations but it is recognised that financial constraints during the next five years may impact upon capacity to deliver the entire Plan.

## **County Durham and Darlington Urgent Care Strategy 2015-2020**

6. We acknowledged the progress that had been made to progress the County Durham and Darlington Urgent Care Strategy, developed by the County Durham and Darlington System Resilience Group (SRG).
7. The local vision, objectives and action plan for the strategy, which has been approved by Darlington Clinical Commissioning Group's Management Executive, Governing Body, Community Council and Joint Management Team, are all in line with the National strategic approach for urgent and emergency care.
8. The suggested model care for patients requiring urgent/and or emergency care is the availability of community based services including pharmacy, promotion of self-care, NHS 111, GP paramedic support and extended primary care joined up with secondary community care to provide timely and effective services quickly and safely.
9. This is a high level strategy requiring the next steps to be specific to Darlington in order to operationalize the strategy. These include consideration of how the Securing Quality of Health Services (SeQUIS) project will develop locally in Darlington, the impact of local developments of new models of care including Primary Care Frail Elderly, support for High Impact Users of urgent and emergency care services and the future plans for Darlington Memorial Hospital (DMH).
10. Darlington's key priority for urgent and emergency care is the need for integration between emergency and urgent care services, particularly within the Accident and Emergency Department within DMH. Darlington's CCG is currently working with County Durham and Darlington Foundation Trust (CDDFT) to reconfigure the current Accident and Emergency Department to enable an integrated emergency and urgent care service to be delivered 24/7.
11. Members have always been supporting of the proposal to integrate urgent care and emergency care at DMH has long been frustrated by delays. We are pleased that progress is apparently being made but will continue to monitor the situation closely.

### **Darlington's Long Term Conditions Collaborative**

12. Scrutiny was informed of the progress of Darlington's Long Term Conditions Collaborative (DLTCC) which was formed as part of the Better Care Fund and was one of the improvement strands running as part of this programme across health and social care.
13. DLTCC is a multi-agency approach, including the Council, CDDFT, Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) and Darlington CCG, to improve the customer journey, for people living with Darlington's most prevalent multiple chronic long term health conditions, including Chronic Obstructive Pulmonary Disease, Heart Failure, Asthma and Diabetes, through the complex system of health and care services.

14. The first cross organisational rapid process improvement event was held in October and feedback has been encouraging.

## **Obesity**

15. In the light of the publicity nationally, and statistics locally, concerning the problems of obesity Scrutiny decided to re-visit the work previously undertaken by the Obesity Review Group in 2013 to establish whether any of the strategies and recommendations of that Review Group had been implemented.
16. Members were informed of the various services and initiatives that were now linked in an effort to tackle obesity and provide a pathway of care.
17. These comprised linkages with Licensing Officers to address alcohol issues including where alcohol was sold e.g. the cinema, petrol stations. Promotion of Active Travel by cycling on Darlington's Cycle Network and encouraging walking and the excellent Healthy Darlington Hub at the Dolphin Centre.
18. There is also the North East Everyone Active Initiative whereby every month a different north east local authority holds and promotes an activity event.
19. Also in the forefront nationally is the emphasis on sugar content of foods and the effect of this on obesity and oral health of children.
20. The Scrutiny Committee looks forward to the publication of the Obesity Strategy in January 2016 when there will be an opportunity to do some key work together with Children and Young People's Scrutiny Committee.
21. Members were also pleased to note that the Obesity Strategy will link into the Diabetes Strategy as it has been established that excess weight can increase the risk of diabetes

## **Joint Strategic Needs Assessment**

22. Members received a PowerPoint presentation on the refresh of the Joint Strategic Needs Assessment (JSNA), which was first published in 2012, on the progress that has been made and the proposed structure of the JSNA.
23. We were reminded that the JSNA brings together, in one single point, relevant information available on the needs of Darlington's population. It combines quantitative data with anecdotal evidence and feedback from the community and service users and is intended to provide a powerful tool for defining priorities and to better provide services that the people of Darlington need within the resources available.
24. We were informed that the purpose of the JSNA was to bring together in one place the information that this rich resource provides, backed up by a technical compilation of statistics, data and analysis. This will enable the widest spectrum of partners to have the intelligence they need to ensure commissioning strategies

work together for better provision of health and social care services for those areas of greatest need and where specific targeted action is required.

25. Scrutiny looks forward to receiving the JSNA in January 2016 once the data has been analysed.

### **Management of Change Programme Quarter 1**

26. We were provided with an update on the current position in relation to the management of change programme for those projects under the remit of this Scrutiny Committee as at September 2015. The update provided us with a brief summary of work progressing under the developing change programme aiming to provide both assurances in terms of progress as well as an indication of the future timetable of approvals.

### **Performance Management Quarter 2**

27. Members received a presentation from the Head of Organisational Planning on the Performance Management Framework which included statistical data around the key performance indicators that were relevant to this Scrutiny Committee.
28. Members were concerned to learn that there had been a slight increase in male mortality rates for the first time since 2010 although Darlington performed better than the north east average.
29. Members noted that the proportion of older people (65 and over) who are still at home 91 days after discharge from hospital into reablement/rehabilitation services had declined and a review of the service was to be undertaken to determine whether people had more complex needs or there were other issues.
30. Darlington residents aged over 65 years being admitted on a permanent basis to residential or nursing care had declined and it was considered this was due to the Better Care Fund.
31. With regard to prevalence of smoking among persons aged 18 years and over, we were pleased to note that Darlington was better than the north east average but worse than the England average.
32. We will continue to receive relevant performance management information on a six-monthly basis and we will continue to monitor the overall picture.

### **Telehealth and Telecare**

33. I attended a meeting with Ian Briggs, CDDFT, Eileen Carbro, NHS North of England Commissioning Support and Officers of the Council to determine current projects available in Darlington that were benefitting Darlington residents.
34. It was encouraging to learn that Darlington's position in relation to Telehealth and Telecare is in good shape with several projects having an impact on the quality of

life for residents by ensuring better lifestyle choices.

35. The Scrutiny Committee looks forward to receiving further information relating to Telehealth and Telecare as more projects develop and the intention is to progress the work with Adults and Housing Scrutiny Committee.

### **Public Health**

36. Members discussed their concerns regarding the proposed in year reduction to the Public Health budget and the impact this will have on the people of Darlington despite the excellent work of the Council's Public health Department. There was cross party agreement that the Chairs of Health and Partnerships Scrutiny Committee and the Adults and Housing Scrutiny Committee would write to the Chancellor asking for this decision to be reviewed and reversed as a matter of urgency.

**Councillor Wendy Newall**  
**Chair of the Health and Partnerships Scrutiny Committee**