
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 reductions to the Public Health Grant

2. Following the Cabinet decision on 8 December 2015, work has begun to implement the proposals for managing the in-year cut to the Public Health Grant of £520k, calculated on a 6.2 per cent deduction from the Public Health Grant 2015/2016.
3. Cutting existing contracts where contractual terms allow or reducing the value of new contracts as part of the procurement process, form the bulk of the measures to respond to the cut in grant.
4. The balance of the measures to manage the cut is through reductions to the public health establishment, both the local team and the Tees Valley Public Health Shared Services, hosted by Redcar and Cleveland Borough Council.
5. Work to prevent or reduce ill-health that can arise from a range of lifestyle factors such as smoking, alcohol consumption and obesity, is highlighted as the most cost-effective way to maintain the health of the population. Creating healthy populations benefits the individual, the community and brings wider social and economic benefits. There is strong evidence to show that a range of preventive approaches are cost-effective. Those that address the social determinants of health, build resilience and promote healthy behaviours can create a return on investment through reducing the burden on health and social care services, improving productivity and addressing inequalities.
6. There is a risk therefore that making cuts and reductions in early intervention and preventative services will increase the prevalence of factors that lead to poor health, resulting in increased demand on the NHS and social care service and other sectors in Darlington.
7. It is inevitable that there will be an impact from reductions and cuts to front line services however consideration has been given, as part of the analysis and review of existing spend, to mitigate, where possible, the negative impacts.

Children and Young People's Mental Health

8. Darlington's Transformation Plan to achieve the recommendations in the new national child mental health strategy, *Future in Mind*, has been assured by NHS England. An implementation group has been established and work has commenced on the identified work streams. This is a collaborative piece of work between Darlington Borough Council Children's Services, Public Health and Darlington Clinical Commissioning Group. The identified work streams consist of prevention and treatment initiatives, including improving the Increasing Access to Psychological Therapies (IAPT) service and resilience building within schools.

0-19 years: Children's Services Public Health

9. The procurement process for the 0-19 years children's service public health has concluded and a contract has been awarded to Harrogate and District NHS Foundation Trust.
10. Work is on-going with the new provider in the form of an implementation and mobilisation plan, whilst work continues with the existing provider for an exit strategy to ensure a smooth transition.
11. The new Service will commence on 1 April 2016.

Community Contraceptive Service

12. County Durham and Darlington NHS Foundation Trust has served notice on its contract to deliver the Specialist Community Contraceptive Service (CaSH) Contract, including C Card and Chlamydia Screening, with effect from 4 January 2016. The Service is comprised of the following four elements:
 - (a) Two clinical outreach sessions delivered from Park Place Medical Practice;
 - (b) Co-ordination of the Chlamydia Screening Programme in Darlington;
 - (c) Sub-contracting of free Emergency Oral Hormonal Contraception in community pharmacies; and
 - (d) Administration of the C Card condom distribution scheme.
13. Darlington Borough Council (DBC), which is responsible for ensuring CaSH services are delivered, is undertaking work to commission a new service and is establishing interim arrangements to facilitate continued access to services during the transition period.
14. Part of the procurement process includes undertaking a robust consultation exercise with existing and potential future service users, to ensure the new service reflects local need and helps address existing inequalities in sexual health.

One Darlington Partnership

15. The last Darlington Partnership Board meeting held on 11 November focused on volunteering.
16. The Board determined that, particularly for volunteering in support of public agencies, there was potentially advantage to collaborate to
 - (a) Establish effective marketing;
 - (b) Promote the range of opportunities available;
 - (c) Create a professional gateway to volunteering;
 - (d) Give appropriate recognition, perhaps as part of a Partnership-led award; and
 - (e) Provide access to a 'tool kit' for organisations providing volunteering opportunities
17. It was further agreed that Darlington Partnership would be an appropriate vehicle to develop this and the Partnership Director was tasked with taking it forward.
18. The aim would be to create a gateway to volunteering which could recruit and vet volunteers, introduce them to agencies with suitable volunteering opportunities and provide guidance to managers in participating agencies.

Healthwatch

19. The Mental Health, Learning Impairment, Darlington Ageing Well (DAWN), Darlington Organisations Together (DOT) and the Children's Collective Networking Groups have all met recently. Guest speakers spoke in relation to the Community Peer Mentor Service, Talking Changes IAPT Service, Defence Military Welfare Service, Safer Places in Darlington, Multi-Disciplinary Teams, Dementia Alliance, Occupational Therapy Service Provision for Adults and Children and Making Good by Giving Back Project.
20. The Children's Collective was also provided with an update on Children's and Young People's Mental Health and Wellbeing Transportation Plan, the Child Health Profile 2015 and the Ofsted report on Children's Social Services.
21. The Groups held to provide information and aid signposting for clients to organisations most relevant to their needs.
22. Healthwatch Darlington hosted an Interfaith Event on 21 November 2015 for 11 to 25 year olds with representation from faiths such as Baha'i, Humanists, Christianity, Rastafarian, Judaism and Paganism.

Financial Inclusion

23. The Council currently provides funding to Darlington CAB, Age UK and the Mobile Advice Coop in order to improve financial inclusion within the Borough. For the first two quarters of the year, these providers of money advice assisted 3,740 individuals to better manage their finances.
24. These organisations also increased the uptake of benefits by over £3m. For providing these services, the three organisations received a total of £47K of Council funding. This means that for every pound spent the Borough received £64.50 in maximised income.
25. Work is continuing with a range of stakeholders through the Financial Inclusion Action Group to focus on key priorities and in particular families in poverty as recent Indices of Multiple Deprivation show child poverty to be a significant and growing problem reflecting the impact of the Welfare Reforms. Further engagement will be required with schools, voluntary and community sector and private sector providers to deliver this agenda in challenging economic times.
26. As part of this activity the Darlington Advice Network has been developed to signpost people to a wide range of organisations that can be of help. These organisations cover a variety of services including housing, benefits, debt and budgetary advice, savings and legal advice.

Health and Well Being Board

27. The Health and Well Being Board held a development session on 10 December which focussed on the six priority areas agreed in order to deliver the new models of care. The session also sought the views of the Board members about how the Board would provide leadership for those six priorities – namely the multi-disciplinary team for the elderly, the team for high impact service users, work with those who have long term-conditions, promoting self-management, making better use of social prescribing and developing more health services in the community.
28. One outcome of the development session was a proposal that the Board meetings in future be constructed around the commissioning process and has a role to play in endorsing the strategic needs assessment, the commissioning intentions that stems from the assessment and an opportunity to review performance. This proposal was considered by the Health and Well Being Board on 19 January 2016.

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