
OVERVIEW OF HEALTH AND PARTNERSHIPS 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.

Work Programme 2016/17

2. We have given consideration to the Work Programme for this Committee for the Municipal Year 2016/17 and possible review topics. The work programme is a rolling work programme and items can be added as necessary.

Monitoring of Outcomes from the Medium Term Financial Plan – (1) Social Fund Arrangements

3. The Scrutiny Committee received a presentation from the Chief Executive of the Darlington Citizens Advice Bureau (CAB) on the work of the CAB and the implementation of the Community Support Scheme (previously the Social Fund administered by the Council). This is a discretionary scheme in two parts to help the most vulnerable residents of Darlington.
4. Crisis support is awarded to those in urgent need resulting from emergencies or disasters where the client does not have access to any support anywhere else and their health and safety is at risk. Nappies and clothing can be supplied and fuel payments made.
5. Community Care support is to help clients remain in the community or move back into the community where they or their partner meet strict health criteria. Help is provided in the form of provision of beds and bedding, second hand furniture, pans and utensils. No cash payments are made.
6. The Chief Executive outlined the referral procedure for both schemes and the partnerships working with the Local Authority and other organisations in the voluntary sector. There is a holistic approach to assessment and in addition to claiming Crisis or Community Care support clients can be referred on to other advisors in the Bureau for help with debt, employment (for those under 30 years) and other problems.
7. Clients are helped to budget and to maximise their income where welfare benefits can be claimed. Awards are also made with a structure in place to reduce the need for clients to return.
8. The CAB was awarded these contracts in October 2016 and since then 95 applications have been made for Community Care Support, £28,826 has been

awarded to clients and income maximisation amounts to £23,500. There have been 498 applications made to the Crisis Fund with £9,222 being awarded and clients income maximised by £136,439.

9. Members were also advised of the Financial Capability Volunteer Advice Centre at the Bureau which has maximised income in excess of £4m and supported residents to budget, claim the correct benefits and develop self-help kits.

(2) Changes to Substance Misuse Commissioning

10. The Scrutiny Committee received a presentation from the Public Health Principal on the changes to misuse commissioning, following the decision to disband the Darlington Drug Alcohol and Tobacco Team (DAAT). An overview of the contracts that had previously been managed by the DAAT Team was also provided for Members.
11. Scrutiny was provided with details of the Recovery and Wellbeing Service Contract provided by North East Council on Addictions (NECA) at The Gate and was advised that three contract monitoring meetings had been held with NECA where key performance indicators had been agreed with all milestones and thresholds being achieved to date.
12. Members received updates in relation to the other contracts that had previously been managed by DAAT, some of which had been time limited contracts and had therefore ceased; some were still on-going; and new contracts. All contracts were now being managed by the Public Health Team.
13. We were informed that, in relation to other DAAT functions, a review had been undertaken and a plan of disaggregation of activity had been identified; Drug Related Deaths were dealt jointly with Durham County Council; a system was in place for Drug Alerts; Officers continued to report to the National Drug Treatment Monitoring System; and agreement had been reached with NECA to take over this process.
14. Members were pleased to note that a Substance Misuse Forum, Chaired by the Police, included the Local Authority and the voluntary and community sector. A meeting had been held in December 2016 and the work of the former DAAT team is to continue and partners will work together. Following further meetings Scrutiny will receive briefings to ensure it is kept up to date.

Mental Health Crisis Concordat

15. Scrutiny received a further presentation from the Director of Operations and Delivery, NHS North Durham Clinical Commissioning Group which outlined the background, aims, objectives, key areas of Focus for 2016/17 and Work Plan 2017/18 of the Mental Health Crisis Concordat.
16. Details were provided of the mental health conveyancing and new private provider which focussed solely on attending mental health crisis incidents; joint proposals

with Tees Esk and Wear Valleys Foundation Trust (TEWV) and the Police to introduce mental health professionals in the Force Control Room; implications of the Policing and Crime Bill which requires a reduction of the time an individual can be held on a Section 136 (a place of safety) from 73 hours to 24 hours; and the reduction in the use of police cells as a place of safety for adults.

17. The Durham Police representative outlined Plans for 2017/18 which included the development of Familiar Faces to identify common users of a range of services; provision of a single point of access for crisis and implementation of Section 136 Street Triage; development of an action plan to include performance indicators and benchmarking; offering support to suicide prevention work; and personal health budgets to support individuals in retaining good mental health. Members welcomed these plans and look forward to an update when they have been implemented for a while.

Mental Health Services for Older People

18. Members received an evaluation report of the organic bed changes which were implemented in August 2016 and involved the closure of the Picktree Ward at Lanchester Road Hospital in Durham and the transfer of the beds to Auckland Park. The evaluation covered the period 1 August to end December 2016.
19. The indicators used included choice, travel, number of admissions, mean and median length of stay, readmissions within 30 days, staffing and feedback from families and carers. Members were pleased to note there were positive feedback comments from patients, families and carers from all areas.

Councillor Wendy Newall
Chair of the Health and Partnerships Scrutiny Committee