
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.

Voluntary Sector Funding

2. Scrutiny welcomed an update on the current position relating to Voluntary Sector Funding. We were advised that a series of Workshops had been held during March and April followed by further Workshops held in June.
3. The workshops had been attended by 50 to 60 people from various organisations, including Police, Fire Brigade, Health Organisations and schools as well as Voluntary, Community and Social Enterprise organisations currently not operating in Darlington and Members of the Darlington Organisations Together network.
4. Two focus areas have been identified namely, Social Isolation for Adults and Support for Vulnerable Families with Children. A series of community based projects will be established across these two focus areas which will run as pilots for 18 months from September. The projects will link with the Mutual Gain work currently being undertaken by Police colleagues as well as Neighbourhood Renewal Fund proposals and work being undertaken within GP Practices.
5. It was reported that there had previously been no appetite to apply for one-off funding or non-recurrent funding as it was a time-consuming exercise. Work was ongoing with Community Groups to have sustainability plans in place as there is no longer a guarantee of statutory funding.
6. The community based projects are to be considered for short term voluntary sector funding and it was envisaged that County Durham Community Fund would be linked to the next stage of the process thereby opening another avenue of funding opportunities. It was hoped that all Groups would become self-funding in the future.
7. Scrutiny was pleased with the progress being made around Voluntary Sector Funding and look forward to receiving details of projects at a future meeting.

Children's Vision Screening Pathway

8. Members were informed that the Children's Vision Screening Pathway is to change on 3 September 2018 following a review which highlighted that 11 per cent of Darlington reception aged children were referred to hospital eye service orthoptists for further management following failed vision screening and that a significant

number of those referrals were not necessary.

9. Children who currently fail vision screening have suspected amblyopia (lazy eye) or are considered to have other pathology, for example, squint and are referred to hospital eye services for further management. Onward referral costs are subsequently picked up by the respective CCG for which the child has a registered GP practice.
10. We noted that health commissioners have worked closely with colleagues from the Council, Harrogate and District NHS Foundation Trust and the Local Optical Committee (LOC) to review the current pathway which was contributing towards the overall increasing number of referrals to hospital eye services and Darlington CCG has agreed to commission a Children's Community Optometry Service which will eliminate the requirement for onward referral to hospital services for failed vision screening or suspected amblyopia.
11. Children who have failed vision screening or suspected amblyopia will now have their care delivered by a community optical practice at a time and place suitable for the parent/guardian to attend. This includes weekends which ensures that children are not taken out of school and parents/guardians need not necessarily take time off work to attend appointments with their children.
12. Members welcomed his new pathway which will make the best use of public funds, ensuring the health care needs of local children are met; reducing health inequalities by delivering a clinically effective quality service close to home.

Performance Indicators Quarter 4 2017/18 and Proposed Committee Indicators for 2018/19

13. Members gave consideration to the outturn performance data against key performance indicators for 2017/18, the basket of performance indicators and schedule of performance reporting for 2018/19.
14. We noted that of the five Community Services indicators reported to this Scrutiny Committee two had achieved target for the year and performance was better than at the end of last year and three had not achieved target and were worse than at the end of last year.
15. Public Health indicators are produced in response to the diversity of information and scale of budgets involved and we noted two key performance indicators reported at Quarter 4 in line with the National reporting schedule. The two indicators relate to the National Child Measurement Programme.
16. Members recognised that 23 other Public Health indicators were reported to Scrutiny at other Quarters throughout the year.
17. We gave particular consideration to PBH 020 and PBH 021 Excess weight in primary school children in Reception and Year 6 and to PBH 013c relating to infants due a six to eight week check that are totally or partially breastfed.

Childhood Obesity and Dental Health Care

18. This Scrutiny together with Children and Young People are undertaking a joint review to examine Childhood Obesity and Dental Health Care and any associated Mental Health Links.
19. The Review Group has made an interim recommendation to Cabinet in relation to any prospective water fluoridation scheme in Darlington, following its investigations, in relation to poor dental health outcomes in Darlington and the strong links between the highest obesity rates and the poorest dental health being most prevalent in the most deprived areas of the Borough.
20. Members agreed to support the joint work underway to gather information in relation to any prospective water fluoridation scheme in Darlington.
21. We also agreed to recommend to Cabinet that it agrees to carry out a technical appraisal for consideration of a water fluoridation scheme in Darlington and/or the Tees Valley.

Darlington Clinical Commissioning Group (CCG) Financial Plan 2018/19

22. Scrutiny received a PowerPoint Presentation from Darlington NHS CCG which provided an update on the final allocations - money the CCG has to spend; summary financial plan – what the CCG is planning on spending; efficiency plan - what savings the CCG have to make to balance the books; and risk and mitigations – scenarios if the planned spend worsens.
23. Members were advised that the CCG cannot spend above the allocation it receives from National Health Services England. The allocation is split into three areas of programme for patient care, primary care delegated for GP practices and running costs for the management of the CCG.
24. We noted the CCG's expenditure and demands for services which outweigh the allocations received resulting in an efficiency programme, developed by benchmarking against peers and looking for areas where the spend is significantly higher, to balance the books.
25. Once the Efficiency Plan has been developed it is assessed by the CCG to identify how it would manage the financial risk if certain scenarios, for example, increased activity in the acute Trust, were to happen.
26. Overall Members were pleased with the financial position of Darlington NHS CCG and have requested regular updates on its financial position.

Councillor Wendy Newall
Chair of the Health and Partnerships Scrutiny Committee