

DURHAM COUNTY COUNCIL

At a Meeting of **Health and Wellbeing Board** held in Committee Room 2, County Hall, Durham on **Thursday 17 November 2016 at 9.30 am**

Present:

Councillor L Hovvels (Chairman)

Members of the Committee:

Councillors J Allen and T Smith, G Curry, Dr S Findlay, L Jeavons, S Lamb, G O'Neill, P Scott, Dr D Smart, Dr J Smith and M Whellans

Also present:

B Jackson and N O'Brien

1 Apologies for Absence

Apologies for absence were received from Councillor O Johnson, N Bailey, A Foster, C Harries, S Jacques, C Martin and J Robinson.

2 Substitute Members

Councillor T Smith for Councillor O Johnson, P Scott for C Martin, G Curry for S Jacques and L Jeavons for J Robinson.

3 Declarations of Interest

There were no declarations of interest.

4 Minutes of the meeting held on 9 September 2016

The Minutes of the meeting held on 9 September 2016 were agreed as a correct record and were signed by the Chairman.

5 0-19 Healthy Child Programme County Durham

The Board considered a report of the Interim Director of Public Health County Durham which provided an update on the 0-19 Healthy Child Programme County Durham since the service transferred to Harrogate and District NHS Foundation Trust on 1 April 2016.

The Interim Director of Public Health County Durham was pleased to report that since the transfer of the service good progress was being made and a strong relationship with the new provider had been developed.

The Health and Wellbeing Board agreed to create the Healthy Child Programme Board as an additional sub-group which would bring partners together to work on specific pieces of work.

Councillor Allen stressed the importance of appropriate representation on the Healthy Child Programme Board and asked who would be involved. The Member was informed that although membership had not been agreed, it was envisaged that representation would include One Point, Social Care, the voluntary sector, Tees, Esk and Wear Valley NHS Trust (TEWV) and the Child and Adolescent Mental Health Services (CAMHS). The Interim Director of Public Health County Durham stressed that the Healthy Children Board would be a core group of agencies which would not replicate the work of the Children and Families Partnership Board.

The Board received a presentation from the Head of Children's Public Health and Nursing County Durham, Harrogate and District NHS Foundation Trust on progress with the transfer of the Healthy Child Programme and what was happening now with the 0-19, 0-5 and 5-19 Agenda.

In terms of what would happen next the Head of Children's Public Health and Nursing County Durham, Harrogate and District NHS Foundation Trust highlighted the following actions:-

- Development of the Healthy Child Programme Board in County Durham
- Youth awareness and mental health training
- Embedding 5 Emotional Resilience Nurses into Locality Teams
- Community Drop In Service for Children and Young People (including school holidays)
- Engage and consult with all Schools and early Years Settings
- Engage and consult with parents, carers, children and young people
- Develop a patient/client experience and engagement tool.

The Interim Corporate Director, Children and Young People's Services, Durham County Council advised that positive comments had been received from Head Teachers about the new arrangements for links with schools, and the young people's nursing service.

Following a question from the Chief Clinical Officer of Durham, Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG) about how primary care were engaged, the Board was informed that all health visitors were mandated to attend safeguarding meetings on a regular basis and were encouraged to continue to visit GP practices.

The Chief Clinical Officer DDES CCG noted the discrepancy in service provision between North Durham and DDES with regard to maternal smoking at delivery. The Head of Children's Public Health Nursing County Durham, Harrogate and District NHS Foundation Trust explained that communication between the midwife service and health visitors was excellent, however whilst maternal smoking was identified in ante-natal risk assessments health visitors and midwives were not involved until the later stages of pregnancy.

In response to a question from the Chairman, the Member was informed that the Programme picked up issues such as self-harm and mental health needs in young people through school drop-ins. For children in the older age range new links were being developed with colleges. Community drop-ins would also be a mechanism to pick up such issues and an 'app' was being developed.

Resolved:

That

- (i) the contents of the report be noted and the presentation be received;
- (ii) a Healthy Child Programme Board be developed as a Sub-Group of the Health and Wellbeing Board;
- (iii) the continuation of the mobilisation/transition board to provide assurance of the safe and effective delivery of the specification for such a large contract, be noted.

6 Sustainability and Transformation Plans and Better Health Programme

The Board considered a report of the Chief Clinical Officer, North Durham Clinical Commissioning Group (CCG) which provided an update on Sustainability and Transformation Plans (STPs) and the Better Health Programme (for copy see file of Minutes).

The Chief Clinical Officer, North Durham CCG gave a presentation on the Northumberland, Tyne and Wear and North Durham (NTWND) STP that highlighted the following:-

- The Vision for 2021
- The evolving Health and Care Model
- Understanding the three gaps in Health and Wellbeing, Care and Quality, and Funding and Finance
- An overview of STP delivery priorities for the 3 transformational areas
- The approach to developing the Plan
- Engaging local people and stakeholders
- Examples of Local vs Scale Delivery
- Governance arrangements

The Chairman asked if local people understood STPs and what they would mean for County Durham. She also noted that the North STP had been published but publication of the South STP was awaited. The Board was informed that at this stage the public may not be aware of STPs due to the pace at which the plans had to be devised and submitted to NHS England. However national guidance had now been issued on public engagement.

The Chief Clinical Officer DDES CCG expected the South STP to be published before the end of November 2016 but much of the Plan was already known as the Better Health Programme. A public-facing version was being written prior to publication.

Councillor Allen emphasised the importance of consultation with members of the public and also of ensuring the Plans were communicated in such a way that would be easily understandable for people who needed to access health services.

Following a question from B Jackson of Healthwatch County Durham about the provision of Accident and Emergency in the University Hospital North Durham (UHND), the Board was informed that whilst there were no plans to change the service in Durham at present, the way in which acute services were delivered in UHND would be reviewed in future.

In response to a question from the Interim Corporate Director Children and Young People's Services about timescales, the Chief Clinical Officer North Durham CCG explained that the STPs must be delivered by 2021.

Resolved:

That the contents of the report be noted.

7 Healthy Weight Alliance

The Board considered a report of the Interim Director of Public Health County Durham which provided an update from the Healthy Weight Alliance, highlighting the strategic approach to obesity as a result of County Durham becoming a national pilot for obesity, working with Leeds Beckett University (for copy see file of Minutes).

The Interim Corporate Director, Children and Young People's Services asked how parents were helped to understand what constituted healthy weight in children. The Interim Director of Public Health County Durham explained that a change to the way in which weight was viewed in children from infancy to school age was needed, and the focus was on early years and preventing obesity from the antenatal period.

The Head of Children's Public Health Nursing County Durham, Harrogate and District NHS Foundation Trust outlined improvements proposed for engaging with obesity in mothers in pregnancy and parents of schoolchildren.

In response to a question from the Head of Adult Care, Durham County Council about wider partnership involvement, the Board was informed by the Interim Director of Public Health County Durham of the importance of engaging with Partners to tackle the problem. She had addressed the County Durham Environment Partnership and the County Durham Economic Partnership, and had also engaged with Planners and businesses to address issues such as the cumulative impact of takeaways in a local area.

Councillor Smith made the point that physical activity played a big part in weight management and preventing obesity. She felt that Durham County Council had contributed to tackling this issue in schools. It was also important to encourage physical activity in families and was pleased to report the 'Beat the Street' project.

The Councillor also considered that the control of takeaway premises on high streets would be welcomed.

Councillor Allen asked when the Physical Activity Framework would be reported to the Board and was informed that the Framework was currently being reformatted and would be submitted when this work was completed. However the Board was reassured that work was ongoing whilst the Framework was being finalised.

Following a question from the Strategic Manager, Policy, Planning and Partnerships, Durham County Council, the Board was informed that children who were identified as being underweight were not picked up within the Alliance but were signposted to other services. The Interim Director of Public Health County Durham explained that approximately 2% of the population were classified as underweight.

It was agreed that the Board undertake a development exercise in 2017 in relation to obesity and the work with Leeds Beckett University, and the Strategic Manager, Policy, Planning and Partnerships agreed to liaise with the Interim Director of Public Health County Durham on this.

Resolved:

That

- (i) leadership and support be provided to all partners in the continued delivery of the whole systems approach to obesity by actively participating in the LBU pilot work;
- (ii) a 'leading by example' approach be adopted within organisations to improve staff and residents' health and wellbeing;
- (iii) the public sector in County Durham be developed to make the healthy choice the easy choice within a health promoting environment;
- (iv) building on local best practice be supported and countywide approaches be developed by scaling up what works;
- (v) evidence led brief interventions around obesity in front line or patient contact within primary and secondary care be progressed;
- (vi) a Board development session to take place in 2017 in relation to the obesity/healthy weight agenda.

8 Smoke Free Tobacco Control Alliance

The Board considered a report of the Interim Director of Public Health County Durham which updated the Health and Wellbeing Board on the tobacco control activity undertaken in County Durham throughout the year, and presented the latest tobacco control profile data used to monitor impact (for copy see file of Minutes).

The Interim Director of Public Health County Durham highlighted the key points within the report which included an update regarding the voluntary code implemented in 2015 making play areas in parks smoke free, and the implementation of TEWW's smokefree policy. Smoking at Time of Delivery had

reduced since the introduction of the babyClear pathway and work would continue to develop the scheme further.

The report also advised of joint working with the Consumer Protection Team and Durham Constabulary to reduce the availability of illicit tobacco.

In response to a question from the Chief Clinical Officer DDES CCG the Interim Director of Public Health County Durham advised that she was not aware of the number of prosecutions for smoking in cars when children were passengers, however the Interim Corporate Director Children and Young People's Services fed back that she understood that it was one.

In response to a question from Councillor Allen about the link between quitting smoking and weight gain, the Member was informed that weight management advice was provided as part of the multi-component approach to helping smokers quit.

The Strategic Manager, Policy, Planning and Partnerships, Durham County Council asked if the wide use of vaporisers encouraged take-up in young people. The Interim Director Public Health County Durham explained that Public Health England endorsed e-cigarettes for adults but looked carefully at how they were advertised and promoted. For information there had been a decline nationally in stop smoking services which correlated with an increase in the use of vaporisers.

The Chairman asked what arrangements were in place to refer hospital patients to a stop smoking service and was informed that a joint approach was desired. If nicotine replacements were made available in hospitals, in-patients could be supported by trained hospital staff.

Resolved:

That

- (i) the extent of tobacco control activity undertaken throughout the year be noted;
- (ii) the reduction in smoking prevalence in County Durham be noted, however it be noted that this would not be equitable across the County;
- (iii) the success of the babyClear pathway in increasing uptake and proportion of quitters be noted.

9 County Durham Drug Strategy Action Plan 2014/2017

The Board considered a report of the Interim Director of Public Health County Durham which provided an update on the County Durham Drugs Strategy 2014-2017 (for copy see file of Minutes).

The Interim Director of Public Health County Durham highlighted new objectives set within the Drug Strategy Action Plan for 2016/2017 and discussions that had commenced to explore the potential to merge the Drug Strategy (2014-2017) with the Alcohol Harm Reduction Strategy (2017-20) which would provide an opportunity

to scope out a wider addictions prevention and treatment strategy which would look to include tobacco control.

Councillor Allen welcomed the proposals for a joint Strategy to provide a holistic approach to help those with addictive behaviour. Councillor Allen was involved in a national Local Government Association Group and felt there was value in looking at wider addictive behaviour relating to gambling.

In response to a question from the Interim Corporate Director, Children and Young People's Services about help for parents to identify the signs of addiction in their children, the Board was informed that signposting to services was undertaken but further actions would be explored to ensure that the issue remained high profile.

Resolved:

That

- (i) the content of the report and associated action plan performance outcomes be noted;
- (ii) the merger of the drug and alcohol strategies be agreed;
- (iii) the development of an addictions prevention and treatment strategy be agreed which would be discussed at the Safe Durham Partnership.

10 Durham Local Safeguarding Children Board Annual Report 2015/16

The Board considered a report of the Independent Chair of the Durham Local Safeguarding Children Board (LSCB) which presented the Annual Report 2015/2016 and included a LSCB summary 2015-16 infographics poster (for copy see file of Minutes).

The Independent Chair highlighted the LSCB priorities for 2016-2019 and the achievements in 2015/2016. She was pleased to report on the successful work in raising awareness about child sexual exploitation. It was also pleasing to report that Durham LSCB had been rated as 'good' by Ofsted. The Young People's Annual Report had been launched the previous day which she hoped would be considered for a National Award.

The Chairman welcomed the report and congratulated all those on the LSCB for their work which was making a visible difference.

Resolved:

That

- (i) the content of the report be noted;
- (ii) the LSCB Annual Report be accepted for information as an overview of the work undertaken in 2015/2016 and priorities for action in 2016/2017.

11 Durham Safeguarding Adults Board Annual Report 2015/16

The Board considered a report of the Independent Chair of Durham Safeguarding Adults Board (SAB) which presented the Annual Report for 2015/2016 in line with statutory requirements (for copy see file of Minutes).

The Independent Chair provided information on the current position of the SAB together with achievements during the year 2015/2016 and was pleased to advise that the Board now engaged with Healthwatch County Durham. The SAB was fortunate to have the commitment of all of its key Partners.

Resolved:

That the Annual Report be received and the ongoing developments achieved be noted.

12 County Durham Health Profile/Child Health Profile 2016

The Board considered a report of the Interim Director of Public Health County Durham which summarised the County Durham Health Profiles 2016 and compared indicators against the previous time period (for copy see file of Minutes).

The Health Profiles provided a snapshot in time of health and wellbeing in County Durham and were cross-referenced with local statistics and action plans. The profiles had evolved to include an online interactive Health Profiles tool which allowed data to be updated regularly.

Resolved:

That

- (i) the content of the report be noted;
- (ii) it be noted that the priorities in the Joint Health and Wellbeing Strategy were being addressed and that strategies were in place to address the issues identified in the County Durham Health Profiles.

13 Joint Health and Wellbeing Strategy 2016/19 Performance Report

The Board considered a report of the Head of Planning and Service Strategy, Durham County Council which provided progress against the priorities and outcomes set in the County Durham Joint Health and Wellbeing Strategy 2016-2019 (for copy see file of Minutes).

The Strategic Manager, Policy, Planning and Partnerships, Durham County Council advised that the following areas had been identified for improvement under Objective 1:-

- the percentage of children classified as overweight or obese which was above the national average

- the proportion of five year old children free from dental decay which was lower than the national and regional averages. The Oral Health Strategy had been out to consultation and would be reported to the Board in January 2017.

Two of the actions under Objective 2 were behind target; the completion of the Health Equity Audit for cancer and the development of a local diabetes strategy to target those people most at risk. The Board was assured that the actions would be completed by the end of the financial year. The report included details of the successful completion of drug treatments for opiate and non-opiate use which were behind target.

With regard to performance in Objective 3 the Board was informed that there was currently a backlog of Deprivation of Liberty Safeguard applications but this should be cleared by the revised target date of September 2017.

Improving Access to Psychological Therapies (IAPT) Services was below target but was expected to improve following the future inclusion of current and historic data from relevant counselling services. P Scott of TEWV NHS expected an improvement in figures at the next time of reporting.

The suicide rate in County Durham had increased and remained above the national and regional average. The report set out ongoing work on suicide prevention in the County.

Councillor Smith suggested the use of the media to raise public awareness of health issues and encourage people to come forward with health concerns. The Interim Director of Public Health County Durham responded that the media was a useful tool and a sharp rise in referrals was usually experienced following a media campaign, however this was not generally sustained. Ongoing national campaigns were more successful.

Councillor Allen referred to the Alcohol Harm Reduction Strategy and noted the disparity in figures in different areas. The Councillor emphasised the importance of not only sharing best practice but also understanding issues which were particular to a locality.

Resolved:

That

- (i) the performance highlights and areas for improvement identified throughout the report be noted;
- (ii) the actions to improve performance be noted.

14 Exclusion of the Public

Resolved:

That under Section 100(a)(4) of the Local Government Act 1972, the public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of the Local Government Act 1972.

15 Pharmacy Applications

The Board considered a report of the Interim Director of Public Health County Durham which provided a summary of a Pharmacy Relocation Application received from NHS England in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 since the last formal meeting of the Board in September 2016 (for copy see file of Minutes).

Resolved:

That the report be noted.