

DURHAM COUNTY COUNCIL

At a Meeting of **Health and Wellbeing Board** held in Committee Room 2, County Hall, Durham on **Friday 9 September 2016 at 12.30 pm**

Present:

Councillor L Hovvels (Chairman)

Councillors J Allen and O Johnson and J Chandy, G Curry, C Gaskarth, A Foster, C Harries, M Houghton, S Lamb, C Martin, G O'Neill, Dr D Smart and M Whellans

Also in attendance:

Councillor J Robinson

1 Apologies for Absence

Apologies for absence were received from N Bailey, Dr S Findlay, S Jacques and Dr J Smith.

2 Substitute Members

J Chandy for Dr Findlay & Dr Smith, G Curry for S Jacques and M Houghton for N Bailey.

3 Declarations of Interest

There were no declarations of interest.

4 Minutes

The minutes of the meeting held on 26 July 2016 were agreed as a correct record and signed by the Chairman.

5 Sustainability and Transformation Plan and the Better Health Programme

The Board received a presentation from the Clinical Lead for the Better Health Programme (BHP), North Durham Clinical Commissioning Group (CCG) and the Director of Commissioning and Development, North Durham Clinical Commissioning Group (CCG) that gave progress on the Sustainability and Transformation Plan (STP) and the Better Health Programme (for copy see file of Minutes).

The Director of Commissioning and Development highlighted the following points in relation to the STP:

- Overview of STPs
- BHP – key elements
- North East STP 'Blueprint' Event

- Three gaps – Health & Wellbeing, Care & Quality, Funding & Finance
- STP key priorities – early intervention and prevention, integration, reconfigure hospital based services and technology.
- Timescales for final submission and ongoing discussions with NHS England and NHS Improvement.

Members were advised that Alan Foster, Chief Executive of North Tees & Hartlepool NHS Foundation Trust (NT&HFT) was the STP lead for the Durham, Darlington & Tees area. He advised that guidance on the STP was awaited and that there continued to be ongoing work on the STP until final submission.

The Clinical Lead for the Better Health Programme gave an update on the BHP, including:

- Governance Structure
- Scenario Development
- Modelling Process Overview
- Why the Status Quo is not an option
- Options and scenarios being considered under BHP
- Phase 3 engagement update
- Evaluation criteria including public and stakeholder views
- Voluntary sector input
- Next steps

The Chairman queried whether Health and Wellbeing Board comments would be fed into the STP. The Director of Commissioning and Development said that a summary of work produced would be fed into the STP development. He confirmed that all points would be considered. The Clinical Lead for the Better Health Programme stated that the STP would be amalgamated with the BHP.

It was highlighted that the University Hospital of North Durham was in the Northumberland, Tyne and Wear footprint. Local authority representation was included in both of the STPs. The Clinical Lead for the Better Health Programme said that this arrangement was for planning purposes.

The Clinical Lead for the Better Health Programme confirmed that 'out of hospital' services would fit into both STPs. He also confirmed that the people of Durham had been consulted on the changes.

Referring to the governance diagram, the Head of Planning and Service Strategy said that there was no mention of the Health and Wellbeing Board or local authority governance arrangements and suggested that they need to be included.

The Chief Executive of North Tees & Hartlepool NHS Foundation Trust (NT&HFT) advised that arrangements were in the transition phase and he gave assurances that the two STPs would ensure they work together for the benefit of patients. The STP would add value and build on what was already in existence. Any changes would ensure that the County had better and more robust services. In terms of planning, the Chief Executive of NT&HFT advised that he was communicating with

the STP lead for the North, in order to make services as local as possible. The Board were advised that North Durham CCG would be involved in both STP areas.

The Chief Executive of NT&HFT concluded that the challenge was ensuring the right services were being provided and that the right people were involved, with integrated services being key. He said that public health and mental health issues would also be challenging.

The Interim Corporate Director of Adults and Health Services (AHS), Durham County Council advised that the 'not in hospital' services would impact on social care and would have an impact on the local authority. The Chief Executive of NT&HFT explained that residential and nursing home capacity would be a challenge and that he would work with the Interim Director and involve her in the work streams.

Councillor J Allen welcomed the approach taken of working with the Gypsy and Roma Traveller Community but said that more needs to be done in persuading the community to visit a GP rather than presenting at hospital. The Clinical Lead for BHP said that minority groups had been accounted for and that he would feed back further information when available. The Director of Primary Care, Partnerships and Engagement, NHS North Durham and Durham Dales, Easington and Sedgefield (DDES) CCGs advised that engagement groups work with the GRT community and advised that Helen Moore was the Clinical Lead for this area of work.

The Interim Corporate Director of Children and Young People's Services (CYPS), Durham County Council asked about the inclusion of the children's agenda in the STP process. The Director of Commissioning and Development advised that this was a key area within the STP and was a key priority in our patch.

The Interim Director of Public Health, AHS, DCC said that there had not been a lot of progress within the two STPs in terms of prevention and the Clinical Lead for BHP agreed that this area of work needed to be progressed further. The Chief Executive of NT&HFT said that every contact counted and there was a real opportunity to change lifestyles.

Resolved:

- (i) That the presentation be noted.
- (ii) That further updates in relation to the Better Health Programme at future meetings be received.

6 Durham Dales, Easington and Sedgefield Clinical Commissioning Group - Consultation Feedback in respect of a proposed review of Urgent Care Services

The Board considered a report of the Chief Clinical Officer, DDES CCG that provided details of the feedback received from the public consultation exercise undertaken in respect of the three proposed options for Urgent Care Services in DDES from April 2017 (for copy see file of Minutes).

The Director of Primary Care, Partnerships and Engagement, NHS North Durham and DDES CCGs gave a presentation that highlighted the following:

- Why Change – a refresh of why the services needed to change
- The consultation process – a good section of the population was reached with 2771 responses received
- How DDES CCG consulted – public meetings, roadshows, radio and video campaign and social media
- Thematic Analysis from the engagement
- The Outcome – ranking the options
- Estates – up to 3 hubs in each of the three localities
- Key Challenges & how they would be addressed
- Communication & engagement
- 3 phased approach to procurement of new services and milestones to achieve this
- Key messages –
 - GP First
 - NHS 111
 - A&E or 999 only if life threatening
- Enhancement of the 111 Service – ability to speak to a GP, nurse or clinician. Importance of keeping the directory up to date
- Workforce – important to have sustainable care. A number of initiatives had been developed including Pharmacists working in general practice and GP career start to increase the number of GPs for DDES
- Primary Care Access – working group set up to look at what is good access to general practice. Current demand would be measured and appointment availability
- Practice Sign up – support from GP practices and making the best use of the clinical staff available. The Patient Reference Group had played a vital role and were thanked for their input
- Measuring Success – with health issues being resolved on 1st contact with easier access and fairer to the whole population

Councillor Allen asked if a breakdown of constituent responses could be provided and was informed that more responses were received from the Dales area and that a more detailed response would follow.

The Chairman referred to people presenting elsewhere with health problems rather than the GP. She referred to transport being an issue raised by constituents, as it had an impact as to whether people visited their GP. She referred to the pressure that pharmacists were under and the government funding cuts.

The Interim Director of Public Health County Durham suggested that using the pharmacist and self-care should be part of a choosing well campaign as a first point of contact and then the GP, rather than people presenting to the GP first.

Resolved:

That the report be received.

7 Wellbeing for Life Service

The Board considered a report of the Interim Director of Public Health County Durham, Adults and Health Services, Durham County Council, that provided an update and evaluation on the Wellbeing for Life Service (WBFL) conducted by Durham University (for copy see file of Minutes).

The Wellbeing for Life Manager gave a presentation on the WBFL Service that highlighted:

- The aim of the service and who it is run by
- Volunteering, training and group activities within the community
- Consortium Members
- The Legacy
- Facts and Figures – 2840 one to one service
- What difference is being made
- Why it matters – case studies of people before help and after help from the service

Councillor O Johnson pointed out that the rate for women taking up the service compared to men was 3:1. The Wellbeing for Life Service Manager advised that the service have just appointed 3 new health trainers to focus on working with men in the community.

The Interim Director of Public Health County Durham thanked the Wellbeing for Life Manager for the presentation and agreed that the service will continue to upscale the work.

The Chairman was aware through Area Action Partnerships (AAPs) of the amount of work been carried out through health trainers in the community and of all the one to one help provided.

The Wellbeing for Life Service Manager further added that they carry out work with the pharmacies and have a unique relationship in the Dales and Easington whereby clients are referred into the service.

Resolved:

- (i) That the current position of the WBFL service be noted;
- (ii) That the findings from the WBFL interim evaluation be noted.

8 Warm and Healthy Homes Project Annual Report 2015/16

The Board considered a joint report of the Interim Director of Public Health County Durham, Adults and Health Services, Durham County Council, and the Corporate Director Regeneration and Economic Development, Durham County Council that gave an update on the progress and developments outlined in the Warm and Healthy Homes Project Annual Report 2015/16 (for copy see file of Minutes).

The Chairman referred to housing providers as they had a big role in terms of this agenda. The Interim Director of Public Health referred the Board to the County Durham and Darlington Fire and Rescue Service safe and wellbeing visits and that they offer referrals for Warm and Healthy Homes.

Resolved:

- (i) That the contents of the report be noted.
- (ii) That the additional year being planned for the programme and the work planned to transit to pathway based approach be noted.

9 System Resilience update

The Board considered a report of the Chief Clinical Officer, Durham Dales, Easington and Sedgefield Clinical Commissioning Group that provided an overview of the 2015/16 funded resilience schemes undertaken by County Durham and Darlington NHS Foundation Trust (CDDFT) and other providers, and the outcomes of these schemes following evaluation (for copy see file of Minutes).

The Director of Primary Care, Partnerships and Engagement, NHS North Durham and DDES CCGs informed the Board that the Systems Resilience Group (SRG) was to change and would transform into a Local A&E Delivery Board (LADB) from the 1st September 2016. This requirement is nationally mandated.

The chair of the Board is Sue Jacques, Chief Executive of County Durham and Darlington NHS Foundation Trust and Stewart Findlay, Chief Clinical Officer from DDES CCG is the vice chair.

The Head of Planning and Service Strategy, DCC asked what difference the change would make? The Chief Executive of NT&HFT explained that the four hour A&E target was led by the acute trust and the 'must do's' are driven nationally and similar arrangements would be in place for each CCG area.

The Interim Director of Public Health County Durham, AHS, DCC asked where system resilience planning would now take place and was advised that this would still be done but that it may become business as usual planning, between local NHS and local authorities.

The Interim Corporate Director of AHS, DCC asked if the terms of reference would be prescribed as a local delivery board. The Chief Executive of NT&HFT said that the political focus was on the A&E four hour waiting times, but that the terms of reference would have to reflect local issues. The question would be taken back and further information presented to the board when available.

Resolved:

- (i) That the developments and achievements which have taken place be noted.
- (ii) That the targets set in relation to ambulance handovers and delayed transfers of care be noted.
- (iii) That the schemes which will be funded in 2016/17 be noted.

10 Children's Services update

The Board considered a report of the Interim Corporate Director of Children and Young People's Services (CYPS), Durham County Council that provided an update on the national and local developments in relation to Children's Services. In addition, the report included information on the outcome of the Ofsted Single Inspection Framework (SIF) Inspection of Children's Services carried out between 22 February 2016 and 16 March 2016 (for copy see file of Minutes).

The Interim Corporate Director, CYPS, DCC highlighted the key points within the report including the themes in the action plan to strengthen management and staffing, an opportunity to look at poverty through the forthcoming Life Chances Strategy, and the Ofsted deep dives being looked at in relation to neglect and domestic abuse.

Councillor Johnson assured the board that work had already begun to respond to the Ofsted judgement and that an improvement plan was in place. He pointed out that many areas within the Ofsted report were deemed as good, such as the adoption service, early intervention, care leavers, child sexual exploitation and missing children. He advised that the board would be kept updated as the action plan progresses.

Councillor Allen referred to a project underway to support children and young people who observe domestic abuse, to ensure they receive support through schools.

The Head of Children's Public Health Nursing County Durham, Harrogate & District NHS Foundation Trust referred to the provision of 0-19 contract commissioned by Public Health and advised of the introduction of a vulnerable parent pathway.

The Chairman referred to mental health as a specific issue for young people. The Interim Director of Public Health County Durham advised that five emotional wellbeing nurses had been appointed and would be embedded in schools to support young people.

The Board were advised that updates for maternity services giving the best start in life and bereavement services would be brought to a future meeting.

Resolved:

- (i) That the contents of the report be noted.
- (ii) That further updates in relation to the transformation of Children's Services be received on a six monthly basis.

11 Better Care Fund 2016/17

The Board considered a report of the Strategic Programme Manager – Care Act Implementation and Integration, Adults and Health Services, Durham County Council that gave an update on Quarter 3 2015/16 Better Care Fund (for copy see file of Minutes).

The Board were advised that performance against the six key metrics for quarter 1 shows a positive performance in the 'percentage of carers who are very/extremely satisfied with the support services they receive'. Performance against the other 5 key metrics was slightly below target.

The Head of Planning and Service Strategy, DCC referred to the permanent admissions of older people and advised that this would be a strategic issue going forward with pressure on budgets.

Resolved:

- (i) That the report be noted.
- (ii) That further updates in relation to the Better Care Fund be received.

12 Health and Wellbeing - Area Action Partnership Links

The Board considered a report of the Area Action Partnership Coordinator, Transformation and Partnerships, Durham County Council that provided an update in relation to the work taking place to enhance the interface between Area Action Partnerships (AAPs) and the Health and Wellbeing Board to improve the alignment of AAP developments and investments and the priorities of the Partnerships (for copy see file of Minutes).

The Area Action Partnership Coordinator highlighted the achievements and developments and advised that Healthy Horizons had been picked up within the Physical Activity Strategy and that the AAPs were still looking at tackling holiday hunger.

The Chairman said that it was important to share this good work that was ongoing throughout the County and although we were faced with austerity, good local work was still being achieved. She asked that a press release be prepared and sent out to promote the positive work.

The Interim Director of Public Health County Durham said that there were some fantastic pieces of work being carried out including the wellbeing for life work. She was keen to see prevention work being fed into the agenda.

The Head of Planning and Service Strategy, DCC said that it would be useful to see a link to the STPs and that the model used in AAPs for match funding and for attracting money could be used more strategically for the STP. The Chief Executive of NT&HFT said that they would use workstreams already in place and were keen to use good practice.

The Interim Corporate Director of Adults and Health Services, DCC said that it was good to see valuable work being utilised and linked in with communities and neighbourhood working.

Councillor Johnson agreed that work at a local level was very valuable and good practice should be shared.

Resolved:

- (i) That the work that was taking place be noted.
- (ii) That the improved alignment of work of the AAP's to the Health and Wellbeing Board be noted.
- (iii) That work will progress through the Community Wellbeing Partnership.
- (iv) That the AAP/public health supported projects in 2015/16.

13 Healthwatch County Durham Annual Report 2015/2016

The Board considered a report of the Chair of Healthwatch County Durham that presented the Annual Report for 2015-2016 (for copy see file of Minutes).

The Chief Executive, Pioneering Care Partnership (PCP) advised that a new provider was awarded the contract to deliver the Healthwatch service from July 2016. She introduced the Chair of Healthwatch to present the Annual Report.

The Chair of Healthwatch said that the views of the public had been gathered and comments, expertise and criticisms had been passed to the appropriate bodies during the 2015-2016 period.

The Chief Executive of the PCP advised that three people had been appointed to the new board and ideally they wanted to appoint eight to ten people to service the 500,000 population, with relevant skills and expertise.

She added that the organisation had a strong voluntary base. The appointment of a new Chair would help steer the board with a focus on research and intelligence. The contract was for two years with the option for a one-year extension and would help to influence service change and build upon the work already carried out.

Councillor Johnson asked what the general message was from the general public and was advised that feedback ranged from dentistry to GP appointments.

The Head of Planning and Service Strategy, AHS, DCC welcomed the new direction of Healthwatch and asked if the priorities in the Health and Wellbeing Strategy and the STPs were being looked at and linked in the work they will be doing. The Chief Executive of the PCP said that their actions would be timely and would look at how to influence change and the use of resources wisely.

Resolved:

- (i) That the report and the progress which Healthwatch County Durham has achieved during its first year be received and noted.
- (ii) That the organisation's ongoing work as consumer champion for health and social care services, be noted.