

## **DURHAM COUNTY COUNCIL**

At a Meeting of **Health and Wellbeing Board** held in **Committee Room 2 - County Hall, Durham** on **Tuesday 30 July 2019 at 9.30 am**

**Present:**

**Members of the Board:**

Councillors J Allen and O Gunn and L Hovvels, L Buckley, Dr S Findlay, A Healy, L Jeavons, V Mitchell, J Robinson, Dr D Smart and M Whellans.

**1 Election of Chair**

**Moved** by Dr Smart, **Seconded** by Councillor O Gunn and

**Resolved:**

That Councillor L Hovvels of be elected as Chair of the Board for the ensuing year.

**Councillor L Hovvels** in the Chair

**2 Appointment of Vice-Chair**

**Moved** by L Jeavons, **Seconded** by J Robinson and

**Resolved:**

That of Dr S Findlay be appointed Vice-Chair of the Board for the ensuing year.

**3 Apologies for Absence**

N Bailey, D Brown, B Jackson, S Jacques, Dr J Smith and S White

**4 Substitute Members**

G Curry for S Jacques, S Lamb for R Chillery, D Rudkin for B Jackson, K Wanley for D Brown, J Carling for S White

**5 Declarations of Interest**

There were no declarations of interest.

## **6 Minutes**

The minutes of the meeting held on 8 May 2019 were agreed as a correct record and signed by the Chair.

## **7 Health and Social Care Plan (standard item)**

The Board received an update from the Corporate Director of Adult and Health Services, Durham County Council on the County Durham Health and Social Care Plan. A one year health and social care plan had been presented to the board. A five-year plan is in development and the multi-agency working group were looking at the development of a health and social care performance framework and this would be brought to the Board at a later date.

### **Resolved:**

That the update be noted.

## **8 A Vision for County Durham**

The Board received a report and presentation of the Corporate Director Adult and Health Services, Durham County Council that presented the proposed new County Durham Vision as part of the final third phase of the consultation process (for copy see file of Minutes).

The presentation highlighted:-

- Why we needed to change?
- Building on our success – examples of the increase in employment, economy, reducing carbon emissions, improving recycling
- Area Action Partnerships (AAP) success
- Recognising Partners
- Recognising still a long way to go
- Over 24,000 responders to the consultation so far
- What was important to those who have responded –
  - Economy
  - Children and Young People
  - Health and Wellbeing
  - Tourism
  - Housing
  - Towns and Villages
  - Communities
  - Transport
- Proposed Ambition and Objectives –
  - More and Better Jobs

- Long and Independent Lives
- Connected Communities

The Head of Strategy informed the Board that the Vision was as follows:-

‘Our vision for 2035 is that County Durham is a place where there are more and better jobs, people live long and independent lives and our communities are well connected and supportive’

A short promotional video was also shown on the vision.

**Resolved:**

That the report and presentation be noted.

## **9 Joint Strategic Needs Assessment**

The Board considered a joint report of the Director of Public Health, County Durham and Chief Officer, North Durham and DDES Clinical Commissioning Group and Co-Chair of the JSNA and Insight Strategic Group that provided an update on the JSNA and Insight transformation process in County Durham, and that sought support to continue the transformation (for copy see file of Minutes)

The Research and Public Health Intelligence Manager provided an update on the JSNA and sought support to continue to develop the shared intelligence, research and knowledge base for the County to inform strategic planning and commissioning. He gave a demonstration of Durham Insight, a shared intelligence, research and knowledge base for County Durham.

Councillor Allen thanked the officer for bringing all of this information together in one place as it was a valuable asset for all partners. She also thanked the Chair was driving this to fruition.

The Chair found that the website helped when putting together funding bids and was useful for members to ask questions on what developments were taking place.

Dr Findlay also found that this was a fantastic resource. In future it would be useful to have the geography broken down to primary care networks.

Councillor Gunn added that it was an easier way to help residents understand what was happening in local communities in a simple way.

The Director of Public Health said that it was great to have all of this intelligence in one place to inform our priorities by working together. The Corporate Director of Children and Young People’s Services agreed and

commended the officer and his team for pulling the information together for children and young people.

**Resolved:**

- (i) That the update on JSNA and Insight development be noted and further ways to embed the use of the JSNA and Insight into decision-making, commissioning and service-development by all partners be considered.
- (ii) That the continued development and strengthening of the JSNA and Insight process be supported.
- (iii) That the further development of Durham Insight to ensure it became embedded in everyday practice in support of strategic development and decision making across health and social care be supported.
- (iv) To ensure that the JSNA supports the refresh of the Joint Health and Wellbeing Strategy.

## **10 Area Action Partnership update**

The Board received a report of the Area Action Partnership Co-ordinator, East Durham Rural Corridor AAP, Durham County Council which provided an update in relation to the work taking place to enhance the interface between AAP's and the Health and Wellbeing Board to improve the alignment of AAP developments and investments and the priorities of the board (for copy see file of Minutes).

The AAP Co-ordinator highlighted that four more dementia friendly communities had been established and she gave an overview of the priorities, funding and projects. She went on to inform the board about the shared and supported work carried out by the AAPs and introduced Michael Colcough from the Foundation of Light. Michael gave a presentation that informed of the Revitalise Project:-

- Initial Engagement
- Progression of over 50's provision
- Current provision in County Durham
- Future provision in County Durham

Councillor Allen congratulated Michael on the fantastic work being carried out and the AAP on reaching their 10 year anniversary. She added that it was good to see projects being successful and asked how this was rolled out and shared at other forums. The Head of Partnerships & Community Engagement explained that the way in which AAPs report to full Council has recently changed and in future it would be as a presentation rather than a set of questions. Public Health had also helped in enhancing the model and identifying what areas could be scaled up.

Councillor Gunn also passed on her congratulations for the project and that councillors had a role to play on AAP boards in helping to move forward a wide range of activities going on in communities. She added that we were still living in a time of austerity and there were enormous pressures in terms of people living in poverty. She referred to the summer holidays programme that helped to provide activities and food during the school holidays.

The Director of Public Health commented that this was good practice of sharing and identifying links with the voluntary sector.

**Resolved:**

That the report be noted.

## **11 Tobacco Control Annual Update**

The Board received a report of the Director of Public Health, Durham County Council that gave an update on developments in Tobacco Control for the financial year 2018/19 (for copy see file of Minutes).

The Director of Public Health reported that the Tobacco Alliance had an ambition to reduce smoking prevalence by 5% or less by 2030 and she highlighted the eight point action plan that had been developed to achieve this.

The Chair commented that there was a lot of work ongoing and that it was important to continue.

Councillor Gunn referred to the number of vape shops opening in high streets and asked if young people were encouraged not to take up this habit. The Director of Public Health said that this was being looked at closely and a lot of young people were taking up vaping that had never smoked before however the overall numbers were low. She added that sales were age restricted and trading standards were vigilant but relied on the public reporting any underage sales. Tests had found that e-cigarettes were 95% safer and less harmful than cigarettes.

Dr Findlay asked how we were monitoring the population to show if there was an increase in addiction to vaping and if there were any comparative costs compared to smoking cigarettes. There was a concern that people were still in poverty due to smoking habits. The Director of Public Health said that there was a link to poverty and there was support available for people to stop smoking.

**Resolved:**

- (i) That the report be noted.
- (ii) That support for Tobacco Control be maintained by the Board.

- (iii) To ensure organisational representation at the Tobacco Control Alliance.
- (iv) To ensure organisational support and implementation of communications campaigns by Fresh.
- (v) That CLear self-assessment and the implementation of any recommendations be supported

## **12 Tobacco Dependency in Pregnancy**

The Board received a report of the Director of Public Health, Durham County Council that provided an update on progress of the multi-agency strategic plan to reduce tobacco dependency in pregnancy (TDiP) (for copy see file of Minutes).

The Director of Public Health advised of the eight recommendations that the National Institute of Clinical and Health Excellence (NICE) had identified for maternity services to implement to help stop smoking in and after pregnancy.

### **Resolved:**

- (i) That the report be noted.
- (ii) To ensure organisational representation at the TDiP Working Group.
- (iii) That chief officer and organisation support and delivery for a communication campaign led by the TDiP Working Group be maintained.
- (iv) That the delivery of targeted place based work working with Shildon Health Express be supported.
- (v) That chief officers be provided support for the TDiP Strategic Plan and that further assurances of the completion of the actions every 6 months into the Board be sought.

## **13 Joining the Dots update**

The Board received a report of the Director of Public Health, Durham County Council that gave an update on the Macmillan Joining the Dots Programme (for copy see file of Minutes).

The Public Health Advanced Practitioner, Durham County Council advised that the Joining the Dots programme had been running for almost 12 months and was provided by the Wellbeing for Life Service. As more and more people were living with cancer, there was a demand for the service. However, funding was secured until March 2020 and therefore the service were looking at options to extend beyond this time. She played a clip that introduced Vicky, a single mother who had been diagnosed with hodgkin's lymphoma. Vicky explained how she had received help and support through the Joining the Dots programme including child care, financial, welfare rights, assistance with the blue badge scheme and appointments with the 'Look

Good, Feel Good' project. She found the support worthwhile and would recommend to anyone in the same position.

The Chair circulated a handbook that had been developed by the Macmillan Public Health Cancer Project Management Support Officer and found this to be an excellent tool. She added that this could also be developed for other areas, such as dementia.

Councillor Allen said that Vicky was a great advocate of the service and hoped that the funding could be found to continue with this invaluable service.

Councillor Gunn said that there were a lot of organisations who provided cancer support and suggested that they link up with regards to referrals to ensure everyone was offered some help and support.

**Resolved:**

- (i) That the contents of the report and development of the programme be noted.
- (ii) That further updates on the service be provided.
- (iii) That partners cascade information on the service to their respective organisations and encourage employees to make referrals where relevant
- (iv) That discussions around the sustainability of the service be supported.

## **14 Joint Health and Social Care Commissioning Strategy - Learning Disabilities**

The Board received a joint report of the Strategic Commissioning Manager, Learning Disabilities and Mental Health, Durham County Council and the Partnership Strategic Manager, NHS Durham, Darlington and Teesside Mental Health and Learning Disability Partnership that provided an update on the development of a Joint Health and Social Care Learning Disability Commissioning Strategy for approval (for copy see file of Minutes).

The Strategic Commissioning Manager introduced Carl Bashford, Tees, Esk and Wear Valley NHS FT (TEWV) who informed the board about a dynamic support register where young people could be tracked and had a clear commitment around their care package. He advised that a commitment from the CCGs and TEWV had been sought as the transition care arrangements come to an end next year.

Councillor Gunn asked about the implications of remodelling and was advised that some money was attached to transitional care and the criteria had been expanded to include young people. The Strategic Commissioning

Manager explained that the Learning Disabilities team were under pressure and some commissioning work had begun to find the right access and support and how to manage and influence other areas, such as employment and learning. The aim of the team was to help people be as independent as they could be.

The Director of Operations – Durham and Darlington, TEWV said that it was important to retain funding and enhance the community in order to support discharge. Locally, this was about looking at re-using what we had based on the areas of need. In primary care this could mean annual health checks and reductions in the use of medicine, where appropriate, with everyone identified on a register to enable partners to work together.

The Corporate Director of Children and Young People's Services welcomed looking at the transition points of young people moving into adult services and stated it was important to take on feedback in the further development of services.

**Resolved:**

- (i) That the contents of the report and commissioning strategy be noted.
- (ii) That the strategy and commencement of the implementation of the strategy be approved.

## **15 Better Care Fund Q4 performance**

The Board considered a report of the Strategic Programme Manager Integration, Adult and Health Services, Durham County Council that provided an update on the Better Care Fund (BCF) Quarter 4 2018/19 performance metrics (for copy see file of Minutes).

The Strategic Programme Manager highlighted the improvements and challenges for quarter four data, including non-elective admissions and delayed transfers of care.

**Resolved:**

- (i) That the contents of this report be noted.
- (ii) That to receive further updates in relation to BCF quarterly performance be agreed.

## **16 Joint Health and Wellbeing Strategy Q4 performance update**

The Board considered a report of the Head of Strategy, Transformation and Partnerships, Durham County Council that the final performance report related to the priorities and outcomes set within the County Durham Joint Health and Wellbeing Strategy (JHWS) 2016-19 (for copy see file of Minutes).

The Strategy Team Leader, Durham County Council gave a detailed presentation that highlighted the performance against the six objectives:-

- Escalation Area and Strategic Objectives
- Percentage of mothers smoking at the time of delivery
- Percentage of CAMHS patients seen with a second contact within 9 weeks of referral
- Fall and injuries in the over 65s
- Hip fractures in the over 65s
- Gap between the employment rate for those with a long term health condition and the overall employment rate

The Director of Operations – Durham and Darlington, TEWV highlighted that there was ongoing work to improve the performance in relation to CAMHS patients seen with a second contact within 9 weeks of referral. Within other areas there had been improvements and this was an area of focus for TEWV.

**Resolved:**

- (i) That the performance highlights and areas for improvements identified throughout the report be noted.
- (ii) That the actions taking place to improve performance be noted.
- (iii) That performance against the 2017/18 and 2018/19 Quality Premium Indicators be noted.

**17 Healthwatch County Durham Annual report 2018/19 and Workplan 2019/20**

The Board considered the Healthwatch Annual Report 2017/18 (for copy see file of minutes).

The Research and Information Officer Healthwatch County Durham highlighted the work carried out over the year including working in partnership to improve the health and social care of the community, the transition for children and young people into adult services, access to GP appointments, and work with Tees, Esk and Wear Valley NHS Foundation Trust and the dementia teams.

The Chair thanked Healthwatch for their invaluable work especially in ensuring that young people's voices were heard.

**Resolved:**

That the annual report be received.

## **18 Health and Wellbeing Board Campaigns**

The Board noted a presentation from the Director of Public Health, on the following public health campaigns (for copy of presentation see file of minutes):

- Alcohol
- Tobacco
- Stay Well This Winter
- Mental Health
- Breastfeeding

## **19 Integrated Care System**

The Board received a report of Chief Officer, North Durham and Durham Dales, Easington & Sedgefield Clinical Commissioning Groups that provided an overview of the Integrated Care System (ICS) proposal (for copy see file of Minutes)

The Chief Officer advised that the Integrated Care Partnership (ICP) covering our region was one of the largest in the country covering four care partnerships in the North, Central, South and North Cumbria. The ICS made decisions at a regional level and more local decisions would be made at ICP level. There would be planning across the current five Clinical Commissioning Groups (CCGs) and all plans would be fed into the ICS. Emerging joint priorities focused on improving people's health and wellbeing and ensuring safe and sustainable services had been informed and each ICS would establish a Partnership Assembly. In addition, County Durham's footprint was a priority and work is ongoing to develop the health and care plan based on this geography.

### **Resolved:**

That the report be received.

## **20 Clinical Commissioning Group merger**

The Board received a report of Chief Officer, North Durham and Durham Dales, Easington & Sedgefield Clinical Commissioning Groups that notified them of the proposed Clinical Commissioning Group (CCG) merger.

The Chief officer advised that there had been a push to see less Clinical Commissioning Groups and to see one CCG per Integrated Care System (ICS) in future. This had been discussed and it was expected to have one CCG per Integrated Care Partnership (ICP). The proposal to merge the two Durham CCGs was not expected to see much change as they already worked very closely.

**Resolved:**

That the report be received.