

DURHAM COUNTY COUNCIL

At a Meeting of **Health and Wellbeing Board** held in **Committee Room 2, County Hall, Durham** on **Wednesday 27 November 2019 at 9.30 am**

Present:

Councillor L Hovvels (Chairman)

Members of the Board:

Councillors J Allen and O Gunn and R Chillery, Dr S Findlay, A Healy, V Mitchell, J Pearce, J Robinson and Dr D Smart

1 Apologies for Absence

Apologies for absence were received from N Bailey, D Brown, L Buckley, J Gillon, B Jackson, S Jacques, L Jeavons, Dr J Smith and S White

2 Substitute Members

J Nadkarni for L Buckley, J Parkes for J Gillon, Dr Murthy for B Jackson, K Wanley for D Brown, C Oakley for S White

3 Declarations of Interest

There were no declarations of interest.

4 Minutes

The minutes of the meeting held on 17 September 2019 were agreed as a correct record and signed by the Chair.

5 Child Death Overview Panel (CDOP) Annual Report

The Board considered a report of the Deputy Director of Public Health, Durham County Council that presented the annual report of the County Durham and Darlington Child Death Overview Panel (CDOP) (for copy see file of Minutes).

The Deputy Director and Chair of CDOP gave a detailed presentation that included:

- The role and purpose of CDOP
- CDOP Membership

- CDOP Annual Report 2018/19
- Categories of Death
- Key Issues from Child Death Reviews 2018/19
- Good Practice
- Developments during 2018/19 – roll into 2019/20

Councillor Gunn thanked the officer for a very detailed presentation and asked if there were any identifiable reasons why 75% of child deaths were male. The Deputy Director of Public Health explained that there were a lot of risk-taking behaviour and accidents that contributed to this statistic for older males.

The Corporate Director of Adult and Health Services, Durham County Council asked how lessons learnt were shared with other CDOPs. The Deputy Director of Public Health said that this was not currently done, however a paper had been written for the Department of Public Health Network about the transition work coming through. It was recognised that there was a gap in this area at present.

Referring to the review of the number of deaths at 60 per year, the Assistant Chief Fire Officer was advised that the scale depended upon the population and that this was the minimum requirement to be reviewed to be fully compliant with national guidance.

Dr Murthy asked what the future would be for the relationship between the Integrated Care Partnership (ICP) and Integrated Care System (ICS) and was advised that there were a lot of discussions taking place, to determine the future relationships. The Chief Clinical Officer, North Durham and DDES CCG confirmed that there was a strong push to have the CCG mergers across the ICP areas including working more closely with South Tyneside and Sunderland. The Corporate Director of Adult and Health Services added that a lot of work had been carried out, for example tobacco dependency in pregnancy, and suggested that themes could be used at the ICS level.

The Deputy Director of Public Health said that neonatal services were key and that the panel would be looking at the pathway flow outside of the boundaries given. The Divisional Director of Family Care, City Hospitals Sunderland would take the comments back to the Neonatal network in terms of the ability to deliver more through the local maternity system.

The Corporate Director of Children and Young People's Service, Durham County Council commented that geography often clashed in some areas and he understood the conversations that were taking place with the Tees area to see if work could be carried out jointly. He suggested that this should be looked at on a larger scale by exploring themes and other systems that

already exist. The Deputy Director of Public Health explained that it was about understanding the different networks and utilising the strong workforce.

The Director of Public Health concluded that the Chair of this Board had wrote previously to the leads for the then Sustainability and Transformation Partnerships asking them to look at modifiable factors and to provide quality surveillance to report back to the board. She added that this would now be picked up at ICS and the regional level.

Resolved:

- (i) That the content of the annual report and the developments planned for 2019/20 and beyond be noted;
- (ii) That the importance of the work on reducing tobacco dependency in pregnancy as it is a clear modifiable factor in child deaths be noted;
- (iii) That contact be made with other chairs of Health and Wellbeing Boards across the North East to endorse the importance of the regional thematic reviews proposed to be undertaken on:
 - (i) Suicide and self-harm;
 - (ii) Sudden and unexpected deaths in infancy;
 - (iii) Trauma deaths;
 - (iv) Neonatal deaths.

6 Draft Joint Health and Wellbeing Strategy

The Board considered a report of the Head of Partnerships and Community Engagement, Durham County Council that presented the draft Joint Health and Wellbeing Strategy (JHWS) for 2020-25 (for copy see file of Minutes).

The Head of Partnerships and Community Engagement informed the board that an away day had been held that had given some useful feedback and insight for the development of the strategy.

The Partnerships Team Manager explained that the draft Joint Health and Wellbeing Strategy had been aligned to other plans including the County Durham five year Health and Social Care system plan and the County Durham Vision. She also informed the board that a wellbeing approach had been developed for County Durham which was a key way to implement this strategy. She went on to highlight the two options for the strategy, both of which followed a lifecourse approach. The first option contained five strategic priorities including mental health and the social determinants of health and the second contained three strategic priorities with mental health and the social determinants of health embedded throughout the strategy. The consultation period would be from mid December to mid February, with sign off by the board in March 2020.

The board discussed the options and agreed that option two was the preference as it was clear and easy to remember – starting well, living well, ageing well. They did ask that the objectives were positively presented, for example, there was a suggestion that focus should be on the mother rather than the baby, i.e. babies born to smoke free mothers.

The Corporate Director of Children and Young People's Service, Durham County Council noted that there was a strong population perspective and to ensure that those vulnerabilities are included in the strategy.

The Director of Public Health advised that all of the objectives were included in the overall strategy and they could be re-shaped to place a more focused positive spin on them. The main aim was for people to live long and healthy lives .

The Office of the Police, Crime and Victims Commissioner representative commented that alcohol and drugs were not specifically mentioned in the priority objectives but was assured that this would be fed in through the Safe Durham Partnership.

Resolved:

- (i) That comments on the draft strategy be noted, prior to the wider consultation;
- (ii) That the strategic priorities and objectives be agreed.

7 Developing County Durham's Approach to Wellbeing

The Board considered a joint report of the Corporate Director of Adult and Health Services and the Director of Public Health, Durham County Council that provided an update on the development of the approach to wellbeing, highlighted examples of where and how the approach was being used and that outlined further areas to embed the approach (for copy see file of Minutes).

The Director of Public Health advised that the approach to wellbeing across County Durham was to improve physical and mental health with a community approach. There were significant challenges in health inequalities and a gap in some parts of the County. Countries such as New Zealand had recognised the importance of recognising personal wellbeing rather than economic growth to be the primary aim of government spending. Work was continuing with the Area Action Partnerships (AAPs) and all information was available through Durham Insight and supported by the Joint Strategic Needs Assessment, policies and plans.

The Chair welcomed the approach and said that this would enable communities to be more resilient and do more for themselves. She asked

how we could get the message out to people apart from using the AAPs. The Head of Partnerships and Community Engagement said that as an example the Holiday Activities with Food scheme had received £150,000 additional funding to make an impact during school holidays and would bring a report back to the board about who this had helped.

Councillor Gunn agreed that the community-based approach was the way to move forward and have connectiveness in communities. This was crucial to children and staff in residential homes and she urged people to read the Corporate Parenting Panel Annual report.

The Director of Public Health would share toolkit examples with the board members to use this approach with local communities.

Resolved:

- (i) That the contents of this report and actively support the continuing development of the County Durham Approach to Wellbeing be noted;
- (ii) That the further development of the approach by considering its alignment with their own strategic programmes;
- (iii) To receive update at each Health and Wellbeing Board meeting with an example of the how the wellbeing approach is being implemented.

8 Health and Social Care Plan (standard item)

The Board received an update on the Health and Social Care Plan.

The Chief Clinical Officer, North Durham and DDES CCG advised that the CCG governing body had agreed the plans at a meeting yesterday and the next stage would now progress. The engagement exercise with staff had commenced and included commissioning staff in the local authority and NHS. There was pressure on the NHS to merge the two Durham CCGs by next April and there would be a focus on ICP areas with a slightly different configuration.

The Corporate Director of Adult and Health Services, Durham County Council added that progression around the Integrated Commissioning function was taking place and the Board would receive further reports on this once it was operational.

The Chair was pleased that this board had contributed positively, and she was delighted with the progress, with Durham leading the way on how to proceed with this process. The Chief Clinical Officer added that we needed to get better at promoting ourselves as a place where people can come to learn.

Resolved:

That the update be noted.

9 Director of Public Health Annual Report 2019

The Committee received a report of the Director of Public Health for County Durham that presented the Annual Report for 2019 (for copy see file of Minutes).

The Director of Public Health gave a detailed presentation on the Annual Report that focused on the following:-

- Health and wellbeing across County Durham
- Where we live, our services and our communities
- Our priorities and progress towards them
- Mental health at scale
- Healthy workforce

The Director of Public Health reminded the Committee of the fictional family 'the Taylors' and how the priorities and progress had affected them and the communities they lived in and the benefits of this. She agreed to come back to a future meeting to update on progress and commented that next year's report would focus on the 'Best Start in Life' and 'Good jobs and places to live, learn and play'.

Councillor Gunn welcomed the report and enquired as to why young carers were not mentioned. She added that schools were doing well in terms of resilience and she asked how this would link with work ongoing. The Director of Public Health would look at this in terms of Durham Insight and she advised that the focus of next year's report would focus on the best start in life.

Resolved:

That the report be received.

10 County Durham and Darlington Flu Prevention Board update

The Board received a report from the Director of Public Health that provided information and assurance on the progressing work of the County Durham and Darlington Flu Prevention Board to increase the uptake of the flu vaccination in the local area (for copy see file of Minutes).

The Consultant in Public Health advised that the evaluation carried out had shown that the take up was low for the eligible groups however the board would continue to meet throughout the year to oversee the key actions. He

went on to highlight the key actions within the report and advised that County Durham and Darlington NHS Foundation Trust had introduced an opt out scheme. They also had a charitable option to promote UNICEF's get a jab, give a jab campaign.

He went on to inform the board that the Adults, Wellbeing and Health Overview and Scrutiny Committee had requested feedback on geographical area uptake and the benefits for those who have been vaccinated.

Members were advised that appropriate measures were in place in schools and messages from Public Health England were circulated from community teams.

The Corporate Director of Children and Young People's Services, referring to the Table at Appendix 2 of the report, commented that it was not surprising to see the take up from the over 65s as the highest group at 72%. He noted that the uptake in 2 and 3 year olds in a clinical risk group and those not in a clinical risk was not that different. He asked if there was any follow up for the 2 and 3 years olds that were not vaccinated, as a safeguarding measure. The Consultant in Public Health advised that the data was gathered at a practice level but he assured the board that this issue was being looked at. The Operational Director for Children's and County Wide Community Care Directorate at Harrogate and District NHS Foundation Trust advised that the vaccination was about choice and although questions would be asked as part of the prevention agenda via GPs, the service would not encourage singling out families who had not vaccinated their younger children.

The Director of Public Health said that this was the first year of having the Flu Prevention Board and there were many complexities around the take up and data available. The risks were now known, and general messages could be given about the take up.

With regards to the myths around the flu vaccination and the perception that you will catch the flu after the injection, the Corporate Director of Adult and Health Services asked how we could address that. The Chief Clinical Officer confirmed that it was a myth and that the vaccine could not give a person flu, as it was not a live vaccine. He added that it was great that the local authority had a campaign to immunise their frontline staff and that we should try to normalise the vaccination process. He also said how important it was for patients to inform their GPs if they had been immunised through other mechanisms, for example, at pharmacies, so that records were kept up-to-date.

Councillor Gunn agreed that normalising vaccinations was key, and she asked that information be publicised more widely in community and voluntary sector organisations, town and parish councils and leisure centres.

Councillor Allen also agreed and asked about incentives to increase take up. The Chief Clinical Officer advised that the CCG raffle an extra day's holiday for staff for those people who were immunised.

The board were informed that there was no shortage of the vaccines and that GPs had been encouraged to order appropriately to different age groups.

A discussion took place in relation to the possibility of supporting people in financial difficulties who were not eligible to have the vaccination free of cost. The Director of Public Health advised that the current take up of those in eligible groups needs to be higher as those people most at risk from getting flu.

Resolved:

- (i) That the report be noted;
- (ii) That the work of the County Durham and Darlington Flu Prevention Board be supported;
- (iii) That the evaluation of the flu programme in Spring 2020 be received.

11 Better Care Fund Plan

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) Plan for 2019/20 submitted to NHS England in September 2019 (for copy see file of Minutes).

Resolved:

- (i) That the contents of this report be noted;
- (ii) That the BCF Plan 2019/20 for County Durham be ratified.

12 Health and Wellbeing Board membership

The Board considered a report of the Head of Legal and Democratic Services, Resources, Durham County Council that sought views on inviting a housing sector representative to become an additional voting member of the Board (for copy see file of Minutes).

Resolved:

That a representative from the housing sector as an additional voting member of the Health and Wellbeing Board be agreed.

The Chairman welcomed Lynn Hall, Housing Solutions Manager to the meeting.