

DURHAM COUNTY COUNCIL

At a Meeting of **Health and Wellbeing Board held remotely via Microsoft Teams on Tuesday 24 November 2020 at 9.30 am**

Present:

Councillor L Hovvels (Chair)

Members of the Board:

Councillor O Gunn, Dr P Acheson, S Caddell, K Carruthers, C Cunnington-Shore, Dr S Findlay (Vice-Chair), L Hall, A Healy, J Illingworth, S Jaques, F Jassat, M Laing, S Lamb, V Mitchell, J Pearce, J Robinson and Dr J Smith

Also in Attendance:

Councillor A Surtees

1 Apologies for Absence

Apologies for absence were received from Councillor J Allen, R Chillery, J Gillon, S Helps and S White.

2 Substitute Members

S Lamb was present as substitute for R Chillery, Dr P Acheson for J Gillon, K Carruthers for S Helps and S Caddell for S White.

3 Declarations of Interest

There were no declarations of interest.

4 Minutes

The minutes of the meeting held on 11 September 2020 were agreed as a correct record and would be signed by the Chair.

5 Health and Social Care Integration

The Board received a verbal update from the Corporate Director of Adult and Health Services supported by the Director of Integrated Community Services on Health and Social Care Integration progress.

The Board were advised of two practical items in terms of integration, the first was that they were in the process of appointing first contact physiotherapists who would be employed by the Trust and work through the community services team into primary care. The second was a joint piece of work with Primary Care, Community Services, The Acute Trust and Mental Health that was a pilot to care for people with long COVID, including NHS employees.

Resolved: That the update be noted.

6 Framework for Good Workforce Mental Health in County Durham Businesses

The Board considered the report of the Director of Public Health that provided an update on the development and implementation of the 'Framework for good workforce mental health in County Durham businesses' and its associated services (for copy of report, see file of minutes).

The Director of Public Health introduced the item before handing over to the Public Health Advanced Practitioner who was in attendance to present the report.

The Board had been provided with a copy of the framework document as part of the agenda.

The Board were informed that small and medium sized businesses and voluntary and community organisations were less likely to provide access to good quality mental health training and support for owners and employees.

The framework had been developed in conjunction with local business specialists and contained a set of key actions that aimed to tackle workplace mental health stigma and discrimination to improve mental health awareness and promote the importance of good workforce mental health.

An Employee Assistance Programme and Mental Health Training Hub had been commissioned that could be accessed without charge and had been funded for two years and were both fully operational.

The framework had been reviewed and updated to include matters relating to COVID-19.

The framework was based on solid evidence and would be circulated to businesses across the area.

As Mental Health Champion the Chair fully supported the work that had been undertaken. The Board recognised that COVID-19 had presented many

challenges for local businesses and would like to commend the work that had been undertaken to prioritise mental health of the workforce.

Councillor Gunn supported the Chair and commented that the impacts and effects upon people who were in employment had been outlined and described very well in the framework. One of the effects was the impact of mental health upon families and upon children and these knock-on effects was not just one person or one company or business, it was to do with a whole range of things that occurred. If affecting families, it was affecting children and the way children go to school and learn. Councillor Gunn was aware of small business impact and how businesses had struggled, and some were still struggling to keep afloat and welcomed the framework.

The Public Health Advanced Practitioner commented that the framework was clear on isolation and that no one operates in isolation in their personal or professional lives or in education, how people were feeling would affect everything surrounding them.

The Director of Public Health echoed Councillor Gunn's points and commented that it was fantastic seeing the framework come to fruition and a lot of work had been done in the background and thanked colleagues for a fantastic piece of work that they should be proud of for the County.

S Caddell commented that this was an excellent initiative and very well supported by the evidence and asked for details of the monitoring that would take place.

The Public Health Advanced Practitioner responded that the feedback will be monitored from local businesses and they would continue to engage and do a lot of work through Business Durham. For those clients who did not engage regularly with Business Durham but with the North East Chamber of Commerce or Federation of Small Businesses they also had a wealth of networks who operated across County Durham.

Over the last eighteen months they had created some meaningful collaborations with these organisations who welcomed Public Health into their meetings, so they could gather qualitative feedback from them.

A number of focus groups were established to get opinions of small organisations and he would like to establish another set of focus groups, following implementation of the framework to establish if they had seen the document and any impact.

In terms of numbers they would look at how many people were engaging and set a base line in terms of data from the contract monitoring meetings and

measure the number of programmes taken up and the potential impact of these engagements with these programmes going forward.

Resolved: That the contents and the objectives of the framework be noted.

7 County Durham and Darlington System Winter Plan

The Board considered the report of the Chief Executive, County Durham and Darlington NHS Foundation Trust that provided Members with an update on the Health and Care System Winter Plan 2020/21 (for copy of report, see file of minutes).

The Chief Executive was in attendance to present the report and advised the Board that the plan was based on the individual plans of the constituent organisations with a view to restoring services that were paused in the first wave of COVID-19, managing winter pressures and managing second and any subsequent waves of COVID-19 and ensure they had consistent arrangements for escalation across all agencies that would deal with any local outbreaks.

The plan was consistent and formed a major plan of the work undertaken by the Local Resilience Forum across County Durham and Darlington. The plan was dynamic and incorporated new advice and guidance as and when it was received nationally.

The COVID vaccine was not included in the plan but was incorporated into the live document.

The Board were provided with details of the 'Talk Before You Walk' initiative that had recently launched and the key objectives of the plan.

There were four main initiatives as part of the plan that were optimising capacity; optimising uptake of flu vaccination, a task and finish group and a myriad of support packages and services in place.

This year was very different due to COVID-19 and a lot of the risks would be amplified and the Board were provided with details of the key risks.

Councillor Gunn indicated that frontline services and NHS Trusts were under enormous stress and strain in dealing with the pressures and that their work was appreciated. She was delighted to see that workforce mental health was included in the plan, and she asked if 'Talk Before You Walk' was impacting on emergency departments and if people were using the appropriate service and taking the advice.

The Chief Executive responded that the initiative was running right across the North East and North Cumbria but had just recently been rolled out in County Durham and Darlington. There were a number of communication campaigns asking the public to think and to consider the alternatives before they presented at A&E or Urgent Care. Currently there was no tangible difference in numbers, but they hoped by working with the public, providing the alternatives available to make clearer the options they had that this would relieve some of the pressure from hospitals. She would update the Board at the next meeting when the initiative had had chance to take hold in our area.

Dr Stewart Findlay commented that it was early days for the 'Talk Before You Walk' initiative but they did know that a number of people use the A&E that could be better dealt with by a GP or local Pharmacists. If people go to A&E and there were better places for them they would advise them of the alternatives. A number of people were not aware of the alternatives available to them and were pleased to use one of the alternatives rather than go directly in A&E. A lot of education and information needed to get out to the public and ensure that when people did go into A&E and would be better dealt with by another service, they were offered alternatives so that in future they would use the service in a more appropriate way.

Resolved: (i) That the Board received the plan for assurance that a System Winter Plan had been put in place to protect services over the winter period and that there was robust daily oversight.

(ii) That the increased levels of risk in relation to the winter period, given the combination of winter pressures and COVID be noted.

(iii) That the work was still ongoing to agree mutual aid responses across the North East and Cumbria Integrated Care Systems and Local A&E Delivery Board partner continued to be rapidly responding to new guidance being released be noted.

8 Safeguarding Adults Board Annual Report

The Board considered the report of the Independent Chair, Local Safeguarding Adults Board (SAB) that presented the Health and Wellbeing Board the Annual Report of the County Durham Local Safeguarding Adults Board 2019/20 that provided assurance on safeguarding adults across County Durham (for copy of report, see file of minutes).

The SAB Business Manager was in attendance to present the fifth annual report on behalf of the Independent Chair, Local Safeguarding Adults Board. The Board were advised that in addition to the report this year they had produced an 'annual report on a page' and an easy read version.

The SAB Annual Report outlines progress against the SAB strategic priorities, the peer review recommendations about the voices of adults and practitioners, and the early SAB response to the Covid-19 emergency.

Some review activity had been stood down due to the pandemic but had since restarted.

Resolved: (i) That the future work of the County Durham Safeguarding Adults Board be noted.

(ii) That the progress made by the Local Safeguarding Adults Board during 2019/20 be noted.

(iii) That the Local Safeguarding Adults Board Annual report 2019/20 and the accompanying SAB Annual Report on a page and the SAB Annual Report Easy Read be noted.

9 Durham Safeguarding Children Partnership Annual Report

The Board considered the report of the Independent Chair and Scrutineer, Durham Safeguarding Children Partnership that presented the Board with the Durham Safeguarding Children Partnership (DSCP) Annual Report 2019/20 (for copy of report, see file of minutes).

S Winship, Policy and Strategy Officer for the Durham Safeguarding Children Partnership was in attendance to present the first 2019/20 Annual Report since the DSCP arrangements came into force. He advised the Board that the report was available on the DSCP website together with the Young People's version of the Annual Report.

The Annual Report provided an overview of performance monitoring as well as providing a summary of the use of restraint in secure centres, looked at serious case reviews and child death reviews and details of the multi-agency training provision.

Their primary responsibility was to provide a way for the local agencies that had a responsibility in respect of child welfare to agree how they would work together to safeguard and promote the welfare of children and to ensure that they do so effectively. The Report also described the local governance arrangements and structure of the Durham Safeguarding Children Partnership and set out the work with multi-agency partners and the progress on key pieces of work in the last year.

The Board were advised that Amy Waites had been appointed as the Young People's Commissioner Apprentice whose role was to engage with children

and young people across the county to ensure their voices were heard and act as a scrutineer for young people.

Councillor Gunn commented that the safeguarding of children was critical in her role as Cabinet Portfolio Holder for Children and Young People's Services. She thanked the Officer for the comprehensive report given that Durham Safeguarding Children Partnership and acknowledged the achievements since the new partnership came into existence. Working to fulfil all the objectives had been a priority and she had met the newly appointed Independent Chair/Scrutineer and was looking forward to continuing to work with him. She supported the Chair in welcoming Amy Waites as it was important that they had the voice of children and young people in terms of the safeguarding work of the Council and partners, she had met with Amy and was looking forward to working with her.

Resolved: That the report be noted.

10 Health and Wellbeing Board Campaigns

The Board noted a presentation from the Director of Public Health, on the following public health key campaigns for Autumn 2020 (for copy of presentation, see file of minutes):

- COVID-19
 - Proactive/Prevention Work
 - Reactive Work
 - Wrap Around Work
- Flu
 - Widespread Comms
 - Uptake
- Smoking
- Alcohol
 - Campaigns
 - Key Messages
 - Sharing

The Director of Public Health advised the Board that there would be an increased focus on those people who had a respiratory condition to encourage them to get a flu vaccination. They hoped that the flu season would mirror the Australian flu season that flatlined during their winter season last year.

The Chair thanked the officer for her presentation and asked Members around the partnership to encourage partners to share the information to ensure that accurate information was being circulated across social media platforms.

11 Covid 19 Community Champions Programme launch

The Chair stated that this programme was an exciting initiative and people had been recruited from communities which was an excellent way of working with local people. It was important that the community champions had some support and had training in place around this initiative and a sense of ownership for communities.

The Chair was delighted to launch the COVID-19 Community Champions programme at the Health and Wellbeing Board meeting today.

Throughout the crisis, the Council had supported communities in a number of different ways including keeping up to date with the latest information and guidance and this programme builds on that, empowering our communities to take action in local areas.

The Community Champions programme would train, support and upskill people with relevant information and messages for them to share within their own areas. It was important that these messages would come from local people in communities and that they gave reliable, clear, concise and consistent messages in a timely way. The Community Champions would become the trusted voice within their communities.

At the last Health and Wellbeing Board meeting the Board had a presentation on the Approach to Wellbeing, and the Community Champions programme builds on these wellbeing principles to help empower communities to build local assets and resilience. Working with our residents, would help to ensure services and interventions were centred around the people who needed them.

There was a dedicated webpage to host the Programme and a specific email address. Details could be found on the Council's website.

Anyone who was interested in the programme was encouraged to visit the webpage and sign-up and there was also a toolkit available online.

She strongly encouraged Health & Wellbeing Board members to share details of the programme using all available channels as well as helping to recruit champions.

A press release had been developed to share this positive news far and wide.

The Director of Public Health would share further information on the programme within her presentation.

The Chair formally launched the COVID-19 Community Champions Programme.

The Director of Public Health commented that they were delighted to see the COVID-19 Community Champions Development programme launch and some of the champions had been recruited through the Area Action Partnership events.

12 Covid 19 Local Outbreak Control Plan

The Board considered the report of the Director of Public Health, that provided an updated COVID-19 Local Outbreak Control Plan.

The Director of Public Health was in attendance to present the report and deliver a detailed presentation that highlighted the following:

- Local Data – County Durham Case Summary
- Update on the work of the Health Protection Assurance Board
- Outbreaks
- County Durham Together Community Hub
- Key Communication Activity
- Mental Health Update
- COVID-19 Champions Programme

The Director of Public Health advised Members that of the County Durham COVID rate position as of 9 November 2020.

Durham University had also now moved from managing outbreaks to planning for the students returning home at Christmas.

The mass rapid community testing that was announced yesterday by government across the North East was being looked at in relation to the vulnerable population but also potential of rapid community testing and the use of the lateral flow tests to support people and Durham University were utilising this with their students.

The key focus of work going forward from the Health Protection Assurance Board was the piece of work around taking communities with us, test and trace remained a priority, the implementation of the rapid community testing was important locally, the ongoing protection of the vulnerable and the implementation of the vaccine programme.

The Chair indicated that information did change quickly so some of the information was correct at the time of writing but may now be out of date.

A number of questions had been submitted by members of the public and answered as follow:

Question 1:

How had our local schools responded to any Covid-19 outbreaks and what additional support was being given to our vulnerable young people to give them the best possible chances for their future?

The Corporate Director of Children and Young People's Services indicated that schools were one of the key groups in terms of targets for outbreak management.

The County's schools have had a whole range of challenges since the COVID outbreak, through the initial lockdown period and since reopening in September.

He wanted to thank everyone who had been involved across schools, staff, leadership in schools who had done an amazing job over that period of time to ensure that children and young people have had some of those risks mitigated for them and they had really stepped up and had been well supported through Public Health and Local Authority Education Officers and the support services that the council had in place.

Schools had continued to do an excellent job and had showed a massive amount of resilience through some really challenging times to ensure they were able to provide schooling in a secure environment for children. They also had remained open during the spring and summer for the most vulnerable children and those of key workers.

There was a whole range of work done to provide secure environments that involved risk assessments and taking a lot of the national guidance often at extremely short notice and translating that into what it meant on a school by school basis. All of our schools were different in terms of physical infrastructure, their size, the pupils they support, so it was really important that they took that individualised approach to risk assessment whilst maintaining learning and utilising best practice.

Information based on the first half term of this academic year from the beginning of September through until the end of October showed that whilst they did have a number of positive cases in schools as a proportion of the population it was really low. For that 8 week period it was 0.3% of school age population who tested positive, 250 cases out of 77,500 pupils.

Every time a case was identified, schools had robust decision making and had worked with public health colleagues and school education service links to understand the risks associated with the case and to ensure that the appropriate scale and proportionate response to the case had been taken to minimise any disruption on education and that had continued to work extremely well.

Schools had also provided a range of support materials for pupils who had been self-isolating that included things like vouchers and food parcels for those families who were eligible for free school meals, ensuring that as much access to remote learning could be put in place to mitigate the impact. They had continued to update the risk assessments as new guidance had emerged.

In terms of the support specifically around vulnerable young people, a range of additional services had been put into place, specific education resources were developed for children with special educational needs and disabilities and children looked after. That provision had some targeted support and signposting to services who could provide emotional and health and wellbeing support.

Many services through this period had also adapted the way they delivered services so that they were able to target support to those children and families who needed it.

Home Learning facilities had provided access to equipment for those who required it, particularly vulnerable children. They had 1500 devices for children who had been identified across the County and in addition to that schools had also been able to access remote learning facilities and IT equipment, although there had been some challenges in more recent times about some of the access to the equipment they had been promised nationally and had been picking that up with the Department of Education to make sure some of the delays in providing that equipment could be expedited.

The Council had also put into place financial support for families including things like the back to school fund for targeted support for those families that required additional support.

They had also looked at key transition points in particularly transition from year 11 students into Post 16 provision and transition from primary through into secondary school. The educational psychology team had developed a range of resources to support that transition, targeting vulnerable groups of children to make sure that they had the support that was required.

There had been a whole range of activity that had been put into place, they recognised that they hadn't been able to mitigate all the impact and completely understood that it would continue to be a challenge over the remainder of this academic year but schools and the support services that had worked around them had absolutely gone over and beyond what could have been expected in terms of how they supported children and young people to mitigate some of that risk.

Question 2:

Covid-19 is widening the health inequalities gap in County Durham between the least and most deprived areas. What are partners doing to support those areas in greatest need?

The Director of Public Health responded that the North East already had real gaps in terms of health inequalities and that was reflected in County Durham, that was one of the key priorities in the Joint Health and Wellbeing Strategy.

The pandemic had exacerbated some of those health inequalities and they had been very proactive as a partnership and carried out as part of the initial recovery programme a quite detailed health impact assessment which highlighted some key areas of focus including mental health.

The impact of poverty for example the poverty action steering group would be really focusing on those recommendations from the health impact assessment so that they could try and mitigate the increased risks of poverty and child poverty.

Services such as drug and alcohol had moved to online assessments and they increased levels of funding into domestic abuse services. We have also co-ordinated with children and young people services to ensure that vulnerable children and young people affected by domestic abuse could still access support.

Partners within the NHS would be looking at the impact of programmes of elective surgery and screening. A northeast conference had focused on health inequalities and how the underpinning inequalities were exacerbated in a pandemic situation and ensuring that they focused their attention on those who were most at risk from the virus but also the impact of the virus and was a key part of their work going forward and would take that work into the review of the Joint Health and Wellbeing Strategy next year.

They would really focus on those inequalities and wider social inequalities going forward.

Question 3:

There's a lot of confusing information about test, track and trace and requirements when needing to isolate if in contact with someone who tests positive. What can be done to provide clarity for County Durham residents regarding when to specifically isolate and for how long?

The Director of Public Health responded that there was a lot of confusing information about test and trace and isolate and that it was important to be clear for individuals to follow.

They were still advising people if they had symptoms, a high temperature, new continuous cough or loss of sense of smell or taste then the immediate thing to do was to self-isolate and to book a test and all of the members of your household must also self-isolate. If that test came back negative, household and yourself could stop isolating, if it was positive you needed to self-isolate for 10 days from the onset of your symptoms and your household needed to self-isolate for 14 days.

If you have been contacted by NHS Test and Trace and identified as a close contact you must self-isolate on the dates provided by NHS Test and Trace.

Only get tested if you have Covid-19 symptoms.

This information was on social media, the council's website and was available nationally. What they hoped was community champions would be able to relay that information to people locally and because again they recognised that sometimes it changed and gets updated, but that they could be conduits into local communities. The information was also held on County Durham Together in the community hub and they answered queries for local residents.

Question 4:

How is the local NHS system coping with the increase in Covid-19 cases and additional hospitalisations?

The Chief Executive of County Durham and Darlington NHS Foundations Trust indicated that she had already covered some aspects of this in her earlier paper.

The NHS and care systems were working really well together in an integrated way to support patients and residents and each other with the additional demands that the pandemic placed on the system.

People attending for emergency and urgent care had put greater pressure on the system as she referred to earlier, however all services were stood back up and generally they were able to undertake what they had committed to in terms of the elective programme.

Clearly the issues that COVID had brought affected all NHS systems in a similar way. The NHS were encouraging people to #doyourbit and use services appropriately and think of accessing pharmacy, GP or 111 first, as she described when presenting the winter planning paper.

Many measures were put into place to safeguard patients in their care at this point that ranged from adaptations they had made to the hospital environment which was largely segregated into COVID and NON-COVID specific areas, the protection of the elective surgery and using technology to help maintain the outpatient programme by having some of that delivered virtually.

They also reviewed anybody on any of the waiting lists for non-urgent operations to ensure that their condition wasn't deteriorating and if that did happen, that their priority was reassessed.

The good community estates were fully utilised so they had additional capacity at Bishop Auckland, Chester-le-Street and Shotley Bridge, and all community hospitals were playing their part in dealing with the increased pressure that COVID brought in wave one.

Question 5:

How are those people who previously shielded and who were classed as Clinically Extremely Vulnerable, being supported?

F Jassat, County Durham Clinical Commissioning Group indicated that they were focusing on communities helping each other in the first instance and they saw this huge neighbourly effort in wave one and that was continuing in wave two.

They also knew the significant impact voluntary, community and faith sector provided within local communities helping with food, loneliness, and money worries. Today's meeting had reflected on a lot of these issues.

The Area Action Partnership's had injected significant amounts of money into local communities to enable communities to respond during the pandemic and meet the needs of the most vulnerable.

Those who were categorised as clinically extremely vulnerable would be patients within the NHS and they continued to strongly advise they remained in contact with their clinicians and maintain all appointments.

The Social Prescribing Link Workers, who were aligned to general practice currently had an active list which included those identified as clinically vulnerable. Practices also contact patients regarding their welfare and continued to undertake home visits where appropriate.

They had written out to all clinically extremely vulnerable locally and had advised how and where to seek help. The County Durham Together Community Hub was the local place to phone or email if people were unsure of what support was out there and they could work with people to find the right solution for them be it essential supplies, practical support, low level mental health worries, loneliness or money worries.

The County Durham Together hub was in contact with all the right agencies to signpost and guide people towards the most appropriate support.

13 Any Other Business

The Chair thanked all partners and organisations around the table and those that were delivering the frontline services on the ground. She wished to show her appreciation to everyone in doing a very good job in extremely difficult circumstances, which the Panel were very much aware of.

She also thanked members of the public and the media who had watched the meeting.