

DURHAM COUNTY COUNCIL

At a Meeting of **Health and Wellbeing Board** held in **Council Chamber, County Hall, Durham** on **Wednesday 1 September 2021 at 9.30 am**

Present:

Councillor P Sexton (Chair)

Members of the Board:

Councillors R Bell and T Henderson, Chris Cunnington-Shore, Dr Stewart Findlay, Amanda Healy, Jennifer Illingworth, Sue Jacques, Michael Laing, John Pearce and Jane Robinson.

1 Apologies for Absence

Apologies for absence were received from Nicola Bailey, Mike Forster, Julie Gillon, Lynn Hall, Steve Helps, Feisal Jassat, Dr Jonathan Smith and Peter Sutton.

2 Substitute Members

Levi Buckley for Julie Gillon, Patrick Garner for Peter Sutton, Suzanne Lamb for Mike Forster, Phil Innes for Steve Helps and Marie Smith for Lynn Hall

3 Declarations of Interest

There were no declarations of interest.

4 Minutes

The minutes of the meeting held on 17 June 2021 were agreed as a correct record and 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 and the Director of Integrated Community Services on Health and Social Care Integration progress.

Jane Robinson, Corporate Director of Adult and Health Services referred to winter pressures in County Durham and across the region and advised that discussions were taking place with NHS colleagues to put in place a number of actions to mitigate the challenges. One event had taken place with another

planned later in the month to discuss winter planning. Discussions related to prevention and communications. In addition, the County Durham Care Partnership had been nominated for the Health Service Journal Award.

Michael Laing, Director of Integrated Community Services advised that winter planning involved colleagues from the NHS and local authority and other partners who met as a task group to discuss the challenges ahead. Surge in demand was expected in NHS and social care and plans would be brought together. High levels of demand had been experienced already and measures have been in place since July. He advised that funding had been secured for an 8 – 8, 7 day a week, crisis response service, with a view to responding to people within 2 hours to prevent hospital admissions. He also identified the creation of an integrated hospital admissions team to help to get people home safely and releasing beds to improve patient flow..

With regards to the ICS, design guidance has been released; he said that the deadline to submit plans to government was the end December as to what we want to see in County Durham and across the region. The nomination for the HSJ award showed the good partnership working across the sector in County Durham. Finally, he informed the board that the long covid clinics, being run from Bishop Auckland and Darlington, showed how we were working together to improve services for residents.

On answering a question from the Chair, the Director of Integrated Community Services advised that the ICS was picking up speed and will be recruiting key staff and board members as well as putting financial arrangements in place.

Resolved: That the update be noted.

6 Housing and Health

The Board considered a report of the Strategic Housing Manager, Housing Solutions, Durham County Council that provided an update of the housing and health related projects that Housing Solutions had delivered over the past year, as well as any planned initiatives, which aligned to the priorities outlined in the Joint Health and Wellbeing Strategy (for copy see file of Minutes).

The Housing Manager, Durham County Council delivered a presentation that gave an overview of why housing was a key determinant to health and wellbeing and what Housing Solutions had delivered over the past 12 months against the Joint Health and Wellbeing Strategy Priorities:

- Starting Well –
 - Adaptations for children
 - Target Hardening for families (Remain Safe)

- Young person's Joint Protocol
- Ageing Well –
 - Adaptations
 - Warm and Healthy Homes
 - Hospital discharge
 - Reducing hospital admissions
 - Domestic abuse (DA)
 - DA Needs Assessment
 - Rough sleeping
 - County Durham Lettings Agency
 - Dedicated Offender Team
 - COVID 19 Vaccinations for vulnerable groups
 - Joint working with Registered Housing Providers
 - Selective licensing
 - Landlord accreditation
- Living Well –
 - Council New Build Programme
 - New Housing for Older People
 - Needs Based Accommodation Programme Board

Councillor Bell asked if we were meeting the needs of older and disabled people with collaborative working and asked if there was anything else that could be done. The Housing Manager responded that this area of work was going really well and the service were now working more collaboratively. She referred to an event being held on 13 September, led by the Commissioning team, with housing colleagues involved.

Councillor Henderson referred to paragraph 26 of the report and the impact of COVID on mental health which showed an increase of 8% and asked if there was any additional support in place. The Housing Manager advised of the different funding support available including the appointment of a mental health worker in the Rough Sleeper Team. She said that there was a homelessness review underway and that the team were keeping an eye on trends.

Referring to joint working, the Corporate Director of Adults and Health Services said that it had been a good piece of work and was optimistic of the outcomes of this. She added that mental health was being collectively addressed with a positive approach.

Phil Innes, Fire and Rescue Service, gave an offer of support in addressing the complex needs of rough sleepers and people at risk of dying from accidental fires. He advised that the Fire Service are advocates of sprinklers being installed in all new builds.

Resolved:

That the content of the report be noted.

7 Health and Wellbeing Framework for schools / education settings update

The Board considered a report of the Director of Public Health, Durham County Council that gave an update on the progress of the County Durham Health and Wellbeing Framework for schools and education settings (for copy see file of Minutes).

The Director of Public Health reported that between May and July 2020 the Public Health team engaged with 30 education settings, who took part in a pilot phase for the Health and Wellbeing Framework. Feedback from the pilot helped develop and refine the framework. A web-based version of the framework was developed with associated materials for schools and education settings. There had been input from across the wider Children and Young People Mental Health (CYPMH) system such as the Mental Health Lessons Learned Group and the CYPMH Forums. She added that it was a pledge for educational establishments to carry out work and included physical activity, that staff had training and that wellbeing was important for all.

The Director of Public Health advised that she would bring back examples of the work carried out and that board members would be invited to a celebration event.

Councillor Henderson asked if academies were involved and was advised that all schools were actively encouraged and engaged in the work. He further asked if there was a cost involved and was informed that there was no cost in terms of the framework but that there may be costs for some external resources which was made clear to the schools at the start.

Referring to disadvantaged pupils across all schools, Councillor Bell asked if any more could be done in terms of IT provision and access to remote learning. Amanda Healy, Director of Public Health said that this was being looked at across the board and that there had been a huge emphasis placed on mental health in schools as well as supporting those children and young people who need it most. A health equality audit was being carried out to identify fairness of access to services so that the inequality gap does not widen.

Sue Jacques, Chief Executive County Durham and Darlington NHS Foundation Trust spoke in support of this work as the hospital trust had seen

an increase in the number of children with eating disorders and outlined that early support is very important.

John Pearce, Corporate Director of Children and Young People's Services also welcomed the Framework as he was currently working with the public health team and they were tracking the take up of schools across the county. He added that schools knew their pupils and communities really well and they were best placed to support children and young people in terms of work on inequalities.

Resolved:

That the progress made in the development of the Health and Wellbeing Framework for education settings, be noted.

8 Alcohol and Drug Harm Reduction Group update 2021

The Board received a report from the Director of Public Health, Durham County Council that gave an update of activity relating to reducing alcohol and drug harms during 2020-21, that updated on the refresh of the Alcohol and Drug Harm Reduction Group (ADHRG) Plan on a Page (POP) and Action Plan for 2021-22, and that reflected on the impact and consequential developments during COVID-19 (for copy see file of Minutes).

The Director of Public Health informed the Board of the work undertaken during the pandemic including looking at the impact on children. Alcohol and drug use were very challenging across County Durham and in the North East. She went on to highlight the rise in alcohol death rates especially since the first lockdown and the impact of drug use in the region. The Board were advised of the continuing work with Balance who fronted key targeted campaigns.

The Chair asked what measures were in place to address the increase in alcohol consumption and was advised that Balance were carrying out advocacy work on our behalf. She added that 'What's the Harm' campaign work was vital and ensured that service provision extended on what was already in place. It was important that this area remained a high priority.

Councillor Henderson referred to under age sales and test purchases and asked when this area of work would be re-introduced. The Director of Public Health said that they were in the process of looking for volunteers and would then start to engage with young people to get this back up and running. This would also include work around illicit tobacco sales.

Phil Innes, Fire and Rescue Service said that there were concerns about risk from fire in the home when people were under the influence of alcohol and drug use, reporting a recent fatality. He pledged an open offer from the fire

service to help develop pathways. The Director of Public Health would ensure that this linked up with the Safe Durham Partnership's work.

Referring to the statistics, Councillor Bell asked if there was any data relating to specific communities, ages or groups and was advised that it was a challenge to get data at this lower level but it would be explored through the surveys with Balance and the different measures in place.

Resolved:

That the content of the report as an annual update on the progress of the ADHRG, be noted.

9 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 gave an overview of the priorities, funding and projects including the initial pandemic response in establishing the Community Hub and updating Locate as well as providing details of the funding available to AAPs and their support to elected members in allocating neighbourhood budget monies.

Following a question by the Chair it was confirmed that the £10,000 one off sum had been provided to elected members was strategically targeted for towns and villages work..

Councillor Bell asked what would happen with representation on AAPs when the CCGs were no longer in existence and how we could ensure the wider health partners were involved in all 14 AAPs. The Head of Partnerships and Community Engagement (PACE) advised that the service actively engage with the primary care networks and Joseph Chandy, Director of Commissioning Strategy and Delivery, had been working on how we could engage moving forward, including connecting with GP surgeries. The Head of PACE would be providing a presentation to Primary Care Networks on the role and work of AAPs.

Dr Findlay was delighted to see the close working with the Primary Care Networks as a lot of work had taken place with wrap around community services for our populations. He suggested that a good link up would be with pharmacists, dentists and housing.

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 campaigns (for copy of presentation see file of minutes):

- COVID-19
 - Proactive and prevention work
 - Vaccine
 - CYP/schools
 - Beat Covid NE
- Raising Awareness of Health Harms
 - What's the Harm campaign
 - Regional Don't Wait campaign
 - Keep it Out campaign
- Summer Activities
- Autumn Campaigns

The Director of Public Health said that as part of the Autumn Campaigns people would be encouraged to take up the flu and COVID booster vaccines.

The Chair asked how members could support these campaigns and were links available to share on social media. The Director of Public Health advised that all members would be provided with the appropriate links to share the key messages of the campaigns with member of the public.

Councillor Bell asked how we were reaching those people without digital services with the delivery of these campaigns. The Director of Public Health responded that it had to continue to be a mixture of online and other methods to be as effective as possible. Whilst recognising how important online communication was, TV adverts reached a lot of people and in schools physical materials were displayed.

Resolved:

That the presentation be noted.

11 Covid 19 update

The Board received a report and presentation from the Director of Public Health which provided an update on the COVID-19 response and the COVID-19 Local Outbreak Management Plan (for copy of see file of minutes).

The Director of Public Health gave a detailed presentation that highlighted the promotion of access to the surveillance dashboard, that the vaccination programme had opened up to 16-17 year olds, the importance of ventilation and fresh air and planning for the autumn and winter. A more in depth look at supporting schools and colleges and the vaccination programme were highlighted. Rates remained relatively high with hospital admissions affecting more younger aged people.

The Director of Public Health advised that the following responses to questions from members of the public and stakeholders would be published on the Council's website following the meeting:

Dr Stewart Findlay

1. What happens from 16 August? Who is exempt from self-isolation if they are pinged?

From 16 August 2021, in line with step 4 of the government's Covid-19 roadmap, if you receive notice to self-isolate as a close contact of a positive case from NHS Test and Trace or from Public Health and are double vaccinated (and have been for at least 2 weeks prior to contact) or under 18 years of age, you will no longer be legally required to self-isolate. You will be advised to take a precautionary PCR test.

Those not fully vaccinated still need to self-isolate if notified as a close contact of a positive case, and you still need to isolate if you test positive for Covid-19, to protect yourself and others.

2. How do you prove you're fully vaccinated?

You can prove you are fully vaccinated through the NHS Covid Pass which allows you to share your vaccination records or test status in a secure way. You may be asked to demonstrate your Covid-19 status as a condition of entry to a venue/event or when you are travelling abroad.

If you are aged 18 or over you can get a NHS Covid Pass for domestic venues and events. If you are 16 or over you can get this pass for travel abroad but you must then follow the entry requirements of the country you are travelling to.

To find out about the NHS Covid Pass visit the Gov.uk website: <https://www.nhs.uk/conditions/coronavirus-covid-19/covid-pass/>

Paper versions can be printed out via the NHS App if needed, and if people don't have smart phones / access to the app etc, they can ring 119 and request a paper version.

Amanda Healy

3. Is it recommended to continue to do regular lateral flow tests? If so, will these still be available free of charge?

Yes, we are still advocating twice weekly LFD Testing. These home test kits are free and you can find details on how to order home testing kits to be delivered to your home or to find your nearest collection point (there are over 160 collection points in County Durham), on our webpage www.durham.gov.uk/CovidLFT

4. If we can still get Covid when we have been double vaccinated, why is it so important for me to have both doses?

Anyone who gets COVID-19 can become seriously ill or have long-term effects (long COVID). The COVID-19 vaccines are the best way to protect yourself and others.

Research has shown the vaccines help to:

- Reduce your risk of getting seriously ill or dying from COVID-19
- Reduce your risk of catching or spreading COVID-19
- Protect against COVID-19 variants.

The first dose should give you some protection from 3 or 4 weeks after you've had it. But you need 2 doses for stronger and longer-lasting protection. Being fully vaccinated reduces the harm of Covid-19. There is a chance you might still get or spread COVID-19 even if you have a vaccine, so it's important to follow advice about [how to avoid catching and spreading COVID-19](#)

The Chair was advised that people were expected to hear about the booster vaccine shortly and whether 12-15 year olds would be included to start receiving their vaccines.

Dr Findlay re-emphasised the importance of having both vaccines and the booster as the effects would wear off in time and protection was so important to continue to fight COVID.

Resolved:

That the report and updated Local Outbreak Management plan be noted and agreed.

12 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 items of business on the grounds that they involved the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Act.

13 Pharmacy Applications

The Board considered a report of the Director of Public Health which presented a summary of Pharmacy Applications received from NHS England in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (for copy see file of minutes).

Resolved:

That the report be noted.