

DURHAM COUNTY COUNCIL

At a Meeting of **Health and Wellbeing Board** held in **Council Chamber, County Hall, Durham** on **Tuesday 29 March 2022** at **9.30 am**

Present:

Councillor P Sexton (Chair)

Members of the Board:

Councillors R Bell and T Henderson and Levi Buckley, Chris Cunnington-Shore, Dr Stewart Findlay, Amanda Healy, Jennifer Illingworth, Michael Laing, Suzanne Lamb, Stephen White, John Pearce and Peter Sutton

1 Apologies for Absence

Apologies for absence were received from N Bailey, M Forster, J Gillon, L Hall, S Helps, S Jacques, F Jassat, J Robinson, and Dr J Smith.

2 Substitute Members

There were the following substitutes: J Foggin for S Jacques; L Buckley for J Gillon and S Lamb for M Forster.

3 Declarations of Interest

There were no declarations of interest.

4 Minutes

The minutes of the meeting held on 10 January 2022 were agreed as a correct record and signed by the Chair.

5 Health and Social Care Integration

The Board received a presentation from the Director of Integrated Community Services, Michael Laing on progress with Health and Social Care Integration (for copy see file of minutes).

The update included information relating to the background, including the cessation of CCGs from July 2022 and the developments on the Integrated Care Board (ICB), the Integration White Paper, the Joint Committee Proposal for County Durham, and the Integration Programme, including the principles and the shared vision across the Partnership which was “to bring together health and social care as well as voluntary organisations to achieve improved health and wellbeing for the people of County Durham”.

The Chair noted the Board had provided comments on the draft Operating Model and asked as regards the key dates moving forward before 1st July. The Director of Integrated Community Services noted he understood the operational model would be finalised by 31 March, with NHS England consulting in April/May. He added Sam Allen, Chief Executive of the ICB and Professor Sir Liam Donaldson would meet 28 April, with staff to be in place by mid-June. The Chair noted to invite the Chief Executive to a future meeting of the Board. Dr Stewart Findlay noted the importance of place. Councillor R Bell agreed with Dr Stewart Findlay and noted it would be helpful for the Board to be introduced to all the new appointment involved in the ICS. He noted the structures were complicated and that it would be helpful to have clear mapping of the people and responsibilities. The Director of Public Health, Amanda Healy noted that weekly newsletters were circulated to the Members and noted work in terms of health inequalities, responsibilities and noted issues to look at going forward, including how to deal with issues at scale such as tackling tobacco, whilst still delivering at place, locally and therefore feed into integrated Care Partnerships.

Resolved:

That the presentation be noted.

6 Can smoking really end?

The Board received a presentation from the Director of Fresh and Balance, Ailsa Rutter OBE on tackling smoking, asking ‘can smoking really end?’ (for copy see file of minutes).

The Director of Fresh and Balance explained as regards the history of smoking, including information on smoking in particular groups, those in manual occupations, with mental health conditions / mental illness, substance misuse issues and pregnancy. She explained that since 1971, almost 8 million lives have been lost to tobacco, and 50 percent of all deaths in the last 50 years have been due to the tobacco industry. She explained that it was felt that smoking could be addressed, and that there were some real positives for smoking cessation in Durham, however, bold action was needed.

The Board noted ten high impact actions for the Local Authorities and partners were to:

1. Prioritise health inequalities
2. Work in partnership especially regionally
3. Support every smoker to quit
4. Communicate the harms and the hope
5. Promote harm reduction
6. Tackle illicit tobacco
7. Promote smokefree environments
8. Enable young people to live smokefree
9. Set targets to drive progress
10. Protect and promote progressive tobacco control policy

The Director of Fresh and Balance noted some low cost policy intervention suggestions to de-normalise smoking, including:

- Quit messaging on individual cigarettes and in packs
- Regulating e-cigarettes and other nicotine products to protect young people while helping adult smokers to quit
- Consider raising the age of sale for tobacco products from 18 to 21: Almost all smokers (95%) begin smoking before they turn 21
- Raising age of sale to 21 would reduce smoking rates in 18-20 yr olds by ~30%

The Director of Fresh and Balance concluded by noting the Board could help by endorsing the report of the All Party Parliamentary Group Report on smoking and supporting the work of the many partners involved.

Councillor T Henderson noted that smoking in pregnant women was still an issue in County Durham, with 15.5 percent smoking at the time the baby was born. He asked how Fresh were supporting a reduction in rates and if there was anything that could be done differently. The Director of Fresh and Balance noted there were fewer females smoking and the numbers were improving, however, better identification of smokers was an issue and having a holistic approach in terms of stop smoking support with Midwifery and support services. She added that if there were more funding, year round campaigns could be implemented, which had been in the past, though funding may have to be requested from Government. She noted there was not one magic solution in tackling the issue.

Councillor R Bell asked if there was an update on the case for making the “polluter pay” and placing a levy on the tobacco industry to fund work to reduce the number of people who smoke.

The Director of Fresh and Balance noted there had been a vote in the House of Lords last week, with the majority in favour, with an amendment currently with the House of Commons.

She added that there was a need to be bold and not let the companies get away with not paying. The Chair noted the update and the Board agreed to drafting a letter to MPs to support the work.

Resolved:

That the presentation be noted.

M Laing left the meeting at 10.13am

7 Review of the Mental Health Strategic Partnership and the governance of Mental Health and Wellbeing across County Durham

The Board received a report of the Chair of the County Durham Mental Health Strategic Partnership, Mike Brierley, on the review of the Mental Health Strategic Partnership (MHSP) and the governance of Mental Health and Wellbeing across County Durham (for copy see file of minutes).

The Chair of the MHSP updated the Board on the work in delivering on 19 key priorities within the operational plans under the following five workstreams: Children and Young People; Suicide Prevention; Crisis Care Concordat; Dementia; and Resilient Communities Group. The Board noted that a Health Impact Assessment on health inequalities was undertaken during lockdown, which identified that mental health and emotional wellbeing remains a key priority for the system. The Chair of the MHSP noted that newly emerging mental health structures were set out in the report and included:

- The County Durham Prevention Board, which included a number of campaigns and an Employee Assistance Programme.
- The Community MH Framework, and the development of a multi-agency steering group in Durham to move work forward and provide system oversight.
- Mental Health Alliance will go live on 22 April 2022, with the aim of co-producing and coordinating a range of services for those with MH needs.
- County Durham Covid Resilience team
- Work with the community and voluntary sector

The Chair of the MHSP explained that the North East and North Cumbria (NENC) Mental Health programme was one of nine delivery programmes developed by the NENC ICS to ensure mental health was fully integrated and added there were five workstreams under the NENC ICS to promote mental health transformation:

1. Starting Well – Children and Young People
2. Community Transformation
3. Parity of Esteem - for mental health and physical health
4. Health Inequalities
5. Suicide Prevention

The Chair of the MHSP noted four options for the MHSP had been considered, as outlined in paragraph 9 of the report, with Option C being the preferred choice, to refresh the MHSP's role and remit in response to system-wide changes, including membership and terms of reference.

Councillor T Henderson noted that COVID-19 had a big impact and noted children and adolescent mental health services (CAMHS) was often seen as the only place young people can access for mental health needs, however there were lots of other services available in communities. He asked how that information was being shared with young people, schools, parents and residents. The Chair of the MHSP noted CAHMS had been seen historically as the "go-to" as regards children and young people's mental health issues. He noted 95 percent of children were in school and there was positive work in supporting the child, families and carers and noted there needed to be a holistic approach, not just specialist services. He noted an area that would help would be to reduce the waiting times to see specialist services and noted parental support from the Rollercoaster Support Group. The Corporate Director of Children and Young People agreed with the Chair of the MHSP that the work in relation to children and young people's mental health was critical and supported Option C as outlined in the report. He noted the challenges in terms of social model and clinical approach, and a broader approach in terms of mental health and wellbeing. He added he felt the MHSP and Children's Board were key and reiterated the significant challenges.

Councillor R Bell noted that County Durham had a great cultural offer, as could be seen from the City of Culture Bid which had progressed to the next stage. He asked how we could better link the positive impact that cultural experiences can bring for the benefit of people's mental health and wellbeing. The Chair of the MHSP noted it was essential that we try and noted some of the best work he saw came from such experiences, which helped to drive people forward and had positive mental health impacts.

The Director of Public Health noted her support for Option C and the amount of work undertaken by the MHSP. She noted the opportunities linked to the City of Culture bid, especially post-COVID-19, working with culture and health and wellbeing, work with suicide prevention, in a holistic approach. She noted the programmes and whether they were reaching the right young people and families, therefore work with the Children's Partnership was felt to be a step in the right direction.

Resolved:

That the Board:

- (i) Note the contents of the report.
- (ii) Considered the progress of the current 5 MHSP workstreams.
- (iii) Note the development of the new initiatives developed in direct response to Covid.
- (iv) Reflected on the interface with Darlington when considering crisis care and other services which cover a wider geography.
- (v) Endorse the recommendation for Option C to refresh the role and remit of MHSP to progress a whole-system approach to mental health and wellbeing across County Durham.

8 Inclusive Economic Strategy

The Board received a report and presentation of the Corporate Director of Regeneration, Economy and Growth on the Inclusive Economic Strategy, presented by the Regeneration Policy Team Leader, Glenn Martin and the Public Health Strategic Manager, Mick Shannon (for copy see file of minutes).

The Board were informed the strategy was being completed using a three stage process:

1. Economic Review
2. Economic Statement; document to inform conversations on the strategy
This provides details of the 5Ps framework that will be used to structure discussions with stakeholders:
 - a) People
 - b) Prosperity
 - c) Places
 - d) Promotion
 - e) Partnerships
3. Conversation with stakeholders and partners and strategy development, with the draft strategy out for consultation in Summer 2022, with the final version in place by the end of 2022.

The Board learned that to ensure the views and aspirations of a wide range of stakeholders are understood a consultation exercise was launched in January 2022 called 'our Big ECON-versation' which was an online survey running until 22 April 22.

Councillor R Bell noted the Board's performance framework for the Joint Health and Wellbeing Strategy included the indicator to decrease the overall levels of employment and close the gap for employment of people with disabilities and the general population. He asked how that work would be supported by the Inclusive Economic Strategy. The Regeneration Policy Team Leader noted that the co-production was key, working with Public health colleagues, albeit it was traditional to include awareness of long-term health issues that existed in pocket within the county. The Public Health Strategic Manager agreed co-production was important, as was having an action plan, as well as working with partners to be able to hear from the disenfranchised. The Regeneration Policy Team Leader noted that many schemes were EU funded and therefore there was a need to ensure that there were such allocations from the new UK Shared Prosperity Fund (SPF).

Councillor T Henderson noted the pandemic had a big impact on those people who were mature and experienced, with many deciding to leave the workplace, leaving a gap in knowledge and skills. He asked how would we work to engage the workforce for longer through the Strategy. The Regeneration Policy Team Leader noted there was a challenge and Business Durham were speaking to businesses to help support them, as were the local Enterprise Agencies. He noted the business breakfast taking place this morning as an example. The Public Health Strategic Manager noted that from the public health side it was important to understand people were living longer and to try and make County Durham an attractive place for people to come and work, as well as recognising the skills and talents of older workers.

The Director of Public Health noted that there were a large number of employers in the room and asked what role the Council and NHS could play. The Regeneration Policy Team Leader noted there was already a lot of work with both as employers and noted the benefit of strengthening existing partnerships. The Public Health Strategic Manager noted public health pursuing new areas relating to economy and health with a new specialist, noting work with the NHS and University with further details to be brought back to the Board.

Resolved:

That the Health and Wellbeing Board consider the process and provide any comments on key areas to be considered as part of 'Our Big Econ-versation'.

9 Healthwatch County Durham - Annual Report 2020/21 and Workplan 2021/22

The Board received a report of the Chair of Healthwatch County Durham, Chris Cunnington-Shore on the Healthwatch County Durham - Annual Report 2020/21 and Workplan 2021/22 (for copy see file of minutes).

The Board noted that while the work of Healthwatch County Durham was significantly impacted by the Covid pandemic, reports were published about the improvements people would like to see in relation to health and social care on:

- Access to GP services
- Pharmacy services
- Life in a Domestic Abuse refuge during the COVID 19 pandemic
- COVID-19 vaccination programme

The Board noted the ongoing priorities for Healthwatch County Durham which were carried forward from 2021-22:

- Gathering the experiences of children and young people accessing Mental Health support
- Gathering the experiences of people accessing Home Care Services
- Undertaking targeted work with seldom heard groups accessing primary care
- Publishing the results of the survey we conducted into registering with an NHS dentist
- Following up the recommendations made in our reports to see which recommendations have been adopted by service providers
- Undertaking a dedicated piece of work with volunteers and the public creating some video diaries, highlighting their experiences accessing Health and Social Care Services

The Chair of Healthwatch County Durham noted a public survey was underway to prioritise the following five topics for the next 12-18 months:

- Hearing about the experiences of people visiting loved ones in care homes and the impact of Covid restrictions on the Mental Health of people living in care homes
- The experiences of patients being discharged from hospital, including accessing patient transport from hospital to home. HW are currently in discussions with CDDFT about working together and have joined the Hospital Discharge Group.
- COVID-19 has had a significant impact on hospital waiting times and HW want people to share their experiences of what it has meant for them being on hospital waiting lists.
- Are patients getting information in an easy to understand way? Is the accessible information standard being used in Health and Social Care services?

- What are the experiences of patients accessing GP appointments and healthcare services? Are things improving?

Councillor T Henderson asked if there was any best practice around the country where there was a young people's Healthwatch function and was this something County Durham Healthwatch could explore. The Engagement and Signposting Lead, Healthwatch County Durham, Julia Catherall explained that Healthwatch County Durham went into schools in respect of mental health, with a report on Children and Young People's Mental Health available on the Healthwatch website. She noted that some volunteers were young people and some of the work included video diaries. She noted that Darlington Healthwatch had a young people's 'Youthwatch Darlington', however there was none currently for County Durham. The Chair of Healthwatch County Durham noted that a few years ago Healthwatch approached Durham University for volunteers and there had been some good interest, however this was just prior to the COVID-19 pandemic.

Resolved:

- (i) That the Healthwatch County Durham Annual Report for 2020/21 be received
- (ii) That the ongoing workplan priorities and the engagement topics for inclusion in the new workplan for 2022/23, which is currently out for public vote be noted.
- (iii) That comments on the future work areas for Healthwatch County Durham to ensure further alignment to the Joint Health and Wellbeing Strategy 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
 - Key message and next steps
- Health harms and Wellbeing Services:
 - Tobacco / stop smoking / NHS better health quit smoking and breathe campaign
 - Alcohol / alcohol & cancer / NHS better health obesity campaign
 - Adult healthy weight / NHS better health obesity campaign
 - Mental health / simple acts of kindness to reduce loneliness and poor MH / Every Mind Matters lift someone out of loneliness campaign
- Summer campaigns

- Holiday activities with food
- Healthy start / MMR vaccine
- Physical activity / MOVE campaign, including links to the City of Culture bid
- Mental Health / stress awareness month

Resolved:

That the presentation be noted.

11 Local Outbreak Control Plan update, including questions from members of the public and stakeholders

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

The Chair 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.

P Sutton left the meeting at 11.12am

The Board was given an update on the mobile pop-up vaccination clinic evaluation report by Dr Stewart Findlay. He noted that it had been a very successful programme and demonstrated the fantastic work of partners from the Local Authority, NHS and Police. He noted the cost-effectiveness going forward, perhaps moving to more local delivery, though perhaps with a need for further pop-up clinic if there were any surge in cases.

The Board received a presentation from the Council's Occupational Health and Safety Manager, Kevin Lough and COVID PPE Manager, Paul Lawrence in relation to the work of the PPE Cell.

J Pearce left the meeting at 11.26am

The Chair noted the work of the PPE Cell had been one of the good news stories, with a very good team and he thanked them for their excellent work.

S White left the meeting at 11.28am

Resolved:

- (i) That the report and presentations be noted.
- (ii) That the work undertaken across the partnership to deliver vaccinations in areas of low uptake be recognised and the continued work in that regard be supported.

12 Exclusion of the Public

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.