

DURHAM COUNTY COUNCIL

At a Meeting of Health and Wellbeing Board held in Committee Room 2, County Hall, Durham on Wednesday 11 May 2022 at 9.30 am

Present:

Councillor P Sexton (Chair)

Members of the Board:

Councillors R Bell and T Henderson and G Curry, Dr S Findlay, D Gardner, A Healy, F Jassat, M Laing, S Lamb, Dr L Murthy, C Oakley, J Robinson, Dr J Smith, M Smith, M Stenton

1 Apologies for Absence

Apologies for absence were received from L Buckley, C Cunningham Shore, M Forster, L Hall, S Helps, J Illingworth, S Jacques, J Pearce and S White.

2 Substitute Members

There were the following substitutes: Dr L Murthy for C Cunningham-Shore; S Lamb for M Forster; M Smith for L Hall; D Gardner for J Illingworth; G Curry for S Jacques; M Stenton for J Pearce; and C Oakley for S White.

3 Declarations of Interest

There were no declarations of interest.

4 Minutes

The minutes of the meeting held on 29 March 2022 were agreed as a correct record and signed by the Chair.

5 Integrated Care System Development Update

The Board received an update presentation from the Chief Executive Designate of the Integrated Care Board (ICB), Sam Allen on the progress with the Integrated Care System (ICS) development (for copy see file of minutes).

The Chief Executive, ICB set out the key aims of the ICB:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development.

She set out the architecture of the ICS and explained as regards development of the ICB membership, functions, and delegations to place. It was added that guiding principles for ICB development had been agreed with partners and set out appointments that had been made so far.

The Board noted the guiding principles:

- Secure effective structures that ensure accountability, oversight and stewardship of our resources
- Create high quality planning arrangements to address population health needs, reduce health inequalities, and improve care
- Ensure the continuity of effective place-based working between the NHS, local authorities and our partners
- Recognise our ICP sub-geographies as a key feature of our way of working across multiple places
- Design the right mechanisms to drive improvements in geographical areas larger than place-level
- Highlight areas of policy, practice and service design where harmonisation of approach might benefit service delivery
- Maintain high and positive levels of staff engagement and communication at a time of major change

The Chief Executive, ICB referred to a High Level 'Functions and Decisions Map' for the North East and North Cumbria ICB and noted the expectations as regards place based-working within the Government White Paper and associated timescales. She noted the forward plan relating to place-based working and referred to an operational diagram for the governance model for the ICB.

She noted the role, membership and relationship to our places in terms of developing the Integrated Care Partnership (ICP) and building up an ICP from each of our places: North Cumbria ICP; North of Tyne and Gateshead ICP; Durham, South of Tyne and Sunderland ICP; and Tees Valley ICP.

The Chief Executive, ICB explained that it had been agreed with partners that one Strategic ICP supported by those four 'Sub-ICPs', recognising our position as the largest ICS area in the country and our long-established sub-region partnership working arrangements between CCGs, Foundation Trusts and Local Authorities. She noted the sub-ICPs would build a needs assessment from each of their Health and Wellbeing Boards (HWBBs), which would then feed into the ICS strategy setting process overseen by the strategic ICP. She added that planning meetings were taking place ahead of the first formal meetings of the ICP from July 2022. She noted the statutory members of the ICP in terms of the ICB and those from Local Authorities, with potential members from usual partners including: Primary Care; Patient Groups; Schools; Police and Fire; Public Health; the Business Sector; and the voluntary sector, amongst others. It was noted that there is a place on the Board to represent elected members.

The Chief Executive, ICB noted the development of the ICP and timescales and noted next steps included:

- Gathering views and expertise on the operating model with a further iteration to be developed by May 2022
- To include proposals on transitional place-based working arrangements, and work with our places to develop a route map to more formal place governance by 2023 (as required by the Government's Integration White Paper).
- To test our operating model against a range of scenarios.
- Review our ICB committee roles and structures, and the governance of our ICS workstreams, with our Executive Directors as they are appointed.
- The final operating model will shape how we deploy our most senior staff, but we envisage that the vast majority of our staff will continue to work in the way they do now.
- Ongoing engagement with key partners on the development of the ICS, including with HWBBs and local and sub-regional scrutiny committees.

The Chair thanked the Chief Executive, ICB and asked the Board for their comments and questions.

Councillor T Henderson asked as regards the benefits for North East Communities as a result of the ICS. The Chief Executive, ICB noted the large structural changes, explaining she had worked in health for 25 years and added that reinventing the wheel would potentially miss opportunities to work to tackle inequalities and provide real benefits for the region.

She added that while such change at scale would take time to bed-down, it would be important not to lose previous place-based approaches, citing the benefits shown by greater collaboration during the pandemic.

In response to a question from Dr L Murthy, the Chief Executive, ICB noted the operational model would be finalised mid-June. Following a question relating to the Joint Committee from F Jassat, the Chief Executive, ICB explained that the ICP would set strategy and delivery. She added work relating to place would be worked on and be co-produced over the next few months, F Jassat welcomed the opportunity to comment on place.

Councillor R Bell asked as regards the nearest equivalent to the outgoing CCGs and the Executive Director of Place Based Partnerships (Central and Tees Valley), Dave Gallagher noted that the eight CCGs would disappear however the people and working relationships represented the strength and noted those people from the CCGs would largely be working for the ICP. The Chief Executive, ICB noted part of the operational model being consulted upon would be the roles and place-based governance. Dr S Findlay noted the concerns from GPs in terms of the ICB being more remote and having less representation than CCGs. The Chief Executive, ICB noted consultation on leadership roles and the continuation of place-based teams and noted she would speak with Dr S Findlay as regards that level of involvement.

Councillor T Henderson noted funding was a large concern and asked as regards guarantees that Durham would not be disadvantaged by the new arrangements. The Chief Executive, ICB noted while she could not guarantee, she noted allocations would work as they did currently through CCGs but expected a real term reduction due to inflationary costs. She added she expected announcements nationally and noted she would fight for a fair share for the North East and Cumbria.

M Stenton entered the meeting at 10.15am

Councillor R Bell noted money was not the only issue, but also recruitment, especially in areas such as health and social care. The Chief Executive, ICB noted the appetite from social care partners in terms of planning relating to workforce and cited the Heath and Social Care Academy in Durham as an excellent platform to build on.

The Corporate Director of Adult and Health Services noted the helpful discussions which gave clarity on issues relating to co-production and discussions with the Chief Executive, ICB as regards regional issues. She added she would meet with the Corporate Director of Children and Young People's Services and the Director of Public Health on cross-cutting issues.

The Strategic Manager (Partnerships) noted some development time was set aside relating to the Joint Health and Wellbeing Strategy and the Director of Public Health noted that the Chief Executive, ICB had visited previously and the place-based approach in Durham had impressed. The Director of Public Health noted the issues in terms of health inequalities in the area, exacerbated by the pandemic and noted those conversations would take place, giving tobacco as an example of regional working at scale.

In response to a question from Dr L Murthy in terms of the cost of implementing the changes relating to the Health and Care Act, the Chief Executive, ICB noted that restructures do come with a cost attached but it would take some time to understand local implications.

The Chief Executive, ICB referred to place based event in June taking place at the Riverside where 200 people are expected.

Resolved:

That the presentation be noted.

6 Health and Social Care Integration

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

The Director of Integrated Community Services referenced the joint committee arrangement as the preferred option for County Durham. Dr S Findlay noted progress was encouraging but that it was important to get ready as early as possible as the ICS that included County Durham was bigger than other ICSs elsewhere. F Jassat suggested that there may be opportunities in relation to the City of Culture Bid 2025, looking beyond culture to include health and wellbeing. The Chair noted meetings with the Portfolio Holder for Economy and Partnerships looking at cross-cutting issues.

Resolved:

That the update be noted.

7 Health Protection Assurance Annual Report

The Board received a report from the Director of Public Health on the Health Protection Assurance Annual Report (for copy see file of minutes).

S Lamb left the meeting at 10.42am

Dr L Murthy asked as regards aneurysm screening and low uptake of shingle vaccine. The Director of Public Health noted AAA screening work with NHS England and that uptake of the shingle vaccine was being discussed at the Vaccination Board. Dr L Murthy asked as regards vaccine reminders and asked as regards any IT issues regarding joined up reminders.

Dr S Findlay noted the improvement to such IT as a result of the work during the pandemic. He noted some duplication in terms of NHS England relating to reminders and noted the opportunity for Primary Care and Public Health to work together, with the Liaison Team in County Durham helping in terms of the uptake of flu vaccinations in at risk groups and noted the opportunities post-COVID relating to other areas such as the shingle vaccine. He outlined a move to a single system for inviting people for covid vaccines in future.

Resolved:

That the Health and Wellbeing Board:

- (a) note the content of the report;
- (b) note that the performance in County Durham for all childhood immunisation programmes exceeds both national standards and national averages;
- (c) note that the report provides broad assurance that effective processes are in place for each of the key strands of health protection activity;
- (d) request a further report be presented to a future meeting of the Health and Wellbeing Board which provides further assurance in respect to flu and COVID-19 vaccination, the ongoing work with CDDFT in relation to Infection Prevention and Control (IPC);
- (e) support the development and delivery of the transition plan to 'Living with Covid' capturing the learning from Covid;
- (f) support the review of the health protection governance arrangements aligning the robust Covid assurance arrangements with wider health protection governance.

8 Updated SEND Strategy for County Durham 2022-2024

The Board received a report and presentation from the Corporate Director of Children and Young People on the updated SEND Strategy for County Durham, 2022-2024, presented by the Head of Early Help, Inclusion and Vulnerable Children, Martyn Stenton (for copy see file of minutes).

The Head of Early Help, Inclusion and Vulnerable Children explained the SEND Strategy was a two year strategy and noted that one in six children required some SEN additional support. He explained as regards the new strategy noted it was aligned to the wider Children, Young People and Families strategy, and the 'Starting Well' priority of the Health and Wellbeing Board's Joint Health and Wellbeing Strategy. He added the strategy's vision for those with SEND was the same as for all children and young people in County Durham: that they are safe and part of their community, have the best start in life, have good physical and mental health, and gain the education, skills, and experiences to prepare them for adulthood. He explained that the strategy's vision, aims and indicators were consistently supported by all stakeholders and that the new strategy had been subject to extensive stakeholder engagement, including public consultation. He noted the strategy had gone to Cabinet in April and also the County Durham Partnership Executive.

Councillor T Henderson thanked the Head of Early Help, Inclusion and Vulnerable Children and his staff regarding the work relating to the ongoing Ofsted inspection. He asked as regards how the Health and Wellbeing Board could be assured that there were sufficient resources available to meet increasing demand and provide the best possible outcomes for young people with SEND. The Head of Early Help, Inclusion and Vulnerable Children noted that Cabinet and Council looked at the High Needs Block and looked at the associated pressures. He noted the challenges for the Health and Wellbeing Board and Partners, and the high demands associated with Children and Young People with SEND, on top of the issues related to education disruption due to COVID-19 and the subsequent recovery. He reiterated the challenge relating to resources and demand, adding the High Needs Block would not meet demand, however, the five year plan would look to manage demands.

Dr J Smith asked as regards figures for County Durham in comparison to England, noting 87 percent of children having their needs met within mainstream schooling, with figures of around 9.5 percent in England attending a Special School. He also asked as regards the number of children with an Education Health and Care Plan (EHCP) at primary decreasing when moving to secondary school.

The Head of Early Help, Inclusion and Vulnerable Children noted that there were more EHCPs at primary noting the challenges at secondary school, most being larger institutions. He noted that 11 year olds with specific needs would attend special schools for secondary education. He noted that the level of one in six children having SEND in County Durham was in line with national levels of those with an EHCP being around 3.2 percent. He added that factors that impacted in the North East included increased prevalence of autism and levels of deprivation. The Head of Early Help, Inclusion and Vulnerable Children noted he was optimistic as regards the Government's Green Paper and added it was important to have children and young people being part of their communities, better supported in their local school with their friends, noting that special schools were not always the best solution.

Dr L Murthy asked as regards the next steps, templates and the process of review. The Head of Early Help, Inclusion and Vulnerable Children noted that easy read versions were being worked on and there would be work with the Durham Association of Primary Schools, Secondary Schools and Special Schools. He added that key actions and mechanisms to support schools would be looked at and that the Leadership Group met monthly. He noted that details as regards a new assessment framework were yet to come forward.

Resolved:

That the SEND Strategy 2022-24 be adopted.

M Stenton left the meeting at 11.05am

9 Child Death Overview Panel

The Board considered a report of the Director of Public Health, which presented the 2020/21 County Durham and Darlington Child Death Overview Panel (CDOP) Annual Report (for copy see file of Minutes).

The Director of Public Health explained that during the period there had been four Child Death Overview Panels in which 43 cases were reviewed. She explained that of those four, 21% were completed within the suggested six week timeframe. It was explained that some of the delays were because reviews cannot be undertaken until all other proceedings are complete, and that had been further compounded by service pressures as a result of COVID-19.

She noted that the following modifiable factors and key learning points were identified from the reviews:

- Smoking in the household

- Smoking during pregnancy
- Management of high-risk pregnancies
- Co-sleeping and parental alcohol and/or substance misuse.

G Curry left the meeting at 11.06am

Councillor R Bell noted the major risk factors and asked as regards how the Health and Wellbeing Board would work with partners on targeting messaging at pregnant women, families and carers about the risks of smoking during and after the birth of a child. The Corporate Director of Adult and Health Services noted information that had been brought to the Board pre-COVID on programmes relating to smoking at the time of pregnancy.

Dr L Murthy noted the overall trend was encouraging over the last five years and noted the differences between County Durham and Darlington. The Director of Public Health reiterated as regards the ongoing work on modifying factors and noted she anticipated that mental health issues would begin to come to the fore and therefore there would be an emphasis and focus on children and young people's mental health. In response to a question from Dr L Murthy in respect of the ICS and review, the Director of Public Health noted as regards the current specialist post and how, via integration, it could be possible to bring down the time of reviews.

Resolved:

That the Board note the content of this report and the associated CDOP Annual Report as assurance it is fulfilling its responsibilities as a sub-group of the Durham Safeguarding Children Partnership (DSCP).

10 Update on Transforming Care

The Board received an update from the Strategic Commissioning Manager, Tricia Reed on Transforming Care (for copy see file of minutes).

The Strategic Commissioning Manager gave an overview of progress on the Joint Health and Social Care Learning Disability Commissioning Strategy and the Think Autism Strategy for County Durham, including information on the impact of COVID-19 on the flow of discharge from inpatient settings into the community, as many community support resources had closed or operated at a significantly reduced level.

She explained as regards expectations to reduce the reliance on inpatient settings for people with a learning disability, autism or both. She noted that there were currently 16 inpatient beds for County Durham and moving forward that would reduce to 12.

The Board were given updates relating to specialist supported housing development at Harelaw, Annfield Plain which comprised of six properties, four longer-term homes, and two step up/step down properties and also Hawthorn House which would provide two self-contained, single occupancy units as a short term “step-up/step down” service.

The Director of Adult and Health Services noted it would be useful for a future update to contain case study information relating to the accommodation to help give details of positive impact on people's lives. The Strategic Commissioning Manager noted that more tangible information would be available next year.

Dr S Findlay asked as regards health checks, making every contact count and duplication of work. The Strategic Commissioning Manager noted the work of CCG colleagues and the Health Facilities Team, noting key objectives of the strategy.

Resolved: to note

- (a) The impact that the Covid 19 pandemic and the change in scope of the Transforming Care criteria has had on the ability to meet the current trajectories set out in the CCG Planning Guidance, and the two further discharges planned within the next few months.
- (b) The progress made, despite the pandemic, with plans for new community services for people with the most complex needs including the use of the Community Discharge Grant, which will support the Transforming Care objectives over the next year and in the longer term.
- (c) Members of the Health and Wellbeing Board are recommended to receive further regular updates with accompanying delivery plan, to retain oversight of the Transforming Care agenda.

C Oakley left the meeting at 11.31am

11 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). The Board noted that questions could be directed to the Director of Public Health should any members require additional information on the key campaigns.

Resolved:

That the information contained within the presentation be noted.

12 Local Outbreak Control Plan Update

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

The Chair advised that the responses to questions from members of the public and stakeholders would be published on the Council's website following the meeting.

The Chair noted the hard work of all those working across the Adult, Health and Social Care sector, recognising the preventative work that had helped save many lives. Councillor R Bell noted the issues that had occurred in respect of the national Test and Trace programme and asked whether contract tracing was back in the hands of Public Health and the Council and what the current situation was in terms of the contract tracing app. The Director of Public Health noted the responsibility was back at the regional level, noting the Public Protection Team developing surge plans, noting that the national track and trace had been stood down. Dr S Findlay noted that the response to COVID had been phenomenal and noted that lessons learned needed to be codified nationally and locally to give a guide for any potential future pandemic.

Resolved:

That the report and presentation be noted.

13 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.

14 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.