

## **DURHAM COUNTY COUNCIL**

At a Meeting of **Health and Wellbeing Board** held in **Committee Room 2, County Hall, Durham** on **Tuesday 22 November 2022** at **9.30 am**

### **Present:**

**Councillor C Hood (Chair)**

### **Members of the Committee:**

Councillor T Henderson and S Burns, C Cunnington-Shore, D Gardner, A Healy, S Helps, M Laing, S Lamb, E Mireku, J Murray, C Oakley, J Robinson, M Smith and P Sutton

### **1 Apologies for Absence**

Apologies for absence were received from Councillor R Bell and L Buckley, D Gallagher, L Hall, S Jacques, B Kilmurray and J Pearce.

### **2 Substitute Members**

There were the following substitutes: E Mireku for L Buckley; S Burns for D Gallagher; M Smith for L Hall; C Oakley for the Office of Police and Crime Commissioner; G Curry for S Jacques; D Gardner for B Kilmurray and J Murray for J Pearce.

### **3 Declarations of Interest**

There were no Declarations of Interest.

### **4 Minutes**

The minutes of the meeting held on 28 September 2022 were agreed as a correct record and signed by the Chair.

The Partnerships Team Manager, Julie Bradbrook noted that, in relation to the Inclusive Economic Strategy, the Chair had responded on behalf of the Board to the Corporate Director of Regeneration, Economy and Growth (REG).

She added that the Director of Fresh had wrote to the Secretary of State for Health and Social Care, Chief Medical Officer and County Durham MPs as regards endorsing the recommendations of the Khan Review.

## **5 Health and Social Care Integration**

The Board received an update presentation from the Corporate Director of Adult and Health Services, Jane Robinson and the Director of Integrated Community Services, Michael Laing on progress relating to Health and Social Care Integration (for copy see file of minutes).

The Director of Integrated Community Services explained as regards local progress, including work on the Joint Committee noting 10 workstreams looking at streamlining pathways for the public. He explained as regards the quality workstream, looking at how partners work together to identify improvements and pick up issues. He noted that there was a need for a quality lead across County Durham and an issue would be how to resource that lead.

### Winter Planning

The Director of Integrated Community Services explained as regards winter planning, noting the work together between partners in terms of operational arrangements and the 'battle rhythm' He explained as regards the daily Accident and Emergency briefings, and work with partners such as those from housing, looking at which patients could be discharged and noted that demand was not predictable.

He noted there were two types of winter plan, surge planning and the cold weather plan. He explained the cold weather plan involved Public Health and the County Council, with the recent experience in tackling issues as a consequence of Storm Arwen helping in terms of such planning. He noted plans were regularly updated, with submissions to NHS England and the Integrated Care Board (ICB). The Director of Integrated Community Services explained in detail as regards the key aims: to support the health and wellbeing of the workforce; to safely manage surges in demand for health and care; to safely embed infection prevention and control principles; protect elective surgery; safe and effective discharge; and to care for people in the community and avoid admissions.

In respect of key risks, the Director of Integrated Community Services noted they were: demand growth beyond model; workforce availability; industrial action; and public expectation of the NHS.

He noted that partners were working together to prepare for winter and that we were currently in a period of sustained demand, with Public Health projections suggesting future challenges. He concluded by noting additional investment across partners including the NHS, social care and in support for communities, adding it was important that all of the system was working well and working together.

The Chair asked how residents could play their part in supporting the NHS and Social Care this winter. The Director of Integrated Community Services noted residents should continue to self-care to help ensure they are fit and well, remembering the 'hands, face, space' message from COVID campaigns. He noted another way would be to check on neighbours that may be old, frail or live on their own to ensure they too are well or are directed to any help they may need. He noted the information and advice available from the County Durham Together service, local GP surgeries and the NHS 101 contact number that may be able to help before escalating to secondary care. He emphasised that, however, if people needed to attend accident and emergency they should.

Councillor T Henderson noted that the importance of timely hospital discharge to free up NHS beds was widely documented and asked how the County was geared up in this regard for the winter planning period. The Director of Integrated Community Services noted that in terms of Local Authority areas, County Durham was one of the best in terms of discharge. He noted that patients would have an expected date of discharge and set of likely needs, for example a care package or a move to intermediate care, such as a care home. He added that GPs and Social Workers can help plan discharge and gave an example relating to a palliative care pathway where suitable domiciliary care was not available and therefore flexible domestic care had been provided. He noted that more domiciliary care was needed.

Councillor T Henderson noted the closure of the ward at Richardson Hospital a number of years ago and asked if there were any plans to bring those beds back into use to help reduce demand elsewhere. The Director of Integrated Community Services noted the Richardson had been looked at in terms of non-medical beds, for use in a crisis situation.

### Integrated Care Board Update

The Joint Head of Integrated Strategic Commissioning, Sarah Burns gave an update presentation relating to the ICB, including setting out its strategic aims to: improve outcomes in population health and healthcare; tackle inequalities in outcomes, experiences and access; enhance productivity and value for money; and help the NHS support broader social and economic development.

She explained that some ICB functions would be discharged regionally whilst some would be discharged 'at place' across Local Authority areas with partners, adding that it was important for the Health and Wellbeing Board to work closely with the ICB to inform local decisions. The Director of Public Health, A Healy explained as regards the role of the ICB in tackling health inequalities and healthcare inequalities, and in terms of prevention work. She noted the Healthier and Fairer Advisory Group that would feed into the ICB and noted funding as regards Fresh and Balance in terms of consistent approaches going forward. The Corporate Director of Adult and Health Services noted the work of the Association of Directors of Adult Social Services (ADASS) with the Integrated Care Partnership (ICP) along with Directors of Public Health and noted that meeting of the Joint Management Executive Group (JMEG) in the new year would look at the interface of ICB and place.

### Draft Integrated Care Partnership Strategy

The Board noted that all ICPs were required to publish an Integrated Care Strategy (ICS) by December 2022 and the Joint Head of Integrated Strategic Commissioning gave a presentation on the draft ICS for the North East and North Cumbria. She referred to the structure of the draft strategy; vision, goals and enablers; assets and case for change; draft key commitments in relation to healthy life expectancy, smoking prevalence, inequality in life expectancy and suicide rate; fairer outcomes, delivering 'Core20PLUS5; excellent health and care services; and delivering the ICS, with detailed delivery plans and the NHS Joint Forward Plan by the end of March 2023.

The Corporate Director of Adult and Health Services explained that feedback from the Health and Wellbeing Board, and individuals too, would be important, noting the next strategic meeting being 15 December 2022. D Gardner asked as regards the 'Core20PLUS5 and the Joint Head of Integrated Strategic Commissioning noted that the Joint Strategic Needs Assessment (JSNA) focus on County Durham would be retained, with the ICB focussing on areas of challenge for the North East and Cumbria. The Director of Public Health noted that in terms of 'Core20PLUS5, there would be outreach to other workstreams, such as mental health, noting a 'Core20PLUS5' for Children and Young People. E Mireku explained that the 'Core20 plus5' for Children and Young People had been published last week and noted the priority framework, with a focus on place with the JSNA and Health and Wellbeing Strategy.

The Partnerships Team Manager noted she would pull together a response on behalf of the Health and Wellbeing Board.

Councillor T Henderson asked how local people across the area had been involved in shaping the ICS. The Joint Head of Integrated Strategic Commissioning noted the December deadline for responses and limited opportunities for response. She added that there was some reassurance for Durham in that there were many mechanisms to engage with people. The Chair asked as any areas left behind and if funds were enough, given the large geographic area. The Joint Head of Integrated Strategic Commissioning noted that there were ambitions to go further, however, the very good partnership working in County Durham, where people were put first above organisations, meant County Durham was well placed.

**Resolved:**

That the presentations be noted.

## **6 Health Needs Assessment Ageing Well**

The Board received a report and presentation of the Corporate Director of Adult and Health Services and the Director of Public Health on Health Needs Assessment – Aging Well, presented by the Specialty Registrar in Public Health, Rebekka Shenfine (for copy see file of minutes).

The Specialty Registrar noted the key findings from the Health Needs Assessment (HNA) that was undertaken to identify health needs of those aged over 50 living in County Durham. It was noted that older age was generally considered to be from age 65, however, by looking from 50 years of age enabled a more preventative approach. It was explained that as people lived into older age, they were more likely to develop long term conditions and become frail. Key findings were:

- Information and Advice - availability of information and alternative information formats.
- Transport - Accessibility of information and services especially those living in rural areas.
- Respect and Social Isolation - importance of viewing ageing in a positive light, and the effects of Covid-19 pandemic.
- Social participation - role of co-production, intergenerational activity, volunteering and health literacy.
- Housing and neighbourhoods - availability of suitable local housing close to family members, specific support for older tenants.
- Outdoor spaces and buildings - importance of making outdoor spaces and buildings 'age-friendly, combatting anti-social behaviour, climate change effects on older people.
- Economic activity and civil engagement - effects of the rising costs of living and fuel poverty, age-friendly employment opportunities.

- Health and wellbeing - helping people with long-term conditions to live their lives in better health and the need for services (e.g. sexual health, stop smoking and domestic violence) to meet the needs of people aged over 50.

It was noted that the recommendations from the HNA enabled system-wide partners to consider a range of approaches to ensure that as people age, they could live healthier lives for longer. The recommendations were:

- a) Implement an Ageing Well Strategic Group representing all system partners alongside an affiliated action plan.
- b) The Ageing Well Action Plan should work to reduce ageism and stigmatisation towards older people.
- c) Recognise areas highlighted, but not specifically targeted, within this HNA that may require further bespoke work.
- d) Increase availability of data at the 50 plus age-group level
- e) Develop Public Health Guidance on key areas identified within the HNA to consider under the Age Section on any equality impact assessments, or comprehensive assessments undertaken across the wider system.

It was noted the list of recommendations would inform an Ageing Well Strategy and subsequent Action Plan to support residents to live happy, healthy and fulfilled lives.

The Chair thanked the Specialty Registrar and asked the Board for any comments or questions.

The Corporate Director of Adult and Health Services noted the findings were very important and that the 50 years old plus age group, who had not been focussed upon previously, would help in terms of prevention. The Speciality Registrar noted it was a key area, however, highlighted the difficulty in finding data for that age group, with most data being for either 60 or 65 years old plus.

The Chair noted not all were able to access information digitally and asked how local people would be involved in developing the Ageing Well Strategy to ensure the experiences and needs were taken into account. The Speciality Registrar noted that in the initial stages remote working had been in effect, however, the County Durham Together was now being used, with the Ageing Well Steering Group.

D Gardner noted a number of the recommendations were in broader 'civic responsibility', for example transport, and asked how the Health and Wellbeing Board and the Steering Group would influence such areas.

The Speciality Registrar noted this was an area to be looked at further and explained that the Ageing Well Steering Group included a number of relevant partners. It was noted that the Ageing Well Steering Group would report the Health and Wellbeing Board.

She added the Group would meet in December to look at membership and representation, and also processes to feed out information and actions.

The Chair asked as regards any help to encourage other partners. The Joint Head of Integrated Strategic Commissioning noted early insight from people on their wants and needs was important.

**Resolved:**

- (a) That the contents of the Health Needs Assessment for Ageing Well be noted.
- (b) That the Board endorse the recommendations in the Health Needs Assessment.
- (c) That the Board champion the development of an Ageing Well Strategy Group to deliver on the recommendations and affiliated Action Plan across the wider system.

## **7 Joint Strategic Needs Assessment (JSNA)**

The Board received a report and presentation of the Corporate Director of Adult and Health Services and the Director of Public Health on the Joint Strategic Needs Assessment (JSNA) (for copy see file of minutes).

The Director of Public Health reminded the Board that there was a statutory requirement for Health and Wellbeing Boards to develop a JSNA and for Local Authorities to produce it, underpinning the Joint Health and Wellbeing Strategy. She explained that there had been a review and re-establishment of the JSNA group, with the combined consideration of needs and assets allowing for a broader understanding of health and wellbeing. It was added that the JSNA was a fundamental decision support tool and the JSNA process was reinvigorated by aligning it with the emerging Population Health Management and integrated data agenda, ensuring there was a joined up approach to intelligence informing strategic decision making. The Board noted there was a JSNA workshop planned for 12 December 2022, which would inform and shape the Board's Strategy.

Councillor T Henderson asked if there was evidence that Health and Wellbeing Board partners took account of the JSNA and Joint Health and Wellbeing Strategy when making commissioning and service decisions and asked as regard oversight of those decisions.

The Director of Public Health noted that governance and reporting back to the Health and Wellbeing Board were very important. She noted links to the County Durham Care Partnership Executive, and updates were received every six months.

She explained previous updates had included information on strategy, objectives and priorities which helped to inform focus on funding and resources to get the best for County Durham. The Joint Head of Integrated Strategic Commissioning noted a committee of representatives across areas such as Public Health, Social Care, Primary Care, Acute Care and noted criteria relating to priorities, to impact upon inequalities and improve outcomes. The Director of Integrated Community Services noted the JSNA was not a 'dry exercise', rather it looked how and when spend would be made and identified gaps to allow quick action when bidding for funding.

**Resolved:**

Health and Wellbeing Board agreed to:

- a) Support the re-set of the County Durham JSNA process and the re-establishment of the JSNA and Insight Strategic Group in order to:
  - provide strategic oversight for the continued development and strengthening of the JSNA and Insight process in County Durham;
  - prioritise JSNA topics for production or refresh and;
  - agree an annual JSNA workplan including a rolling programme of Health Needs Assessments and Health Equity Audit;
  - Proposed Terms of Reference for the new JSNA and Insight Strategic Group are attached in Appendix 2 to the report.
- b) Support the establishment of the JSNA Insight and Intelligence Group to deliver the annual workplan, providing intelligence and insight in order to inform strategic decision making;
- c) Support the alignment of JSNA development with PHM, the County Durham Outcomes Framework and explicitly link them to our Approach to Wellbeing and County Durham Together. This would enable a move from a JSNA to a JSNAA, a process that is evidence-based, asset-based and seeks to involve communities in decisions that affect them, in order to achieve better health outcomes;
- d) That the core elements of JSNA remain relevant and fit for purpose;
- e) Advocate for local leadership as the Integrated Care Board develops, ensuring alignment between regional (NENC) and place based (i.e. County Durham) requirements.



## 8 Director of Public Health Annual Report

The Board received a report and presentation of the Corporate Director of Adult and Health Services and the Director of Public Health on the Director of Public Health Annual Report 2022 (for copy see file of minutes).

The Director of Public Health noted it was her fifth Annual Report while in the role of Director of Public Health for County Durham and noted a change moving from a previous focus on the fictional Taylor family to now look at four local care studies. She reminded the Board it was a statutory requirement for her to produce the report and for the Local Authority to publish it. She noted that the report was titled 'Building Healthier, Fairer and protected Lives', and it focussed on:

- Health and wellbeing across County Durham, and how the approach to wellbeing was being implemented;
- COVID response and the move to living with COVID, including reference to the cost of living impact;
- An in-depth focus on making smoking history, as this was the single largest cause of preventable deaths and one of the largest causes of health inequalities.
- Recommendations from the 2021 Annual Report;
- Priorities for the future which aligned to three themed areas of work: Healthier, Fairer and Protected.

The Chair asked who the Annual Report was for and how Councillors could use it to have an open conversation with our communities. The Director of Public Health noted the Annual Report had been made as accessible as possible and noted training for Councillors, such as Mental Health training, and information for other organisations to help enable signposting as required. The Chair noted the real examples given were very useful. Councillor T Henderson noted the issues relating to mental health as raised by children and young people and was pleased to note such issues were now both seen and heard. The Director of Public Health noted listening to young people was important as was the work in partnership with schools and the Education Department at the County Council.

### **Resolved:**

That the Director of Public Health Annual Report 2022 be received and noted.

## **9 Better Care Fund Plan 2022-23**

The Board received a report of the Director of Community Integrated Services on the Better Care Fund Plan 2022-23 (for copy see file of minutes).

The Director of Community Integrated Services explained that as Vice-Chair of the Board under delegated authority he had signed off the Better Care Fund Plan in order to meet the submission deadline of 23 September 2022, with the Plan now presented to update the Board for ratification.

The Strategic Programme Manager Integration, Paul Copeland explained that the Better Care Fund was important as it was the only mandatory policy which brought together pooled, ringfenced budgets for joint health, housing and social care planning and commissioning. He noted that there were seven main work programmes in the Better Care Fund Plan, those being:

- Short Term Intervention Services
- Equipment and Adaptations for independence
- Supporting Carers
- Supporting Independent Living
- Social Inclusion
- Care Home Support
- Transforming Care

The Strategic Programme Manager Integration noted that it was expected that, if approved by NHS England, the Council would be informed by 30 November 2022.

### **Resolved:**

- a) That the report be noted.
- b) That the Better Care Fund Plan 2022-23 for County Durham be ratified by the Board.

## **10 Housing and Health**

The Board received a report of the Strategic Housing Manager on Housing and Health, and presentation by the Housing Manager - Strategy and Partnerships, Marie Smith (for copy see file of minutes).

The Housing Manager gave an update on housing and health related projects which had been delivered since the previous update to the Board in September 2021.

She noted planned initiatives which aligned to the three priorities in the Joint Health and Wellbeing Strategy: starting well; living well; and ageing well. The Board were reminded that poor housing and environments were a known risk to health and could cause or exacerbate a range of health conditions.

The Chair thanked the Housing Manager and asked the Board for their comments and questions.

S Lamb noted the recent story in the news as regards private housing providers in other areas of the country and issues with mould leading to a tragic fatality and asked as regards how a Charter could help in terms of any discussions on the issue. The Housing Manager noted that in County Durham there were good relationships with social providers, and they had good standards within their properties. She noted that private providers in some cases did not have as high standards and added that selective licensing was a tool that could help in that regard. She noted that a Charter should also help and noted that it was on the agenda of Housing Solutions, the recent tragic incident raising the profile of such issues. The Director of Public Health agreed and noted it was an issue of how to link to all Officers. S Lamb noted the issue of heating specifically in relation to the matter. The Director of Community Integrated Services noted that it was well established that if heating was improved there was a corresponding reduction in hospital admissions relating to respiratory issues. He noted issues in terms of housing provision and not wanting to discharge patients to become rough sleepers, or to bed and breakfast provision.

Councillor T Henderson asked as regards how the selective licensing programme had a positive impact on housing and health. The Housing Manager noted that the Strategic Housing Manager would bring together a report, but results were encouraging. The Strategic Programme Manager Integration asked as regards new housing and sheltered housing need, noting register social landlords lowering age ranges. The Housing Manager noted work with the Joint Head of Integrated Strategic Commissioning in mapping out sheltered housing provision, and work with the Senior Commissioning Delivery Manager, Neil Jarvis in terms of a product that people would want.

**Resolved:**

That the report and presentation be noted.

## **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 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.