

DURHAM COUNTY COUNCIL

At a Meeting of **Health and Wellbeing Board** held in **Committee Room 2, County Hall, Durham** on **Friday 28 July 2023** at **9.30 am**

Present:

Members of the Committee:

Councillors T Henderson and R Bell and J Robinson, J Pearce, A Healy, M Smith, M Laing, L Taylor, C Cunnington-Shore, C Williams and S Burns

1 Election of Chair

Moved by Councillor T Henderson, **Seconded** by Councillor R Bell and

Resolved:

That Councillor C Hood be elected as Chair of the Board for the ensuing year.

2 Election of Vice-Chair

Moved by C Cunnington-Shore, **Seconded** by Councillor R Bell and

Resolved:

That M Laing be appointed Vice-Chair of the Board for the ensuing year.

M Laing in the Chair

The Chair asked Feisal Jassat, to speak in relation to his new appointment. F Jassat thanked the Chair and noted he had been appointed as Lay Member for Engagement for the County Durham Care Partnership. It was noted that discussion was currently taking place with regard to the governance arrangements for the role to become a member of the Health and Wellbeing Board. He noted he welcomed the role of working with colleagues on the Board.

3 Apologies for Absence

Apologies for absence were received from Councillors C Hood, L Hall, Dr J Carlton, D Gallagher, S Jacques, S Lamb, L Robertson, P Sutton, A Petty and P Innes.

4 Substitute Members

There were the following substitutes: S Burns for D Gallagher; M Smith for L Hall; and Chris Williams for P Innes.

Councillor R Bell left the meeting at 9.40am

5 Declarations of Interest

There were no Declarations of Interest.

6 Minutes of the meeting held 10 May 2023

The minutes of the meeting held on 10 May 2023 were agreed as a correct record and signed by the Chair.

7 Annual Performance Update

The Board received an update presentation from the Corporate Equality and Strategy Manager, Stephen Tracey on Annual Performance in respect of the Joint Health and Wellbeing Strategy 2021-23 (JHWS) (for copy see file of minutes).

The Corporate Equality and Strategy Manager updated the Board in respect of healthy life expectancy and noted that the overarching message was that lots of organisations contributed to addressing the issue and that there was not one single programme. He noted that broadly trends had not changed significantly, though it was noted that the gap of life expectancy of women in County Durham compared to the England average had narrowed, the gap having halved over the last 10 years. It was noted that there was still an overall lower life expectancy in County Durham compared to the England average.

In respect of smoking prevalence and the number of women smoking during pregnancy, the Corporate Equality and Strategy Manager noted that while the number had come down in County Durham, it was still higher than national levels. In reference to unemployment, and specifically closing the gap between the general population and those with a long term physical or mental condition, there had been some improvement in closing that gap. The Corporate Equality and Strategy Manager added that in respect of healthy weight in children and young people, 90 percent of children in County Durham aged 4-5 years old and 79 percent of children aged 10-11 years old were of a healthy weight. He noted that there had been an increase in suicide rate nationally over the last 10 years and explained that the figures were significantly higher in County Durham compared to national figures.

The Corporate Equality and Strategy Manager noted the Better Health at Work Award had been rolled out to 76 employers in the county, with an aim to improve health and wellbeing interventions at work and added that Durham County Council (DCC) had maintained their “excellent” award rating. He concluded by noting that as well as overseeing the health and care contribution to health and wellbeing and the strong links to the wider determinants of health, the new Joint Local Health and Wellbeing Strategy (JLHWS) would focus on the four priorities of the Health and Wellbeing Board for 2023-28, namely:

- Making smoking history
- Enabling healthy weight for all
- Improving mental health, resilience, and wellbeing
- Reducing alcohol harms

A Healy thanked the Corporate Equality and Strategy Manager and noted that this wrapped up the previous strategy and set out the four areas of focus, for the new Joint Local Health and Wellbeing Strategy. She added that the links to the wider determinants of health included areas to work alongside partners, with the pandemic and austerity also impacting. The Chair noted that, in his opinion, it was not acceptable for the United Kingdom, as sixth largest economy in the world, to have the health statistics it did and added that there was a lot of work to do in areas such as encouraging people to exercise.

Resolved:

- (i) That the key messages and detailed analysis relating to the JHWS 2021-25 key objectives be noted;
- (ii) That the Board consider where further action may be required to improve specific outcomes, in light of the new outcomes for the recently approved JLHWS 2023-28.

8 Health and Wellbeing Board Annual Report

The Board received a Joint Report of the Corporate Director of Adult and Health Services, Corporate Director of Neighbourhoods and Climate Change and the Director of Public Health in respect of the Health and Wellbeing Annual Report, presented by the Interim Strategic Manger - Partnerships, Julie Bradbrook (for copy see file of minutes).

The Board noted that the report followed that from the Corporate Equality and Strategy Manager and was the eighth Health and Wellbeing Board Annual Report over the last 10 years, noting no reports produced in 2019/20 or 2020/21 due to the pressures of the COVID-19 pandemic response. The Interim Strategic Manger - Partnerships explained that during the last 12 months there had been delivery against the strategic priorities detailed in the JHWS, including several case studies. She reiterated that the report drew the JHWS 2021-23 to a close, to be replaced by the JLHWS 2023-28 as agreed by the Health and Wellbeing Board on 10 May 2023.

The Interim Strategic Manager - Partnerships reminded the Board that during the pandemic, the Board had been the Local Outbreak Engagement Board for managing the response to COVID-19, acting in that capacity until May 2022. She explained that in July 2023, the North East and Cumbria Integrated Care Board (NENC ICB) replaced the 8 Clinical Commissioning Groups (CCGs) to become the statutory NHS Organisation for 13 Local Authority areas, including County Durham. She added that the ICB was now a key member of the Health and Wellbeing Board and worked closely in terms of the NENC ICB's place-based teams for County Durham.

The Interim Strategic Manager - Partnerships noted that the Board, together with County Durham Together Partnership had continued to champion the approach to wellbeing across the County Durham Partnership. She noted the new JLHWS 2023-28 focussed on four areas identified in the Joint Strategic Needs and Assets Assessment (JSNAA) which had the biggest impact upon local outcomes and health inequalities, namely: tobacco; alcohol; weight; and mental health. It was added that the JLHWS would inform a focussed effort across the system, incorporating the wider determinants of health, to achieve the Health and Wellbeing Board vision that *'County Durham is a healthy place where people live well, for longer'*.

The Board noted reference to the links with such wider determinants such as housing, poverty and the Inclusive Economic Strategy and activities taking place, such as those over the school holidays, 'Fun with Food'.

It was reiterated that housing was a key determinant to health and wellbeing and the Board noted that in June 2022, the Warm and Healthy Homes Project received a national 'Energy Champions of the Year' award for working with GP surgeries to contact patients who have cold related illness and providing help in terms of servicing, repair, replacement boilers, home insulation and support with reducing energy bills.

The Interim Strategic Manager - Partnerships noted that a Health Needs Assessment had been undertaken to review the approach to promoting healthy and independent lives for those residents who were over 50 years old, and to close the gap in life expectancy between County Durham and England. She reiterated that the Board had agreed a new direction with the JLHWS in terms of the four areas of focus:

- Making smoking history
- Enabling healthy weight for all
- Improving mental health, resilience, and wellbeing
- Reducing alcohol harms

The Interim Strategic Manager - Partnerships concluded by noting that the report reflected upon the last 10 years, celebrated the achievements, and set out the focus of the Board moving forward.

The Chair thanked the Interim Strategic Manager - Partnerships and the thanks of Councillor C Hood to all Board Members and Officers for their work over the last 12 months, the report being testament to the breadth of the work of the Board, with several cross-cutting issues, such as housing, that impacted both the public, private and voluntary sectors.

Councillor T Henderson asked what mechanisms were in place to showcase the good work of the Board and to share learning with partners. The Interim Strategic Manager - Partnerships noted that there were many different organisations within multi-agency meetings and that in terms of the wider determinants, there was good integration within the county. She added that the report would be published to the website and publicised, with partners encouraged to share and talk about the work of the Health and Wellbeing Board. Councillor T Henderson noted that in the past the Council and NHS had received some criticism, however, the opinion was now generally positive, and the report demonstrated that things were heading in the right direction.

The Corporate Director of Adult and Health Services, Jane Robinson asked if there were any specific communications planned in terms of awareness raising. The Interim Strategic Manager - Partnerships noted that the report was scheduled to go to Cabinet in September and communications would follow that meeting.

The Director of Public Health, Amanda Healy noted it was a very good report and that the case studies were especially welcomed, a good example being the flu-clinic at Horden in demonstrating how to deliver locally and where different to the national contract, with 27 2-3 year olds having been vaccinated. The Chair agreed that having those human stories helped to emphasise that the work and bring the report to life.

Resolved:

- (i) That the Board note and agree the contents of its Annual Report 2022/23 and authorise publication.
- (ii) That the timeline and next steps outlined in the report be noted.

9 Health and Social Care Integration

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

The Corporate Director of Adult and Health Services updated the Board on the Care Quality Commission (CQC) inspections of integrated services, reminding Board members of a recent development session in June which looked at how the Board would contribute to the assessment process. It was noted that an update and feedback from the session would be shared with the Board at its meeting in September. In terms of inspections, it was noted that five Local Authorities had been used as pilot authorities, with feedback from those Local Authorities expected in October, following Government feedback in August. It was noted that the Director of Integrated Community Services and Corporate Director of Adult and Health Services gave Cabinet and update on the introduction of Local Authority assessment by the Care Quality Commission.

The Chair noted that discussions as regards the Joint Committee would begin next week, that 'teams around the patient' was a very good review, led by the Strategic Programme Manager Integration, Paul Copeland.

Resolved:

That the update be noted.

10 Draft Joint Forward Plan

The Board received a report of the Joint Head of Integrated Strategic Commissioning, NENC ICB, DCC, Sarah Burns on the NENC ICB Draft Joint Forward Plan (for copy see file of minutes).

It was noted that a Joint Forward Plan was a requirement of ICBs and NHS Trusts and should align with other plans and strategies, including the Integrated Care Partnership Strategy and the NHS Operating Plan. It was noted that the Board had the opportunity to feedback on the plan before final publication in September 2023, with stakeholder engagement and presentation at local groups and Overview and Scrutiny Committees.

The Interim Strategic Manager - Partnerships noted she would support the Joint Head of Integrated Strategic Commissioning in responding on behalf of the Board mid-August, noting sign off by the Chair, Councillor C Hood.

Resolved:

That the Health and Wellbeing Board review the draft plan and a response on behalf of the Board be produced by the Joint Head of Integrated Strategic Commissioning, supported by the Interim Strategic Manager - Partnerships, signed off by the Chair and submitted by the end of August.

11 Reducing Alcohol Related Harm in County Durham

The Board received a Joint report of the Corporate Director of Adult and Health Services and the Director of Public Health in relation to Reducing Alcohol Related Harm in County Durham (for copy see file of minutes).

The Director of Public Health noted the next update report to the Board, would be aligned to the new strategy, to include cases studies. She added there had been changes at the partnership level, now under a new 'Combating Drugs and Alcohol Partnership', which would feed into the Health and Wellbeing Board and Safe Durham Partnership (SDP). It was explained that the Police and Crime Commissioner (PCC), Joy Allen had chaired the drugs partnership and the addition of alcohol was very important. It was noted the Board focussed on alcohol at a population level, with the SDP looking at treatment, crime and the supply of drugs.

The Director of Public Health noted that there was a high level of alcohol use in the North East and in County Durham, and reminded the Board of the work of Balance. She noted while the risks around alcohol were known, the impact of COVID-19 had impacted, with a rise in alcohol use, with levels in County Durham being higher than the regional and national levels.

It was noted that mortality and hospitalisations were higher, as were cases of liver disease. It was noted that alcohol misuse was still a taboo to an extent and the work of Balance with the alcohol industry was important. The Director of Public Health noted the work in respect of alcohol harm reduction, including: 'drink coaches'; work with children and young people 'what's the harm'; Balance and the North East Ambulance Service (NEAS) 'fuel to the fire' in relation to the impact on NEAS service as a result of assaults on NEAS staff. The Board were reminded of the work in terms of public health campaigns relating to alcohol, drink/drug spiking and the Drug and Alcohol Service (DAS), working with other appropriate partners and departments, such as Housing Services and Licensing

The Chair noted that feedback from Councillors and Partners was that the issue of alcohol was cross-cutting, and a lot of work was ongoing, in particular as regards town centres.

Councillor T Henderson asked if alcohol services addressed the needs of those who were under 18 years old and whether there were examples of support available in schools. The Director of Public Health noted that Balance worked with parents and noted that the DAS had a dedicated section looking at children and young people affected by drinking within their family. She noted that they also went into schools and there was a joint post with Durham University in relation to targeted work. She added there was close work with Durham Constabulary. She explained that some activities were funded by the alcohol industry, and those were looked at in terms of whether they represented advertising.

The Corporate Director of Adult and Health Services noted that the work of Balance was impactful, similar to that of Fresh, and noted Fresh had several cases studies that help to promote awareness of tobacco harms. The Director of Public Health noted that the work in taking tobacco had been established longer and noted there would be relevant case studies as more people came forward and share their stories and she would feedback to Balance in this regard.

Councillor R Bell entered the meeting at 10.10am

Councillor R Bell recalled a presentation as regards alcohol harms, which had noted alcohol consumption in the Teesdale area. He noted that there was often a 'middle-aged, middle-class' drinker that perhaps was consuming too much alcohol and asked if there was any evidence of areas where there were particular problems as it was difficult to target an audience if they are in effect a 'quiet harm'. The Director of Public Health noted all data was being updated and would be broken down geographically across County Durham. She noted that this could show links to issues such as availability and low-cost alcohol, such issues being exacerbated by other issues such as poverty.

She noted additional information could be provided at the next update. Councillor R Bell noted that many people underestimate how much they are drinking and will give their doctor the answer they think they think their doctor wants. The Director of Public Health noted that even where people are not self-reporting, there is evidence in terms of alcohol admissions to hospital and alcohol related diseases.

The Chair noted the shift from drinking in pubs to purchasing alcohol at off-licences and drinking at home, noting the impact on health linking to the Board and in terms of crime and anti-social behaviour linking with the SDP. The Director of Public Health noted that there were operational groups in terms of both of those areas and they were coordinated, using the best channels as necessary. She noted the SDP looked at where Police powers could be used, looking at where alcohol was being supplied for example and added that had Minimum Unit Pricing (MUP) been introduced in England, this could have had an impact in tackling alcohol related harm.

Resolved:

- (i) The content of the report and progress made during 2022/23 to reduce the harms from alcohol within our communities be noted.
- (ii) That the Board maintain their support of the new Combating Drugs and Alcohol Partnership Strategic and Operational Boards and help to increase multi-agency working to support the delivery of all planned objectives, making alcohol harm reduction everybody's business.
- (iii) That the Board support the need for Balance to follow in similar footsteps to Fresh and be funded by all 12 Local Authorities in the North East to ensure that there is an ongoing media presence available to address the needs of the population across the North East.

12 Improving Health Literacy in County Durham

The Board received a Joint Report and presentation of the Corporate Director of Adult and Health Services and the Director of Public Health in relation to Improving Health Literacy in County Durham, presented by the County Durham Together (CDT) Strategic Manager, Kirsty Wilkinson (for copy see file of minutes).

The Board noted current levels of health literacy in County Durham and learned as regards giving people the skills, knowledge and information in order to be able access and understand health and social care information. It was explained as regards partnership working in terms of how partners communicated, and it was noted that it was a priority for the NENC ICB, within their Healthier and Fairer Workstream.

The CDT Strategic Manager noted good practise in terms of coproduction and that it was not just making documents 'accessible' as many health-related documents were very difficult to understand.

She noted the development of a high-level policy, priorities in line with the JLHWS four priorities, pilot scheme within Family Hubs with co-checks in terms of health.

Councillor T Henderson noted the report indicated that those with limited health literacy were more likely to use emergency services and less likely to manage long-term health conditions. He noted that this resulted in higher health and social care costs and emphasised the importance of tackle the issue, given the impact upon limited resources. The CDT Strategic Manager agreed.

Councillor R Bell noted the importance of targeted communications and asked how we were ensuring that what had been communicated to patients had been understood, for example in terms of instructions for next steps, follow up appointments, medication advice and so on. The CDT Strategic Manager noted that it was important for those dealing with patients to have training around how to talk to people, in terms of techniques to help impart information in different ways to suit individuals.

The Corporate Director of Adult and Health Services asked if this would look at processes, for example where multiple letters are sent out to a person, sometimes with contradictory information. The CDT Strategic Manager noted there were links with the Joint Head of Integrated Strategic Commissioning in terms of empowering staff to make changes and improvements, noting what was within our circle of control. The Joint Head of Integrated Strategic Commissioning noted that it was recognised that people sometimes cannot attend appointments and, in some cases, people could not access services at all. The Chair noted that it was important to make processes and procedures more understood, as well as documentation being easier to understand.

Resolved:

- (i) That the contents of the report be noted.
- (ii) That the link between improving health literacy and achieving the priorities of the Health and Wellbeing Board be recognised.
- (iii) That the profile of health literacy within the Council and across Partners is raised.
- (iv) That a steering group is formed, reporting to County Durham Together, to oversee the development of a health literacy improvement plan.

13 Better Care Fund Plan

The Board received two reports of the Director of Integrated Community Services on the Better Care Fund, presented by the Strategic Programme Manager Integration, Paul Copeland (for copy of report see file of minutes).

The Strategic Programme Manager Integration noted the first of the reports related to the Better Care Fund year end performance for 2022/23 and explained that was for information, having been submitted to NHS England on 23 May 2023, with the Vice-Chair having signed off the report 19 May 2023 on behalf of the Board. He noted key points/metrics included: unplanned/avoidable hospital admissions; discharge to normal place of residence; residential admissions; and re-enablement.

In relation to the second report, it was noted this set out the Better Care Fund Plan 2023-25 and this set out issues including: policy requirements; national conditions for BCFs; metrics; BCF Work Programmes; and timetables for planning and assurance. It was noted that the Plan had been signed off on behalf of the Board by the Vice-Chair on 27 June 2023 in order to meet submission deadlines.

The Chair noted there had been excellent feedback in terms of the narrative provided within the reports by the Strategic Programme Manager Integration, and he thanked him for his work.

Councillor R Bell asked if there were any different funding pots allocated and any judgement that could be used in spending funds in other areas as felt necessary. The Strategic Programme Manager Integration noted there were conditions applied to each funding stream. Councillor R Bell asked if those funding streams were proportional and flexible. The Joint Head of Integrated Strategic Commissioning noted they were as flexible as they could be, within the conditions attached.

The Corporate Director of Adult and Health Services echoed the thanks of the Chair to the Strategic Programme Manager Integration for all his work. She noted that paragraph 15 of the Better Care Fund Plan 2023-25 report relating to BCF Work Programmes was very important in terms of systems and being able have a positive impact upon local people and their lives.

Resolved:

- (i) That the contents of the reports be noted.
- (ii) That the Board agree to receive future updates in relation to BCF performance.
- (iii) That the Board endorse the BCF Plan for 2023-25 for County Durham.

14 Poverty Strategy and Action Plan

The Board received a report and presentation of the Corporate Director of Resources on the Poverty Strategy Action Plan, presented by the Assessments and Awards Manager, Patrick Hetherington (for copy of report see file of minutes).

The Board noted the Poverty Strategy Action Plan had been produced in 2015 and reviewed in 2022 with a vision '*to work together so fewer people will be affected by poverty and deprivation in the County*'. It was explained that the four objectives of the plan were:

1. Use intelligence and data to target support to low-income households.
2. Reduce the financial pressures on people facing or in poverty.
3. Increase individual, household and community resilience to poverty.
4. Reduce barriers to accessing services for those experiencing financial insecurity.

The Assessments and Awards Manager noted that the Poverty Strategy Action Plan had been agreed in November 2022, however, it had been approximately one year since it had been developed. He added that more recent developments had included some people in full-time employment now struggling financially, and he noted the plan must therefore evolve to support people as situations change.

Councillor T Henderson asked as regards how the Poverty Action Steering Group aligned to the Child Poverty Working Group. The Assessments and Awards Manager noted it was incorporated within the Poverty Action Steering Group.

Councillor R Bell asked as regards information available to residents facing increasing financial pressures, whether there was a central resource, and how Councillors could help support that work. The Assessments and Awards Manager noted that the DCC website was kept as up to date as possible with the Council's Welfare Rights Team providing excellent advice and information. He added there were links with Citizens' Advice and the Department for Work and Pension.

The Director of Public Health noted the need to join up the work in relation to health and wellbeing and poverty and asked how as Boards the Poverty Action Steering Group and Health and Wellbeing Board could push that. She also asked as regards local actions, and any push/advocacy for regional/national actions. The Assessments and Awards Manager noted that he, or the Head of Transactional and Customer Services, Victoria Murray, along with Councillor A Shield as the Portfolio Holder would be happy to attend any meetings as necessary.

He added there was a wealth of information available through the Durham Insights website. The Assessments and Awards Manager noted answers being sought nationally as regards the Household Support Fund and supported housing.

Resolved:

That the contents of the report and presentation be noted.

Councillor T Henderson left the meeting at 11.00am

15 Physical Activity Strategy, Moving Together in County Durham

The Board received a report of the Corporate Director of Adult and Health Services on the Physical Activity Strategy, Moving Together in County Durham, presented by the Public Health Strategic Manager, Mick Shannon (for copy of report see file of minutes).

The Public Health Strategic Manager noted the vision, mission and core principles of the strategy and noted that physical inactivity was the fourth leading risk factor for early death.

He explained that during COVID-19 many people had taken up walking as a 'guilty pleasure' and noted that while it was important in terms of physical activity, the benefits to mental health from such activity was also very important. He noted that the UK Chief Medical Officers had noted that "*If physical activity were a drug, we would refer to it as a miracle cure...*".

The Public Health Strategic Manager explained the report referred to five priority areas identified from consultation:

1. Children and young people moving together.
2. Community wide (empowering local communities to move more in their daily lives)
3. Active travel and planning
4. Health and social care
5. Moving Together Champions

The Public Health Strategic Manager noted the importance of working with community and voluntary sector partners as well as working with County Durham Together Teams in terms of identifying barriers to physical activity, noting some of the most disenfranchised being those in health and social care settings.

Councillor R Bell asked how our own Council and NHS staff were encouraged and supported in terms of physical activities, especially in light of the increase in working from home. The Public Health Strategic Manager noted that a newly appointed Public Health Practitioner would be focussing on working on Health and Wellbeing and explained that there was consultation with DCC staff as regards what types of activities they would wish to participate in. He noted examples such as the relaunch of 'walk-leaders' and the 'Couch to 5k' schemes. He agreed that working from home meant it was very easy to sit in one position for long periods of time and noted the availability of the 'My Wellness' app for staff, with 'live classes' available via the app. The Chair noted activities such as the Community Nursing Team Sports Day held at the Spennymoor Offices.

Resolved:

That the Physical Activity Strategy, Moving Together in County Durham and its recommendations/action plan be agreed and approved for publication.

16 Healthwatch County Durham Annual Report and Work Plan

The Board received an update from the Chair of Healthwatch County Durham and Board Member, Chris Cunnington-Shore on the Healthwatch County Durham Annual Report and Work Plan (for copy of report see file of minutes).

Chris Cunnington-Shore began by introducing and thanking Gail McGee, Project Lead from Healthwatch County Durham for all her hard work culminating in the Annual Report.

Chris Cunnington-Shore explained that Healthwatch looked to where it could make a difference and he thanked the 25 volunteers that helped Healthwatch in its work, contributing 260 days over the last year. He noted the impact of COVID-19 on the work of Healthwatch and the increased use of social media and e-bulletins to help share information on health and social care issues.

Chris Cunnington-Shore noted that the Annual Report has been accepted by the Healthwatch Board and had been published on 30 June and shared with Healthwatch England. He reminded the Board that Healthwatch was the consumer champion for health and social care. He added that Healthwatch went out into communities to help formulate priorities and noted that four published reports on areas that people had wished to see improvements in, namely: Home Care Services; 'Over to you', looking at public priorities; 'So here's the thing', looking at Children and Young People's Mental Health; and patient view on access to GP led services.

He explained that the top three areas where people had sought advice and signposting from Healthwatch had been: GP services; dental services; and hospitals. It was explained that mental health had been the topic of most concern to people.

Chris Cunnington-Shore explained that the work programme and priority areas for 2023-24 included: public engagement around hospital discharge; waiting list impact for elective surgery; mental health – maintaining an overview of the Transformation Programme and evaluating its effectiveness; health inequalities within access to GP services' barriers to health and care services within seldom heard groups; and gathering real case evidence in relation to ongoing issues with dentistry.

Chris Cunnington-Shore noted that three staff members had left Healthwatch County Durham, with three new staff having taken up positions. He noted one recent recruit had a background in mental health which was very good in supporting the issues as previously referred to. He emphasised that Healthwatch would continue to focus on Place and would reinforce this with the NENC ICB. He reiterated that Healthwatch would continue to represent the views of our county, maintaining their voice, working with partners for the best outcomes for people.

The Chair thanked Chris Cunnington-Shore and noted that Councillor C Hood as Chair of the Board had wished to pass on his thanks and that of the Board to Healthwatch and their volunteers in providing an effective voice for the people of County Durham.

Resolved:

- (i) That the Healthwatch County Durham Annual Report and Workplan be noted.
- (ii) That the Board provide comment on future work areas to ensure further alignment to the JLHWS.

17 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.

The Director of Public Health reminded the Board that all 12 Local Authorities in the region funded Fresh and Balance, which worked to address the impact of tobacco and alcohol on ill health, harm to communities and fuelling health inequalities. She noted that a major issue was to reach into our communities and impact and bring home the harm that can be caused, noting an example being 29 percent of manual workers were smokers. The Board watched a video featuring the story of Cathy Hunt, a DCC Councillor, who was a former smoker who had been diagnosed with lung cancer and had half a lung removed in 2015. She underwent surgery when the cancer returned and has now had a kidney removed having been diagnosed with kidney cancer. The Board felt the video was very powerful and Cathy gave a strong message of the importance that it was never too late to stop smoking.

Resolved:

That the information contained within the presentation be noted.

18 Housing Strategy Consultation

The Board received a presentation of the Corporate Director of Regeneration, Economy and Growth, delivered by Housing Manager, Marie Smith (for copy, see file of minutes).

The Housing Manager set out the vision and priorities of the Housing Strategy 2024 and explained as regards the timescales and next steps in the consultation, with the Principles and Priorities Paper being consulted upon through to 18 August, the Draft Strategy being out for consultation October and November, with adoption of the Strategy in Spring 2024.

The Chair noted that Neville Chamberlain and Aneurin Bevin had both been Minister for Health and Housing, demonstrating that there has long been an understanding that the issues were linked. The Housing Manager noted the reference made by the Assessment and Awards Manager to the lack of affordability in the housing market. The Director of Public Health noted that the consultation period on the Principles and Priorities Paper ended during August recess and suggested that a response on behalf of the Board be submitted. The Interim Strategic Manager - Partnerships noted she would pull together a response on behalf of the Board. The Housing Manager noted that there had been good feedback from the Area Action Partnerships.

Resolved:

- (i) That the information contained within the presentation be noted.
- (ii) That the Interim Strategic Manager - Partnerships provide a response on behalf of the Board in relation to ongoing consultation.

19 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.

20 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.