

DURHAM COUNTY COUNCIL

At a Meeting of **Health and Wellbeing Board** held in **Committee Room 2, County Hall, Durham** on **Monday 25 September 2023 at 9.30 am**

Present:

M Laing (In the Chair)

Members of the Committee:

Councillors T Henderson and R Bell, J Robinson, A Healy, M Graham, P Sutton, L Taylor, K Burrows, F Jassat, G Elliott, C Clarke and S Burns.

1 Apologies for Absence

Apologies for absence were received from Councillor C Hood, Pearce, Kerr, Hall, Dr J Carlton, D Gallagher, S Jacques, Robertson, Mr C Cunnington Shore, Murthy, A Petty, and Innes.

2 Substitute Members

There were the following substitutes: M Stenton for J Pearce; J Kelly for L Hall, S Burns for D Gallagher, N Appleby for A Petty, R Stray for S Jaques.

3 Declarations of Interest

There were no declarations of interest.

4 Minutes

The minutes of the meeting held on 28 July 2023 were confirmed as a correct record and signed by the Chair.

5 Membership of County Durham Health and Wellbeing Board

The Board received a report from the Head of Legal and Democratic Services, Durham County Council that looked to seek the views from members of the board to invite additional representatives to become voting members of the Health and Wellbeing Board (HWB) (for copy see file of minutes).

J Bradbrook, Interim Strategic Manager - Partnerships gave a verbal presentation to seek agreement from the Board to invite the proposed representatives as detailed in the report to become voting members to strengthen partnership working and reach a wider audience.

J Robinson, Corporate Director Adults and Health Services was happy with the recommendations for additional members to become voting members of the Health and Wellbeing Board. She queried whether a representative could be nominated from Durham Constabulary in addition to the Police and Crime Commissioners office.

N Appleby agreed to approach the new Chief Constable for Durham Constabulary for a representative.

A Healy, Director of Public Health was supportive of the report to strengthen the Board. She had attended the last Environment and Climate Change Partnership Board and agreed to liaise with the Interim Strategic Manager - Partnerships on how to get the best out of the board to strengthen the partnership links between the Environment and Climate Change Partnership and the Health and Wellbeing Board.

M Laing thought the new members could act as conduits to bring information from this board into their organisations and from their organisations into this Board. He gave all new members present a warm welcome and looked forward to their contributions.

Resolved:

- i) That Charlotte Clark from Durham University became a voting member of the Health and Wellbeing Board.
- ii) That Kate Burrows from Durham Community Action became a voting member of the Health and Wellbeing Board.
- iii) That Amy Harhoff, the Corporate Director of Regeneration, Economy and Growth became a voting member of the Health and Wellbeing Board but nominated Lynn Hall, Housing Strategic Manager as the housing representative for the service and became a voting member for the Economic Partnership.
- iv) That the work be noted that had been undertaken to strengthen partnership links between the Environment and Climate Change Partnership and the Health and Wellbeing Board.
- v) That Feisal Jassat, County Durham Partnership lay member for engagement became a Board member to enhance the decision making of the CDCP.

Councillor A Bell left the meeting at 9.55am

6 Health and Social Care Integration

J Robinson, Corporate Director Adults and Health Services gave a verbal update on how health and social care integration had progressed locally. There were five areas that the CQC were piloting their new approach to local authority assessments (Birmingham City Council, Lincolnshire County Council, Nottingham City Council, North Lincolnshire Council and Suffolk County Council). There had been a session held with Lincolnshire Council that had provided some feedback that would help DCC with the assessments when the CQC reviewed data and published documentary evidence from local authorities. Formal feedback would be provided by the CQC on completion of the work. There would be a Social Care inspection undertaken and work would be required to determine how to manage this. She felt that a joint meeting with Children and Young People's Services would be beneficial around learning and work in the region.

M Stenton, Head of Early Help, Inclusion and Vulnerable Children agreed to send through the Children and Young People's Services assessment and offer any further assistance as required.

M Laing contemplated that Sam Allen CEO of the new Integrated Care Board (ICB) that came under the new Integrated Care Partnership (ICP) was keen for a joint committee. Guidance from Government that had been issued in December 2020 had not helped identify the restrictions on what could be done jointly. The Section 75 that had been agreed previously had allowed partners to contribute to a community fund which could be used to commission health or social care related services to enable joint commissioning and commissioning of integrated services. A joint committee would benefit the people of County Durham but would be another meeting to determine for Cabinet and Councillors what the current position was. Although unclear on joint working arrangements more joint posts had been created with Sian Savage appointed as programme Lead for Mental Health and Learning Disability Integration and Jenny Illingworth as Programme Director Children and Young Peoples Integrated Services. In practise joint posts would ease integration as patients should not be passed between organisations.

7 County Durham Together

The Board received a report of the Corporate Director of Adult and Health Services, Durham County Council that provided an update on the developments of County Durham Together. The report was also to enlist the support of the members of the Health and Wellbeing Board to work towards the County Durham Together ambitions in the work they do collectively and as individual partners (for copy see file of minutes).

K Wilkinson, Public Health Strategic Manager (County Durham Together) gave a presentation on the developments of the County Durham Together (CDT) programme. She stated that the programme had been reviewed and refreshed with a new vision to work with communities and the voluntary sector with a less bureaucratic way of working. The vision mirrored what the Health and Wellbeing Board wanted to achieve. She explained that the County Durham Together sat under the umbrella of the County Durham Partnership and aimed to create a streamlined, resilient, sustainable skilled workforce. She noted that there were various workstreams to develop and carry the work forward. There had been a lot of integrated working already developed to transform services that included mental health teams, neighbourhood teams and family hubs. Further work was required and would need to enlist the support of all organisations to embed the work. The CDT would provide the tools and the conditions to support the Joint Local Health and Wellbeing Strategy.

J Robinson mentioned that she chaired the CDT Partnership and throughout had tried to obtain a consistency of members and partners. She felt that now the Public Health Strategic Manager (CDT) was in post to not only refresh and update the work it would provide the opportunity on how to drive the work forward.

Councillor Henderson asked if there was an alignment between the CDT, Integrated Neighbourhood Teams and Local Networks as they developed (former AAPs).

K Wilkinson responded that work was underway with all Neighbourhood Teams to gain synergy but alliances were tricky. She looked forward to bringing everything together with an aim of eighteen months to get everything right for the networks.

G Elliott, Head of Partnerships and Community Engagement noted that this would be a better use of data with a local network profile that had a four year strategic plan for the Local Network Area. This would also join up resources and pots of money.

Councillor Henderson questioned how the impact on the community would be monitored.

K Wilkinson stated that there was instrumental work underway with academic institutions on a small scale to monitor the impact. Work was still progressing but it was felt that the process on how to do things differently and how people felt was key in the first instance. The baseline was community involvement and establishing how people felt now.

Councillor Henderson queried what the time frame would be.

K Wilkinson replied that results would not happen overnight but there were time frames in place that looked at the short time between 6-12 months and long term between 12-24 months. She answered M Laing that she could report back to the Board at any point.

A Healy supported the recommendation as the work would lead to better outcomes. She enquired as to whether the presentation could be replicated to other partnership groups to start to embed the ethos.

J Bradbrook reported that the presentation had already been to the County Durham partnership.

A Healy thought the message could be conveyed to individual partnerships.

M Laing considered as responsible bodies how the Board could enable CDT. He felt it could be presented to more individual organisations as further engagement was required. He noted that it had been to the Fire and Rescue service.

A Healy believed that the ethos of CDT was required to be at the forefront of everyone's mind and Board members should establish how to link with their organisations and provide support.

F Jassat understood that community engagement and involvement could take this forward that required a facultative approach that was evidence based on how to measure it with better studies and tools described in the framework.

G Elliott suggested that the CDT should feature at the annual event on 17 November 2023 at the Ramside Hotel, Durham.

K Burrows confirmed that the presentation had also been received at the Better Together Forum.

Resolved:

- i) That the contents of the report be noted.
- ii) That the Board supported and championed the developments for County Durham Together and recognised how the approach could support the Health and Wellbeing Board to attain its priorities.

That the Board agreed to the further development of the County Durham Approach to Wellbeing as an assurance tool for the Health and Wellbeing Board and its composite organisations to use in day-to-day work

8 Think Autism in County Durham

The Board received a joint report of the Corporate Director of Adult and Health Services, Durham County Council and the Corporate Director of Children and Young people's Services, Durham County Council that provided an update as to progress following the refresh of 'Think Autism in County Durham'; Autism Strategy for Children, Young People and Adults into an updated strategy for 2023-2026. The report had been presented to Children and Adults' management groups prior to the Health and Wellbeing Board along with the finalised strategy (for copy see file of minutes).

T Reed, Strategic Commissioning Manager and L Mulholland, Cognition Learning and Autism Team Leader gave a presentation on the refreshed 'Think Autism in County Durham' Autism Strategy for Children, Young People and Adults 2023-2026. The original strategy had been launched in April 2019 with the refreshed strategy now combining all age groups.

Councillor R Bell understood that it was prevalent that Autism diagnoses had increased with people being diagnosed later in life after leading successful lives. He queried if autism was over diagnosed and what was proposed to be done once a diagnosis was given.

L Mulholland responded that the figures had been taken from ONS data for Autism. She felt that Autism was actually underrepresented in the statistics as she knew there were a number of females that had not been diagnosed and therefore not captured in the data.

T Reed thought that it was an interesting point that autism diagnosis had increased with some people who had received support and those who had not. She stated that the autism strategy fitted into the CDT approach and communication was key.

L Mulholland noted that the object was to help people with high levels of autism to access services they required. Collaborative working to talk to people to try to unblock barriers was crucial.

Councillor Bell asked if there were any lessons learnt from Covid and what was affected by the pandemic.

L Mulholland explained that the Steering Group had continued to meet during Covid that looked at what were the worst areas and prioritised access to connect people virtually. She had found that for some people the restrictions of lockdown were helpful as they had imposed clear rules but others had found the isolation hard.

Councillor Henderson questioned whether there was enough support in schools and colleges especially since there were 35 new referrals made every month and there was 481 days wait for children and young people for an assessment.

T Reed confirmed that work had been carried out with schools to help them to understand pupils with autism better. There was a project in North Durham that worked together with schools to meet the needs of children and young people before a diagnosis was given. CDT was drawn together from views from people with Autism to inform and influence on how to get the right support. Work was ongoing to redesign support within services to help people with Autism live full lives. CDT also made services more inclusive for children and young people and adults. The Durham Community Action was to be more involved.

M Laing queried if accommodation was also addressed for people with autism.

L Mulholland responded that accommodation may need to be specific to people who had different needs. In general accommodation may be a shared house with colleagues. In other cases the design and layout may need to be adapted for significant needs. Special accommodation was planned within commissioning within the social care programme.

M Laing questioned whether the average waiting list across England was higher or lower than Durham.

L Mulholland affirmed that the waiting list was high but not in comparison to rest of England. It sat under the pathway for CAMHS. Work had been undertaken for a triage panel that was multiagency led that considered 205 referrals every month to sign post to support.

S Burns, Director of place/head of integrated commissioning stated that the ICB for Durham had the longest waiting list that was not acceptable and was not good enough for Children and Young People. She acknowledged it was a complicated challenge. She noted that waiting times increased during the pandemic.

M Graham declared that there was a need for more improvement and communication in schools. There was an expectation that a child or young person would require a diagnosis first before they received treatment. He urged that the message was very important especially post diagnoses where additional services may be required to be established.

T Reed noted that children and young people realistically waited a long time to get diagnosed. It was felt that there was a requirement that support should be put in place before diagnosis that could be helped through social communication.

M Laing queried the support available in the transition for children and young people when they changed year groups in schools or went from primary to secondary school as he did not want people not to get support until they were diagnosed.

M Stenton contemplated that communication was key and thought that the message should be conveyed and in the public eye before Autism week in April 2024.

L Mulholland confirmed that preparations were in place to present the proposal to Cabinet with the expectation to launch the strategy in January 2024 to then plan the Children and Young People's version.

M Stenton thought discussions should take place with Councillor Henderson and Councillor Bell regarding communications for Cabinet.

Resolved:

That the findings were agreed in the report and the updated strategy prior its progression to Cabinet on 15 November 2023.

9 County Durham Health and Wellbeing Board Work Programme

J Bradbrook, Interim Strategic Manager - Partnerships presented information on the work programme for the Health and Wellbeing Board going forward that brought together members and outlined its the role. The revised membership of the Board would give a more holistic and systematic approach to plug any gaps in the workload. She outlined the agendas for the remainder of the schedule of meetings but noted that additional items could be added if required.

T Reed suggested that at each meeting patient's stories and case studies could be heard to show what impact the work had on the service, what was provided and any lessons that could be learnt to create more interactive sessions.

M Laing proposed that the Board could change to include service users and patients at the meetings.

J Bradbrook thought that the suggestion was timely as the board had a very traditional format that brought people together to share experiences and views to question and stimulate. She was supportive of the idea as it would bring a wider viewpoint.

A Healy agreed that the shape of the meetings should change to gain input from service users alongside staff to present and support them. She found development sessions in the past useful to help identify any challenges in the joint working arrangements.

S Burns also agreed that there were different ways to do things. She thought the views of service users could be recorded to be played at the Board that illustrated ways to improve services. The increased Board membership would strengthen partnership working to look at issues presented to identify a clear role to receive information.

M Laing approved of the Board to become more action focused going forward.

M Stenton believed it would be good to get away from the formal traditional agenda and get out more into the social care settings.

Councillor Bell thought that it may be difficult to change every meeting as it would depend on what was discussed as to how it was set up as one size did not fit all. The Board could be flexible as to where the meetings were held.

M Laing offered meeting facilities at the Richardson Hospital or other community hospitals as a change of venue for the Board.

A Healy felt that the balance had to be right in the changing venues and suggested that a mixture of people could be invited and not just patients or case work.

10 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.

11 Pharmacy Applications

The Board considered a report of the Director of Public Health which presented information in relation to a 'No Significant Change Relocation' in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (for copy see file of minutes).

Resolved:

That the report be noted.