DURHAM COUNTY COUNCIL

At a Meeting of **Health and Wellbeing Board** held in **Committee Room 2, County Hall, Durham** on **Monday 13 May 2024** at **9.30 am**

Present:

M Laing (Vice-Chair in the Chair)

Members of the Committee:
Councillors T Henderson and R Bell, R Allen, S Burns, K Carruthers, Prof C Clarke, C Cunnington-Shore, M Edwards, M Graham, A Healy, M Houghton, F Jassat, J Pearce, A Petty, J Robinson, P Sutton, J Todd

1 Apologies for Absence

Apologies for absence were received from Councillor C Hood, Chief Constable R Bacon, L Buckley, K Burrows, Dr J Carlton, S Jacques and M Kelleher.

2 Substitute Members

There were the following substitutes: Assistant Chief Constable R Allen substituted for Chief Constable R Bacon; M Edwards substituted for M Kelleher; and S Burns for L Buckley.

3 Declarations of Interest

There were no Declarations of Interest.

4 Minutes

The minutes of the meeting held 20 March 2024 were agreed as a correct record and signed by the Chair.

The Corporate Director of Adult and Health Services, Jane Robinson noted that the Care Quality Commission (CQC) would be at County Hall next week looking at the Council's delivery of Adult Social Care and explained that, following high level feedback, she would report back to the Board.

The Director of Public Health, Amanda Healy noted that further of discussion at the last meeting in relation to tobacco, feedback from the Police and Crime Commissioner, Joy Allen had been received in a letter to the Director of Public Health, FRESH and the Director of Public Health for Darlington. She added there would be in depth work with young people in our schools on associated issues, including vapes.

The Chair noted that Item 9, Oral Health Promotion and Community Water Fluoridation would be brought forward as the next item.

5 Oral Health Promotion and Community Water Fluoridation

The Board received a briefing note in relation to North East Water Fluoridation from NHS England (for copy see file of minutes). The Director of Public Health noted she would give a presentation to the Board on Oral Health Promotion and Community Water Fluoridation. She explained a member of the public was also in attendance to ask a question to which she would respond, the Chair having used his discretion to allow questions.

The Director of Public Health explained that in the past, prior to 2022, Local Authorities had had statutory responsibility and decision-making responsibilities for any new or varied water fluoridation schemes. She noted the responsibility had transferred to the Secretary of State for Health and Social Care in central Government. It was added that the Leaders of the seven Local Authorities in the North East had wrote to Government in terms of going ahead with water fluoridation. The Director of Public Health noted that the Adults, Wellbeing and Health Overview and Scrutiny Committee had recently met and supported water fluoridation, with that response to be forwarded as part of ongoing Government consultation.

The Board noted that Local Authorities were responsible for the promotion of oral health, and in 2023 the Oral Health Promotion Strategy for County Durham was updated with water fluoridation being identified as an effective way of reducing inequalities in dental health. The Director of Public Health noted that the aims of the strategy were to: improve oral health of everyone living in County Durham; reduce oral health inequalities; create supportive environments, working with communities and partners to promote oral health; and contribute to good oral health across the life course.

The Director of Public Health referred to the evidence base for community water fluoridation, noting that it was effective, safe, reduced inequalities, cost effective and sustainable. She noted oral health was an integral part of overall good health and wellbeing and that the impact of severe tooth decay had wide implications for children and families: pain, hospital admissions, and missed days from school.

She added that tooth decay was the most common oral disease affecting children and young people with lifelong impacts and although largely preventable, a significant proportion of our residents still experienced poor oral health.

The Director of Public Health explained that water fluoridation was associated with less dental caries and an increase in the number of individuals with no caries. She added that there was also an increase in the number of individuals with dental caries in areas where water fluoridation schemes had been discontinued. She noted that ensuring drinking water contained the recommended level of fluoride was an effective way to prevent tooth decay and water fluoridation at levels within the UK regulatory limit of less than 1.5mg/l was effective and safe, and without any convincing evidence of adverse health outcomes. She explained that fluorosis was a possible dental side effect of water fluoridation and that in mild cases it appeared as white flecks on teeth, however, the risks of fluorosis need to be balanced against the health risks of severe dental decay.

The Director of Public Health noted several common myths associated with water fluoridation, including that fluoride was a poison or pesticide. She explained that fluoride was naturally present in water and in some areas of the UK it was naturally at levels similar to, or even slightly higher than, those seen in fluoridation schemes. She noted that fluoride sources originate with fluoride-bearing rocks which were then processed to produce a variety of materials and it was added that fluoride does not change the taste of drinking water. She noted another myth was that fluoridation was a form of mass medication, however, she noted that a medication was typically used to relieve symptoms and fluoride was a mineral, not a medication. She added it was proven by decades of research to prevent tooth decay and that fluoridation worked in addition to fluoride in toothpaste. She noted it was a public health measure endorsed by the four UK Chief Medical Officers.

The Director of Public Health noted another question sometimes raised was why some non-fluoridated areas had better children's dental health than some fluoridated areas. She noted that while fluoridation was effective, the prevalence of tooth decay depends on a wide range of factors including deprivation, dietary habits and regular tooth brushing with a fluoride toothpaste. In terms of any risk to pregnancy from fluoridated water, she noted that there was no evidence that fluoridated water at controlled levels had a negative impact on fertility, conception, pregnancy, perinatal health, childbirth or mother and baby wellbeing. She noted that there were benefits to developing children, which was a major reason for implementing fluoridation, with fluoridated water being the preferred method of getting the benefits of fluoride in the diet to other alternatives, such as supplements or toothpaste.

The Director of Public Health noted that the North East had a long history of fluoridation, both natural and artificial. She added that areas of the North East that benefit from natural fluoridation were Hartlepool, parts of east Durham and parts of Sunderland, however, only Hartlepool and parts of east Durham had naturally fluoridated water at or near the optimum level for dental health. She noted that Northumbrian Water had supplied artificially fluoridated water to the North East from the late 1960s including: County Durham, Chester le Street, Consett, and Stanley; Northumberland, Alnwick, Hexham, Cramlington; North Tyneside; Newcastle; and Gateshead.

The Board noted a graph showing levels of dental decay in Middlesbrough, a non-fluoridated area comparted to those in Hartlepool, a naturally fluoridated area, with Hartlepool having reduced levels of decay. The Director of Public Health noted that in County Durham, 26 percent of five-year-old children living in non-fluoridated areas had decay experience, that being two percent higher than those living in fluoridated areas, at 24 percent, and 3.6 percent higher than those living in naturally fluoridated areas, at 22.4 percent. She noted that, in County Durham, the prevalence of experience of dental decay was 21.5 percent in 5-year-olds living in the least deprived areas, compared with 31.7 percent of those living in the most deprived areas. The Director of Public Health referred the Board to data and graphs setting out data from 2020/21 to 2022/23 which showed County Durham's hospital admission rate for tooth decay requiring tooth removal for 0 to 5 years old was 398.5 per 100,000, equating to 120 children per year. She noted those children were receiving general anaesthetic, which had inherent risks, for what was a preventable disease. She referred members to information as regards the cost effectiveness of water fluoridation schemes, highlighting estimated savings in relation to NHS treatment which was preventable as a result of water fluoridation schemes.

The Director of Public Health noted that the Government's policy paper 'Faster, simpler and fairer: our plan to recover and reform NHS dentistry' set out a focus on prevention of tooth decay, including the long-term ambition to systematically bring water fluoridation to more of the country, with a particular focus on the most deprived areas, which stood to benefit most. She noted there was a legal duty on the Secretary of State to undertake a formal public consultation before entering into new fluoridation arrangements or varying existing agreements to community water fluoridation schemes across the North East of England. She explained as regards the consultation process, noting it ran for 12 weeks, 25 March 2024 to 17 June 2024, with links included within the agenda papers and presentation to the Government's webpage.

The Director of Public Health highlighted the support for fluoridation schemes with national support including from: the four Chief Medical Officers of the UK; the Chief Dental Officer from NHS England; the British Dental Association, the British Medical Association; the British Association for the study of Community Dentistry; the British Fluoridation Society; the Royal College of Paediatrics and Child Health; and the British Society of Paediatric Dentistry. She added that regional and local support came from the dental profession, medical colleagues, the Integrated Care Board (ICB), with all 12 Local Authorities in the North East having expressed their support for the Government's proposal to extend fluoridation. She noted that Health and Wellbeing Boards and Health Scrutiny Committees had recognised the impact water fluoridation could have to improve oral health and wellbeing. She reiterated that the North East North Cumbria ICB supported the extension of water fluoridation across the North East and noted the Association of Directors Public Health North East (ADPHNE) and the Regional Dental Committee all support water fluoridation.

The Director of Public Health noted a quote from Professor Chris Vernazza, Head of School of Dental Sciences, Newcastle University, Professor of Oral Health Services and Honorary Consultant in Paediatric Dentistry:

"In my clinical work, I see the devastating impact of dental decay on children and their families and every time I remove multiple teeth from a child under general anaesthetic, I am deeply saddened. There is good evidence for the benefits and safety of water fluoridation and the economic arguments stack up too. I fully support implementation of fluoridation in our region as a key part of the package required to prevent this widespread disease".

The Director of Public Health concluded by noting that the Local Dentistry Committee expressed their full support to extend water fluoridation, noting the benefits as a public health intervention. She asked Mr M Watson, member of the public to ask his question.

Mr M Watson noted tooth decay data relating to five-year-olds collected in Oral Health Surveys (OHS) for 2021-22 only had a response rate of 3.8 percent, and therefore there was concern in terms of the low rate of response over the last 14 years in respect of this data. He asked, with such scant historical data, how would it be determined if water fluoridation was a success in the future.

The Director of Public Health noted that the monitoring was carried out by Government, with the Council receiving reports regularly, with three having been received to date. She explained these reports were prepared by the Water Fluoridation and Health Monitoring Working Group, on behalf of the Secretary of State for Health and Social Care, in intervals of no greater than four years, the last being received in 2022.

She noted the report detailed hospital data and information for 0- to 19-year-olds, and information was reviewed locally and monitored in terms of trends to help target interventions and responses. She added that information relating to monitoring was shared and fed back to Government. She noted she did not agree that there was scant historic data, adding that historic and contemporaneous data was both qualitative and quantitative, and in line with national standards.

The Director of Public Health noted a number of questions from members of the public from County Durham and some other areas which had fallen under a number of themes, and responses would be sent to those individuals. She explained several questions related to concerns in adding hexafluorosilicic acid to water supplies. She explained that the 1985 Fluoridation Act specifically identified the use of hexafluorosilicic acid as a chemical permitted for use in community water fluoridation schemes and therefore the Government were exercising the power under the Act, reiterating that hexafluorosilicic acid was stated specifically within the Act for use in water supplies. She added there was very strict monitoring regimes by water authorities.

The Director of Public Health noted that some questions had related to the public consultation and how the public were being made aware. She noted that Local Authorities would respond to the Secretary of State for Health and Social Care, adding that Local Authorities and the Health and Wellbeing Boards were consultees that would respond to the Department for Health and Social Care. She noted the Government responsibility to inform the public, however, noted that the meetings of the Adults, Wellbeing and Health Overview and Scrutiny Committee and Health and Wellbeing Board were open to the public.

Councillor R Bell noted Cabinet had taken a view that the Adults, Wellbeing and Health Overview and Scrutiny Committee and Health and Wellbeing Board should respond to the consultation. He noted he felt that water fluoridation should be a last resort, once other interventions such as suppling toothpaste and direct advice on teeth cleaning were exhausted. He noted that many young people would rarely ask for a drink of water, many drinking sugary carbonated drinks. He added many others consumed tea and coffee as their main drinks. He asked as regards any correlation in terms of consumption of fluoride and evidence of issues in the older population, such as osteoporosis. David Landes, Consultant in Dental Public Health, NHS England explained there had been a number of studies which showed reduction in decay in fluoridated areas, and associated decreases in dental disease. He noted there had been a number of studies with older people and there had been no evidence of increased hip fractures. He noted studies in Hartlepool, which had similar fluoride levels since around 1840 and no impact or difference was seen compared to other lower fluoride level areas.

The Consultant in Dental Public Health explained that oral health had significantly improved over the last 30-40 years with the increase in use of toothpaste and fluoridation, adding that fewer older people were wearing dentures.

Resolved:

(a) That the update report and presentation be noted;
(b) That a response on behalf of the Health and Wellbeing Board to the consultation be drafted and submitted accordingly.

6 Reducing Alcohol Harms Update

The Board received an update report on reducing alcohol harms within our local communities as part of one of the four Joint Local Health and Wellbeing Strategy priorities (for copy of report see file of minutes). The report was accompanied by a presentation, given by Rachel Osbaldeston, Public Health Advanced Practitioner and Sue Taylor, Head of Alcohol Policy, Balance.

The Public Health Advanced Practitioner noted the key findings from Office for National Statistics (ONS), with the North East having the highest rate of alcohol-specific deaths of any English region in 2022, 21.8 deaths per 100,000, 32.8 percent greater than the last pre-pandemic rate in 2019 of 11.8 deaths per 100,000. She noted that therefore it was important to look how we would tackle that increase and look at groups being disproportionally impacted, such as men, as well as how the alcohol industry was marketing their products, such as the rise of alcoholic drinks being aimed towards young women. The Board noted that County Durham was not an outlier in terms of alcohol related mortality rates within the North East, however, it was noted that the county was more rural in nature when compared to other parts of the region.

The Public Health Advanced Practitioner explained that the new Combating Drugs and Alcohol Partnership (CDAP) was set up across County Durham and Darlington, chaired by the Police and Crime Commissioner, and had many partner organisations feeding information into this partnership. She noted that one aspect was for each organisation to look at their internal culture and it was noted that phrases such as '*it's wine o'clock*' or '*Friday night, drinks night*' reinforced alcohol consumption as a norm, and partner organisations needed to be 'on the same page'.

The Public Health Advanced Practitioner explained as regards 'making every contact count' training and work with the Alcohol Care Teams within the NHS Trusts in County Durham and Darlington and Tees, Esk and Wear Valley.

She added it was important to recognise that addiction was a condition, and not ‘a choice’ and to tackle that image, and other stereotypes such as ‘*they can’t handle their drink*’, those not capable being perceived ‘weak’. She added that when people were admitted into hospital, this was often a good opportunity for intervention, with people often more receptive to the idea of change when they are feeling most effected by the issue. It was noted that online drink coaches were working very well, with many people preferring that approach rather than face-to-face meetings, with some being reluctant to be seen attending services that also dealt with drug misuse. The Public Health Advanced Practitioner added that with alcohol harm being such a large issue, it was placed front and centre, with progress having been made over the last 18 months.

The Public Health Advanced Practitioner noted that a recent World Health Organisation report had shown that young people were consuming less alcohol that previous generations, however, we still saw a lot of harm to children and young people from alcohol, with the impact in the UK being much greater than in the EU. She added there was a focus on children and young people, noting the work of the Police in terms of alcohol seizures, and support offered to young people. She noted that the impact of the pandemic on the economy had impacted disadvantaged communities more and explained that minimum unit pricing (MUP) could still be an option to help reduce alcohol harms. She concluded by noting that the challenges for the Health and Wellbeing Board included: how do we support the wider system to engage in addressing health behaviours to help reduce alcohol harms; is MUP one of the solutions; and where do we go next to reduce alcohol harms.

The Head of Alcohol Policy, Balance noted that alcohol harms were at record levels not imaginable ten years ago. She noted the work of Balance and reminded the Board that it was funded through the seven North East Local Authorities and the North East Combined Authority (NECA). She added that alongside campaigns and interventions, Balance also lobbied Government, similar to how FRESH had lobbied in terms of tobacco harm. She reminded the board that Minimum Unit Price (MUP) had been introduced in Scotland in 2018, with a number of evaluations of the impact in Scotland showing reduced consumption and reduced number of deaths. She explained as regards the amount of prominent advertising in relation to alcohol, such as in the promotion of football, as well as within shops, bus stands and on television.

The Head of Alcohol Policy, Balance explained that there were different approaches that could be taken by the Local Authority, an example being in terms of the Licensing Act and the County Durham Licensing Policy, in terms of looking at MUP in certain areas.

She added that while it was guidance, it would not be enforceable, however, she felt it was something all North East Local Authorities should adopt.

In respect of campaigns, the Head of Alcohol Policy, Balance noted two main campaigns were undertaken each year, noting the last campaign having reached around six out of ten people, helping to sow the seeds of change. In respect of MUP she reiterated as regards local MUP, however, acknowledged that the greatest benefits would be found from a national introduction of a MUP.

J Pearce noted the differential impact upon disadvantaged communities and noted many young people within social care often had a poor quality of health, as noted in respect of oral health previously discussed. He explained it was important to come together to work to overcome the overarching inequalities that compounded such issues, noting the figures relating to 15 years olds and experimentation with alcohol were particularly stark.

The Chair asked if Assistant Chief Constable R Allen could speak as regards the impact of alcohol from a Police perspective. Assistant Chief Constable R Allen noted that in 2023/24 there had been around 27,500 alcohol related incidents attended by Durham Constabulary. He added incidents could vary in nature, from some incidents involving violent confrontations between young people in our parks to domestic violence. It was noted that the Police saw a lot of combined drug and alcohol use and there was a lot of work picked up by the Police, working alongside partners in County Durham and Darlington.

F Jassat noted that a lot of the prevention work was very good, and akin to fluoridation, there was a cost/benefit analysis to look at the cost of such preventative work and the cost to Local Authorities, the Police, Fire Service and the NHS. He noted it was important to see where we were saving, to help convince all partners of the benefits of that work. J Pearce added that, as noted within the presentation, it was also about a shift in culture as regards the acceptability of alcohol at levels that caused harm. He noted there had been a lot more work undertaken in terms of tobacco harms, with most people understanding the risks and harms, while people were less knowledgeable as regards similar harms from alcohol. He added the question was how to get to the same position for alcohol that we had reached for tobacco.

Councillor R Bell noted the established link between alcohol harms and deprivation; however, he recalled information presented at the Adults, Wellbeing and Health Overview and Scrutiny Committee that levels of excess alcohol consumption were higher in Teesdale than Easington.

He noted that while there was a need to focus upon areas of acute incidents, we should not lose sight of the wider impact of general excess consumption, for example of wine, throughout our communities.

He noted the links between alcohol production and climate change, through CO_2 production, and the impact of cheap alcohol sales on offer within UK supermarkets. The Chair noted the opportunity to link the issue through the green agenda.

The Head of Alcohol Policy, Balance noted national research had shown that around 1 million people drank more than the recommended levels, and therefore while there were targeted interventions in areas with the most harm, the wider issue of too much consumption would not be forgotten. The Public Health Advanced Practitioner noted it was important for people to be mindful of their alcohol intake, with the 'DrinkCoach' app helping people to assess the impact upon their own health.

The Director of Public Health thanked the Officers for their report and presentation and noted that while MUP had been off the table for the time being, there was continued work with Sheffield University in terms of the data demonstrating the potential positive impact of MUP.

Resolved:

(a) That the content of the report and presentation be noted;
(b) That the reduction of alcohol harms within the community be maintained as a key priority of the Health and Wellbeing Board as an ongoing action;
(c) That a system-wide, population health management approach to engage with those individuals who are alcohol dependent to access support be encouraged, starting with an effective conversation undertaken by health and social care professionals followed by a referral into the Drug and Alcohol Recovery Services (DARS);
(d) That the impact of Dame Carol Black funding on the rates of Successful Completions for alcohol seen within the DARS be monitored and recognise the potential for implication if the funding is withdrawn after 2025/2026.
(e) That the Health and Wellbeing Board continue to support lobbying in respect of Minimum Unit Pricing (MUP).

7 Poverty Issues Annual Report

The Board received the annual report of the Corporate Director of Resources on Poverty Issues, with accompanying presentation, given by Victoria Murray, Head of Transactional and Customer Services (for copy of report see file of minutes).

The Head of Transactional and Customer Services noted that the report and presentation would refer to: the most recent welfare, economic and poverty indicators for County Durham; core expenditure which supports poverty related activities; progress in alleviating poverty; priority actions to be progressed during 2024-25. She explained that the work of the Poverty Action Steering Group (PASG) was structured around four key objectives.

The Board noted Objective One related to the use of intelligence and data to target support to low-income household, and it was explained the objective was developed at the same time as the Inclusive Economic Strategy. The Head of Transactional and Customer Services noted funding in terms of the Household Support Fund, Department of Education and the UK Shared Prosperity Fund (UKSPF) and the work of the public sector together with the voluntary sector in terms of the ongoing delivery of the Poverty Strategy Action Plan. She explained that the other objectives were: Objective Two - reduce the financial pressures on people facing or in poverty; Objective Three - increase individual, household and community resilience to poverty; and Objective Four - reduce barriers to accessing services for those experiencing financial insecurity. She noted that there had been many projects with issues including food poverty, welfare and benefits advice, training and employability; Durham Index of Need, Credit Union, the change from 'Warm Spaces' to 'Welcome Spaces'. An example given was that of 'The Bread and Butter Thing' food network, with 15 hubs offering support to around 1,200 families.

The Head of Transactional and Customer Services noted other local actions that were to help lift people out of poverty, as well recently received data sets that would help inform further actions. She noted that the work of the Poverty Strategy and Action Plan would continue and would be monitored by the PASG.

Councillor R Bell noted the spend of the County Council was limited and likely to be more so in future and asked what data had been gathered in terms of being able to see what interventions and projects had been successful, noting the work of the Area Action Partnerships (AAPs). The Head of Transactional and Customer Services noted there was not a direct comparison between each project, however, each has a business case and evaluation carried out.

She noted the work in terms of such evaluations, noting the change from ‘warm spaces’ to ‘welcome spaces’ following evaluation. She added there were a lot of opportunities for social inclusion and reassured the Board that there was robust analysis of projects, however, noted the point made that Council resources, as well as those received from Government were reducing.

Councillor R Bell noted that such performance data would be important in the future when the Council was making decisions on which projects had been effective. The Head of Partnership and Community Engagement, Gordon Elliott, noted that often AAP projects were bespoke to their areas, however, there was independent evaluation, with those being monitored. Councillor R Bell noted it was important that projects were bespoke given the varied urban and rural settings within the county. The Head of Transactional and Customer Services noted there had already been changes in funding and more discussions in terms of equity going forward.

P Sutton noted that in terms regeneration and the poverty gap widening between County Durham and England, whether much of the work was reactive, and asked as regards work to address root causes in terms of education and jobs. The Head of Transactional and Customer Services noted there were underlying areas to be addressed to tackle poverty, working across the Council’s Children and Young People, Adults and Health Services and Regeneration, Economy and Growth directorates. She noted some work was reactive, for example in terms of the cost-of-living crisis and more people no longer ‘just about managing’ and now struggling and being ‘new’ in terms of trying to access support services for the first time. She reiterated as regards lobbying of Government as a part of the overall approach. The Chair noted the important of sharing best practice wherever possible.

A Petty asked as regards the 16 ‘left behind towns’ and asked how information was pulled together so that those areas did not feel they were being ‘left behind’. The Head of Transactional and Customer Services noted two studies that had been carried out, one more general, one looking at Middlesbrough and County Durham, and also the work via Durham Insight to gather data so it was readily available to inform a number of activities. She reiterated the position in terms of the UKSPF and noted work in terms of helping those within those ‘left behind’ areas to be able to access services and to be able to claim any entitlements, such as Pension Credit, where appropriate. She added there was a lot of work with the voluntary and community sector, working at the grass roots level to encourage uptake of services within our neighbourhoods and noted that this was factored into decision making.

The Corporate Director of Children and Young People's Services noted that Child Poverty drove most of the issues within the service and noted the inequalities that existed within the county. He noted that the range of initiatives was very good, however, we needed to be upfront about a number of issues being faced. He explained that the North East was disproportionately impacted in terms of welfare reform, for example the two-child welfare cap. He noted that 70 percent of children and young people in poverty were within working households and therefore one of the areas that needed to be addressed was our low-income economy. He added that County Durham specific issues included our rural areas and associated accessibility and transport issues. The Corporate Director of Children and Young People's Services explained that childcare costs were also an important issue. He noted while many elements were out of the Council's control, it was important to be clear on the underlying issues and child poverty was now greater than in 2015, compounded by the issues with inflation and the economy more broadly.

Resolved:

(a) That the progress being made by the Council and its partners in addressing the impacts of poverty and the wider issues including the ongoing impacts of the cost-of-living crisis be noted;

(b) That the actions for priority progress during 2024/25 detailed within the report and previously approved by Cabinet, which continue to reflect changes in the current poverty landscape, learnings in the last year and build on successful delivery to date be noted.

Professor C Clarke left the meeting at 10.57am

8 Health Protection Assurance Annual Report

The Board received a report of the Corporate Director of Adult and Health Services and Director of Public Health in relation to the Health Protection Assurance Annual Report, presented by Joy Evans, Public Health Strategic Manager and Joanne Darke, Consultant in Health Protection, UK Health Security Agency (for copy of report see file of minutes).

The Public Health Strategic Manager noted the report was presented differently this year, with a covering report and separate annual report, to help with accessibility and delineate partnership roles. She added that the protection of health was one of five mandated responsibilities under the Health and Social Care Act 2012, with the Director of Public Health responsible for public health functions.

She added that there was significant reliance on upon partnership working and the Health Protection and Delivery Partnership met bi-monthly to seek assurance and share data and communications.

The Consultant in Health Protection noted that organisations involved included: the UK Health Security Agency in terms of surveillance data, infectious disease containment; the Local Authority, with Public Health having strategic oversight, coordination and consumer protection; the Integrated Care Board (ICB), in terms of resource and diagnostics; and NHS England in terms of immunisation programmes.

The Public Health Strategic Manager noted chapter four within the report set out the governance arrangements and how key groups met to facilitate monitoring and maintain close working relationships. The Consultant in Health Protection noted that it was good that in County Durham a number of Outbreak Control Nurses had been retained, with outbreaks most likely now within either school or care homes settings.

The Public Health Strategic Manager explained that subsequent chapters set out the key pillars, including screening programmes where a 'life course' approach was being taken, important post-COVID. She noted as regards issues in terms of newborn infant screening, with ongoing work looking at data. She added that diabetic eye screening was looking at increasing the speed in which they were completed, with the current trajectory being positive. She explained that NHS England had a commissioning role, working with GPs and Community Pharmacies to deliver. She reminded the Board that County Durham had a strong record in terms of vaccinations, however, those receiving their second dose of the MMR vaccine had reduced, and there were national trends, such as the increase in measles cases, to be aware of. The Public Health Strategic Manager noted that in terms of adolescent vaccinations, there had been some fluctuations, and there was a new provider in respect of flu vaccinations. She noted regular meetings with the provider and NHS England, again with recent improvements and an upward trajectory in this regard. She noted that flu vaccination uptake in the over 65s was very good, and co-location of services for early years, 2–3-year-olds, were showing big benefits, with Horden Nursery given as an example, with 38 families having come forward as a result. She noted the work the Local Authority carried out in terms of flu campaigns, increasing uptake in older adults from last year.

The Consultant in Health Protection noted that the report referred to surveillance data on outbreaks and the work with the Director of Public Health in respect of response. An example was noted in respect of a Group A Strep outbreak at a SEND School, with close work with the ICB and Outbreak Control Nurses.

Other examples of other outbreaks within care home settings were given, in addition to information relating to blood borne viruses and tuberculosis, noting increases within prison populations, those seeking asylum and university students. The Board noted the work with NHS England, North East Migrant Health and Wellbeing Group as well as Durham University.

She noted that County Durham and Darlington NHS Foundation Trust experienced challenges in 2023 with high numbers of infections, with regular outbreak meetings having been held which included the County Durham and Darlington NHS Foundation Trust, UK Health Security Agency, Infection Prevention and Control and Public Health to support and strengthen the delivery of the Infection Prevention and Control Action Plan over the last 12 months. She noted the work in relation to increases in gonorrhoea and syphilis, noting that treatment and contract tracing were key in these areas, carried out in line with the County Durham Sexual Health Strategy.

The Public Health Strategic Manager explained chapter eight of the report would have previously been referred to as consumer protection, now known as protection from environmental hazards, widening the scope of that element. It was added that the Consumer Protection Service Workforce Development Plan had been developed in response increase in demand and amidst a national shortage of Environmental Health and Trading Standards professionals. The Public Health Strategic Manager explained that the focus was on training, recruitment and retention of those professionals. She added that climate change was another issue referred to within chapter eight, noting co-benefits in terms of climate and health, feeding into the Climate Change Emergency Plan (CERP3) and the wider Environment and Climate Change Partnership. She noted wider determinants of health, including contaminated land, and housing as examples. In relation to chapter nine, the Public Health Strategic Manager noted that in terms of preparedness and response to incidents and emergencies, the lessons learned from the COVID pandemic were valuable, especially in terms of the levels of leadership and response, noting updates to cover more eventualities, such as the ‘cold weather plan’ now being the ‘adverse weather plan’. She noted chapters ten and eleven referred to working with our communities in respect of community resilience and communications respectively.

The Chair asked the Board if they were assured by the Annual Report.

F Jassat reminded colleagues that poverty and health we inextricably linked, with the numbers of children in poverty previously referred to being particularly disappointing. He asked as regards the recent trend of rising tuberculosis numbers. The Consultant in Health Protection noted that the North East had not seen a large number of tuberculosis cases, it was more so in other areas with higher numbers of migrants.

She added it was a complex issue, with cases across infectious diseases being more prevalent in more deprived areas. The Public Health Strategic Manager noted robust epidemiological monitoring of tuberculosis incidents, noting screening programmes at the university and with any overseas workforce, which may have latent tuberculosis.

S Burns noted regular local collaboration, looking at simple measures to look to change the systems in place to be less labour intensive, and to look to other people moving from other areas of the UK and migrants, and to have appropriate services for those people too.

The Chair asked as regards working with Sunderland University as well as Durham University. S Burns noted the increase in the number of overseas students, with many choosing to settle within County Durham and commute due to cheaper housing costs.

Resolved:

(a) That the report be noted;
(b) That the Board agrees the report provides broad assurance that effective processes are in place for each of the key strands of health protection activity;
(c) That the Board note and support the areas for improvement and further assurance, particularly the school-aged immunisation service contract and sexual health contract. Both of these contracts are priority areas of work for improvement, development and assurance.

9 Durham County Council becoming signatories to the MIND Mental Health at Work Commitment

The Board received a report of the Corporate Director of Adult and Health Services and Director of Public Health in relation to Durham County Council becoming signatories to the MIND Mental Health at Work Commitment (for copy of report see file of minutes).

The Director of Public Health noted that health and wellbeing and mental health were priorities, with data supporting that priority. It was explained that the Corporate Director of Adult and Health Services chaired the Council's Better Health at Work Group and colleagues from Public Health and Human Resources worked together to bring mental health to the fore. It was added that the Council had been a signatory to the 'Time to Change' employer pledge, however, the charity had closed in March 2021. It was noted that signatory organisations were allowed to continue to use the pledge, and MIND has committed to carry on the pledge work through their Mental Health at Work Commitment.

It was noted that to date, 30 organisations signed up so far and Board Members were asked to help share information in this regard especially in relation to the start of national Mental Health Week, 13 – 19 May 2024.

The Director of Public Health noted the recommendations within the report, noting the Council becoming a signatory to the commitment and the call to action for the Health and Wellbeing Board organisations to promote the commitment within their respective organisations as an approach to developing and improving staff mental health and wellbeing.

Resolved:

That the report and call to action be noted.

10 Exclusion of the Public

Resolved:

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 Paragraphs 1 and 2 of Part 1 of Schedule 12A of the Act.

J Pearce left the meeting at 11.28am

11 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.