

DURHAM COUNTY COUNCIL

At a Meeting of **Health and Wellbeing Board** held in **Committee Room 2, County Hall, Durham** on **Tuesday 24 September 2024** at **9.30 am**

Present:

Councillor C Hood (Chair)

Members of the Committee:

Councillor R Bell and N Appleby, S Burns, K Burrows, Deputy Chief Fire Officer K Carruthers, Dr D Dwarakanath, A Healy, F Jassat, M Laing (Vice-Chair), Superintendent I Leech, T Murphy, Dr L Murthy, J Pearce, P Sutton and Dr J Wistow

1 Apologies for Absence

Apologies for absence were received from Councillor T Henderson and Chief Constable R Bacon, L Buckley, Dr J Carlton, Prof C Clarke, C Cunnington-Shore, M Graham, S Jacques, M Kelleher and A Petty.

2 Substitute Members

There were the following Substitute Members:
Superintendent I Leech for Chief Constable R Bacon; S Burns for Dr J Carlton; Dr L Murthy for C Cunnington-Shore; N Appleby for A Petty; Dr J Wistow for Prof C Clarke; and T Murphy for M Kelleher.

3 Declarations of Interest

There were no Declarations of Interest.

4 Minutes

The minutes of the meeting held 23 July 2024 were agreed as a correct record and signed by the Chair.

J Pearce entered the meeting at 9.32am

5 Enabling Healthy Weight for All Update

The Board received an update report from the Interim Corporate Director of Adult and Health Services and Director of Public Health in respect of Enabling Healthy Weight for All, accompanied by a presentation given by the Public Health Strategic Manager, Mick Shannon and Public Health Advanced Practitioner, Kelly Rose (for copy see file of minutes).

The Board noted the County Durham Health Weight Action Plan had five ambition action areas, namely: 1. Healthy at place; 2. Healthy families; 3. Healthy sustainable food for all; 4. Healthy workforce; and 5. Healthy weight – Patient care. Members were informed of the updates to the Moving Together in County Durham physical activity strategy and the importance of a whole systems approach. The Public Health Strategic Manager explained as regards the development of a Health Weight Declaration for County Durham and asked the Board how they could support the healthy weight plan priorities within their own individual organisations, as well as those organisations support for a County Durham Healthy Weight Declaration. He concluded by asking for any ideas to help improve population level healthy weight.

Councillor R Bell noted the impact of the rise in working from home, having increased since COVID-19, and the impact of back-to-back video meetings, with many people's jobs becoming more sedentary and with less gaps to be able to prepare or pop out to purchase healthy options for lunch. The Public Health Strategic Manager noted that ambition four referred to Healthy workforce, which included elements relating to office-based jobs, as well as those working in other environments Such as depots and warehouses, as well as working from home. He explained as regards virtual fitness classes that provided practical activities you can do during the day to help.

The Interim Corporate Director of Adult and Health Services, M Laing noted that it was important to emphasise that there was an economic case for helping employees maintain a healthy weight, to prevent absence from work due to related health issues. He added there were links to longer term health conditions and noted that the issue was one that was taken very seriously by the County Council.

F Jassat noted the report and presentation was welcomed and noted the need for system leaders. He noted the role of Government, in terms of food manufacturing and levels of salt and sugar in our food. He welcomed the support for more local, community support as well as the larger regional and national campaigns and lobbying activities. He added there was the challenge in terms of changing people's perception, noting the work of Jamie Oliver in this regard.

Officers agreed, noting that the Healthy Weight Declaration included elements linking with campaigns and lobbying of Government. The Director of Public Health, Amanda Healy noted the work of Public Health Advanced Practitioner, Rachel Osbaldeston in terms of alcohol harm campaigns, and the work of FRESH and BALANCE in terms of regional smoking and alcohol harm campaigns. She noted the work with the North East and North Cumbria Integrated Care Board (NENCICB) and noted NHS colleagues would understand the cost in terms of treatment of the issues associated with unhealthy weight. She added it was important to campaign and lobby so that the North East Combined Authority and Government each did their part. The Public Health Strategic Manager noted the work of the Local Authorities in the North East, working together regularly in respect of campaigns and lobbying.

Dr D Dwarakanath noted another important element was food poverty, citing examples in his local area where there was a poor selection of quality food, and explained as regards many people not having access to affordable healthier options. He asked what influence the Board may have in respect of smaller local traders and any levers to counter cheap offers on unhealthy foods, such as two for one offers on pizzas, as an example. The Public Health Advanced Practitioner noted that as part of the Poverty Action Plan, there was wrap around support in terms of food poverty. She noted that there was also support in terms of helping increase knowledge around nutritious food. She noted a need to build up relationships with those small and medium sized enterprises in respect of such food offers.

P Sutton noted that he felt there was a need for a national push on the matter, in a similar way to the campaigns highlighting alcohol harm. He added that many leisure facilities advertised alcohol and chocolate and asked whether there was a need for greater ambition in terms of licensing. Officers noted the advertising within gyms and the Director of Public Health noted that while it was important to support those wider national and regional campaigns, it was important for Board Members to work within their own organisations, noting on a recent visit to Newcastle Hospital there was a Costa café, serving high calorie drinks. She added that the Health Weight Declaration help share good practice and noted that unfortunately 'health' was not currently a licensing objective.

D L Murthy noted the impact of the increase of people working from home following the COVID pandemic. He noted there were a number of exercises that could be carried out within the home, or even on a chair such as isometrics or light weight training. He added that many of the images used depicted people that were at least overweight, with some being obese, adding he felt it was incongruous with the message of healthy weight.

The Public Health Advanced Practitioner noted that it was important to not stigmatise those with an unhealthy weight and to encourage them to take actions to help reduce their weight.

The Interim Corporate Director of Adult and Health Services noted the importance of making sure people could identify with the message, an example being the Council's Leisure Centres not advertising with 'athletes' and to give examples of 'normal people' to encourage uptake. He noted this was an area with a strong evidence base.

Resolved:

That the Health and Wellbeing Board:

(a) note the progress made towards further development of a whole systems approach to healthy weight in County Durham over the previous 12-month period;

- (b) approve the Healthy Weight Action Plan and affirm support for:
- continued close collaboration between Durham County Council (DCC) and key stakeholders to develop a strong, unified systems leadership approach through the adoption of the Local Authority Healthy Weight Declaration in County Durham;
 - the provision of healthy and sustainable food for all through the County Durham contribution to the Good Food Local North East programme;
 - a revision of DCC's advertising and sponsorship policy to restrict promotion of foods that are high in fat, sugar and salt on DCC platforms;
 - the proposed amendment to the National Planning Policy Framework to include specific guidance on promoting healthy and safe communities to support healthy lifestyles, particularly to address identified local health and wellbeing needs;
 - continued partnership working to achieve the actions set out in the Moving Together in County Durham physical activity strategy.

6 Transforming Care

a Transforming Care, Learning Disability Commissioning Strategy and Think Autism Strategy Update

The Board received an update report from the Joint Head of Integrated Strategic Commissioning in respect of the Transforming Care Programme, incorporating an update on the Joint Health and Social Care Learning Disability Commissioning Strategy and the Think Autism Strategy for County Durham, presented by the Strategic Commissioning Manager, Tricia Reed (for copy see file of minutes).

The Strategic Commissioning Manager updated the Board, noting work in terms of helping those with learning difficulties and/or autism to enable them to live in the community, so that fewer people would need to go into hospital for their care.

Councillor R Bell asked as regards reference within the report to 'inappropriate hospital occupancy'. The Strategic Commissioning Manager noted there were some cases where individuals had been admitted before advances in diagnosis and medication, and now with improvements in those areas, some could be supported within the community. She noted that some issues in respect of learning difficulties and/or autism were not treatable like mental health issues, noting some admissions under the Mental Health Act.

The Corporate Director of Children and Young People, John Pearce noted that it was clear that the issues involved were very complex, and noted he felt the principle was positive and along with national policy, it was also the right thing to do. He noted concern in terms of roll out and targets that appeared to be arbitrary. He added that while he agreed that if the current settings were inappropriate there should be alternatives offered, however, he believed there needed to be a clear understanding of what was appropriate and to have that in place ready, with appropriate resources unlocked. He asked if the community resources were ready and in place, adding that if not, there was a risk. The Joint Head of Integrated Strategic Commissioning, Sarah Burns noted the targets were fixed and explained that she had spoken with colleagues from Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust as regards how their teams would work with the in house ICB and community teams, and to ensure there were the skills to meet the needs within the community, once those people were moved into communities. The Corporate Director of Children and Young People reiterated he felt it was critical to ensure there was capacity first. J Todd noted it was clear there would not be a 'turning off of the tap' and that there would be work to look to intervene early. He noted his experience in respect of Hawthorn House and the step-up/down beds as an alternative to hospital.

The Corporate Director of Children and Young People noted his frustration in terms of the national process and funding and agreed that the work and mitigation that was being undertaken in our area was very good.

Resolved:

That the Health and Wellbeing Board:

- (a) note the progress made with plans for new community services for people with the most complex needs including the use of the Community Discharge Grant, which will support the Transforming Care objectives over the next year and in the longer term.
- (b) receive further regular updates to retain oversight of the Transforming Care agenda.

b Specialist Accommodation Commissioning Plan Mental Health and Learning Disabilities 2023/24 Onwards

The Board received an update report from the Joint Head of Integrated Strategic Commissioning on the implementation and progress so far of the five-year Specialist Commissioning Accommodation Plan, presented by the Strategic Commissioning Manager, Tricia Reed (for copy see file of minutes).

The Corporate Director of Children and Young People noted he was especially interested in those areas where there was a gap in legislation, with young people transitioning from under-18 services to adult services. He noted there could be cases with a lot of complexity, driven by trauma, where there were not criteria under either the Mental Health Act or Care Act to enable help for those young people. He added that he felt legislation had not kept up with the lived experience of these young people and that failing to support those young people could see their situation escalate to crisis. He noted that this was a challenge both locally and nationally and he noted that this was an issue that we needed to speak with Government about. The Joint Head of Integrated Strategic Commissioning noted a recent meeting with partners, and it had been clear that a lot of people that were said to have low to medium needs actually had medium to high needs. She added that therefore it was important, as a system, how we helped providers to support those people, especially for over-18s where there was no social worker or person with clinical training in place. She noted the case-studies within the report gave a good illustration of the support being offered.

Resolved:

That the Health and Wellbeing Board:

- (a) note the content of this report, which summarises the key updates on areas of the specialist accommodation commissioning plan:
 - (i) actions that have been implemented for several Learning Disability supported living services, which have been developed as part of the Transforming Care Programme and in response to identified need (through business cases previously agreed);
 - (ii) plans to develop further services for people with learning disabilities and/or autism with complex needs;
 - (iii) further work being undertaken to develop specific commissioning plans for mental health service users, including reviews of current packages and planning services for younger people with complex mental health issues.

- (b) note that the commissioning plan is a working document, which will be updated further as more information becomes available and more detailed plans for 2024/25 and beyond are developed.

7 Inspection Updates

a Care Quality Commission Assessment of Local Authority Adult and Health Services

The Interim Corporate Director of Adult and Health Services noted there would be a report on the outcome of the Care Quality Commission (CQC) assessment of DCC's Adult and Health Services tabled for the meeting of Cabinet on 16 October 2024, with a further report to come back to the Board in due course. He explained that the inspection had taken place from 16 August 2024, and had been undertaken during the tenure of the previous Corporate Director of Adult and Health Services, Jane Robinson, and the work of the Authority in this area had been undertaken while under her leadership. He explained that the ten person CQC Team had given DCC a rating of 'Good', the joint third best nationally so far, with a number of other regional Local Authorities due to be assessed imminently.

The Interim Corporate Director of Adult and Health Services noted that there had been a lot of very good practice highlighted, including in terms of the links with the Health and Wellbeing Board and leadership. He noted while there were still some areas for improvement, the overall assessment had been very positive.

Resolved:

That the verbal update be noted.

b Ofsted SEND Inspection

The Corporate Director of Children and Young People noted that the CQC/Ofsted had visited DCC in June to carry out their area assessment in respect of the Council's work in respect of SEND, including the whole system approach with work with the Council, schools, NHS and partners. He noted that last year a new inspection framework had come into effect, with there being a very high bar being set by Government. He noted that there were three possible outcomes, Grade 1 being very positive, Grade 2 being positive with some inconsistencies, and Grade 3 highlighting some significant concerns. He explained that DCC had received a Grade 2 rating, with Inspectors noting some inconsistencies in some areas, however, they were areas that DCC and the Health and Wellbeing Board were already aware of. He noted an area highlighted as a strength was the partnership arrangements within County Durham, as well as children and young people reporting that they felt listened to by adults, as demonstrated by the good support and coproduction with young people.

The Corporate Director of Children and Young People noted that the areas that had been highlighted for improvement reflected national and regional trends and included: timescales for completion of Education, Health and Care Plans (EHCPs); delays with child and adolescent mental health services (CAMHS); children and young people and their families accessing needs-based services; and the monitoring of strategic plans. He explained there was refresh of the Strategic Action Plan to included measures to address those issues which would be sent to NHS England by 15 October, with a report at the next meeting to update the Board accordingly.

Resolved:

That the verbal update be noted.

8 Reducing Alcohol Harm - A Blueprint for National Action

The Board received a Briefing Note from the Director of Public Health, in reference to 'Reducing Alcohol Harm - A Blueprint for National Action' a document from BALANCE, presented by the Public Health Advanced Practitioner, Rachel Osbaldeston (for copy see file of minutes).

The Public Health Advanced Practitioner noted that the launch had been yesterday, 23 September 2024, with the aim of influencing politicians within the region and nationally to prioritise action on alcohol harm. She highlighted this was timely in terms of the new Government following national elections, and the utilisation of real people's stories within the document helped to reinforce what the impact of alcohol harms meant to people affected. She noted key elements included: national strategy, to follow the progress in respect of tackling tobacco harm; to note that every drink of alcohol was a health harm; minimum unit pricing (MUP), which had seen successes in Scotland, though had failed to be implemented in England; marketing restrictions; looking at licensing objectives, where health was not currently an objective; early intervention; and prohibiting the alcohol industry from influencing policy noting much of the associated alcohol research and many charities were industry funded. She concluded noting the continuing work in County Durham through the County Durham and Darlington Combatting Drug and Alcohol Strategic Partnership as well as through the work of the Health and Wellbeing Board.

Councillor R Bell noted the information was very positive and noted a few points, firstly that supermarkets were a large part of total alcohol sales, not just what many would consider licensed premises, such as pubs. He noted that the volume and strength of alcohol readily available via supermarkets was an issue. He noted the implications of alcohol consumption and healthy weight, adding many were unaware of the calories within alcoholic drinks. Councillor R Bell noted the reference to alcohol as toxic and noted concern that anything that could be seen to be akin to the temperance movement in the nineteenth century may in fact lead to a backlash against any positive health message. The Public Health Advanced Practitioner noted that BALANCE had campaigned with the message that alcohol was toxic as a shock tactic, as many people did not associate alcohol consumption with cancer. Dr D Dwarkanath emphasised there had been an explosion of alcohol related deaths over the last 30 years. He noted an example of 60 gastroenterology beds within his Trust, with around 35-40 of those being occupied by people with issues as a result of excessive alcohol consumption. He noted there was an increase in alcohol consumption in certain groups, including young women aged 25-35. He noted that there was also a need to educate as regards 'safe drinking levels', with many still believing outdated figures of 28 units for men and 21 units for women per week. He suggested that members of the Board could look to have 'quizzes' within their organisations that included questions on those types of misconceptions. Dr D Dwarkanath added that another important issue to highlight was the link of alcohol to dementia and Korsakoff's syndrome. He added that it had been a travesty that England had not followed Scotland in introducing MUP, adding that those working in Accident and Emergency Departments, along with those Neighbourhood Wardens and Police in our town centres, would be able to point to the harms caused by alcohol.

The Interim Corporate Director of Adult and Health Services noted there was an impact from alcohol in terms of anti-social behaviour, domestic violence and arson, in addition to well documented health harms.

The Corporate Director of Children and Young People noted that while articles and campaigns were clearly highlighting the dangers of alcohol harm, one of the issues was that people were not equating the consequences with their own experience. He added that another element was that alcohol alternatives were not pushed very hard, with many being as expensive or more expensive than alcohol itself. Dr J Wistow noted the use of alcohol as a means of altering their state, to change how they were feeling, adding that understanding the reasons why people were choosing to drink alcohol to excess, as well as societal pressures associated with alcohol. The Public Health Advanced Practitioner noted that locally it was found that alcohol misuse was often used as a coping mechanism for other issues.

T Murphy noted the comments as regards the increase in young women 25-35 with alcohol harm related problems, with the details as regards young people with serious liver conditions being particularly frightening. He noted from his own experience many younger people were not drinking as much in traditional settings, and asked whether the Licensing Act had an impact, in terms of so-called 'pre-loading'. The Public Health Advanced Practitioner noted that indeed more and more young people were choosing not to drink alcohol at all, however, those that were drinking were drinking to excess. She added that it was true there was a reduction in on-trade sales and an increase in off-trade sales. She noted there were elements of culture shift, however, one of the main reasons was the 'always available' nature of on-trade sales.

The Director of Public Health thanked colleagues for their useful comments. She noted that the endgame with alcohol was different to that of tobacco, however, the Chief Medical Officer understood the need to have alcohol alternatives at a lower cost, to compete against alcohol. She noted the debate as regards the framing of alcohol as toxic and noted that the Board's support for BALANCE had been excellent over the years. Dr D Dwarkanath asked if the Council had an alcohol education policy, he noted that his Trust were in the process of developing one. The Director of Public Health noted that, at the ICB level, there were alcohol leads, and noted that while there may not be a specific policy at DCC there were elements within specific areas, such as training for drivers of council vehicles. She added it was an area that could be beneficial in looking at, including where staff may be at greater risk due to significant life event, such as bereavement or divorce.

Resolved:

That the briefing note and update be noted.

9 Corporate Director of Adult Services / Vice-Chair of the Board

The Chair noted that the Corporate Director of Adult and Health Services, Jane Robinson had retired, with M Laing having been appointed Interim Corporate Director from 1 September 2024. The Interim Corporate Director of Adult and Health Services noted his position as Vice-Chair of the Health and Wellbeing Board, adding that it had always been useful to have the Vice-Chair as someone from general practice. He noted there would be a look to recruit from general practice, and for the Board to look at the appointment of a new Vice-Chair in due course.