

DURHAM COUNTY COUNCIL

At a Meeting of **Health and Wellbeing Board** held in Committee Room 2, County Hall, Durham on **Thursday 16 March 2017 at 9.30 am**

Present:

Councillor L Hovvels (Chairman)

Members of the Committee:

1 Apologies for Absence

Apologies for absence were received from N Bailey, Dr S Findlay, A Foster, S Lamb, C Martin, A Reiss, Dr D Smart and M Whellans

2 Substitute Members

J Carling for A Reiss, M Houghton for Dr D Smart, J Parkes for A Foster, C Payne for M Whellans, P Scott for C Martin and A Smith for S Lamb

3 Declarations of Interest

There were no declarations of interest.

4 Minutes

The minutes of the meeting held on 31 January 2017 were agreed as a correct record and signed by the Chairman.

5 Transformation of Partnerships

The Board received a presentation from the Head of Partnerships and Community Engagement, Transformation and Partnerships, Durham County Council (DCC) entitled 'County Durham Partnership – Good to Great'.

The presentation highlighted the following points:-

- County Durham Partnership away day held in May 2016
- 'Good to Great' Partnership programme
- Outline of:
 - Key Challenges
 - Key Assets
 - Opportunities

- Time for a fresh look – visiting other authorities to see challenges faced and learning from others
- Using our available resource in a more effective way
- Helping Communities become more resilient – support packages in place
- Becoming renowned for Employee Engagement

The Chairman thanked the Head of Partnerships and Community Engagement for his informative presentation.

The Chairman informed the Board that the ‘Beat the Street’ programme in Chester-le-Street and Ferryhill were good examples of working together with young people and families to encourage people to take part in physical activity.

The Chief Executive of County Durham and Darlington NHS Foundation Trust welcomed the report and the direction of travel for the programme.

The Chairman said that it was important to have ownership and to empower communities and help them have responsibility for their own local area and to develop new ways of working.

The Head of Policy and Communications, Office of the Durham Police, Crime and Victim’s Commissioner welcomed the presentation, and said that wanting to be as effective and efficient as possible was a good place to get to. The Head of Planning and Service Strategy added that the Police working with the Area Action Partnerships in relation Police and Communities Together (PACT) was a good model. The Chairman also added that the Fire and Rescue Service were also a good example of using resources in a much broader way in relation to their safe and wellbeing visits.

Resolved:

That the report and feedback from the meeting be noted.

The Chairman advised that the next two items on the agenda would be considered together.

6 Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan

The Board considered the following reports:-

- (i) From the Chair of the North Durham Clinical Commissioning Group that gave an update on the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan (STP) (for copy see file of Minutes).

The Director of Commissioning and Development, North Durham Clinical Commissioning Group advised that engagement on the STP had taken place in December 2016 to January 2017 and comments were being collated and analysed. A summary document would be produced by the end of March and he confirmed the comments from the Health and wellbeing Board would be taken into account. Further consultation timelines were still being worked upon. This consultation

phase would likely commence in June. He confirmed the prevention workstream would focus on three or four priorities across the North East. Terry Collins DCC Chief Executive would be the sponsored Chief Executive for that workstream in the North STP.

- (ii) From the Clinical Chair of Durham Dales, Easington and Sedgefield CCG that gave an update on progress in relation to the Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby (DDTHRW) draft Sustainability and Transformation Plan (STP) (for copy see file of Minutes).

The Clinical Chair of Durham Dales, Easington and Sedgefield (DDES) CCG advised that engagement events on maternity and children's services had been held during February 2017. Four workstreams had been established and the inaugural meeting of the Neighbourhood and Communities workstream had taken place. He added that the Northern Clinical Senate were taking an extensive view looking at travel time and location of services.

The Chairman said that a number of questions had been received from the public as discussed at the last Board meeting. She asked for a breakdown in the number of people attending the engagement sessions.

Referring to transport, Councillor Allen was pleased that this was being looked into as it was often the cost and the time taken to travel that people had problems with. She looked forward to receiving feedback from the Neighbourhood and Community workstream on this issue.

The Director of Integration, North Durham and Durham Dales, Easington and Sedgefield CCG and Durham County Council said that there would be a focus on hospital discharge, admission avoidance and early stage care.

Councillor Johnson asked if there was a programme for the workstreams so that updates could be provided to the Board. The Director of Commissioning and Development advised that work was at different stages and confirmed that individual programmes would be shared as and when developed. He confirmed that the North STP engagement report would be e-mailed to the Board when available.

The Head of Planning and Service Strategy, Durham County Council asked if there would be cross over arrangements for mental health work and sufficient co-ordination so that we do not end up with a fragmented picture. The Director of Commissioning and Development advised that Nicola Bailey, Chief Operating Officer of DDES and North Durham CCGs had picked up the lead in the Northern CCG Forum and that the agenda for mental health was working towards the Five Year Forward View.

The Associate Director, Clinical Networks and Senate, NHS England Cumbria and North East, advised that the Mental Health Network covers both of the STP areas and Cumbria.

Resolved:-

That the reports be noted.

7 Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby Draft Sustainability and Transformation Plan

Refer to minute above.

8 Better Care Fund Quarter 3 Performance 2016/17

The Board considered a report of the Strategic Programme Manager – Care Act Implementation and Integration, Adults and Health Services, Durham County Council that gave an update on the high level metrics and deliverables on the Better Care Fund Quarter 3 2016/17 (for copy see file of Minutes).

The Strategic Programme Manager reported that positive performance had been shown in 4 out of 6 indicators. The indicator for permanent admissions of older people to residential/ nursing care homes was better than target. The percentage of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into Reablement / Rehabilitation was also above target for quarter 3. There were no significant issues for delayed transfers of care from hospital as performance was above target. A detailed analysis would take place for non-elective admissions as the performance was under target. It was reported that there was an upward trend in people in receipt of telecare. The Board were advised that the BCF Planning Guidance and Policy for 2017-19 had not yet been published.

The Clinical Chair of Durham Dales, Easington and Sedgefield CCG commended the joint working in relation to delayed transfer of care (DTC) in County Durham. It was noted that very few DTC were attributable to social care. The Director of Integration added that the Local A&E Delivery Board had focused on this piece of work. The Strategic Programme Manager – Care Act Implementation and Integration outlined that for non-elective admissions, analysis in 2016 had shown that the main growth areas were in paediatrics, general surgery, gynaecology, plastic surgery rather than the frail and elderly.

The Corporate Director of Adult and Health Services outlined that additional social care funding will be provided to local authorities and that early indications are that some of this money is to support the work on delayed transfers of care, however further guidance is awaited.

It was agreed that further analysis would be provided at a future Board meeting.

Resolved:

- (i) That the report be noted.
- (ii) That further updates in relation to the Better Care Fund be received.

9 Community Hubs / Teams Around Practices

The Board considered a report of the Director of Integration, North Durham CCG, DDES and Durham County Council that provided progress with regard to Community Hubs/Teams Around Practices (for copy see file of Minutes).

The Director of Integration reported that chief officers had been tasked from a number of organisations across County Durham to meet the government's target of achieving full integration by 2020. There had been some confusion over the term community hubs and a decision had been made to rename them as Teams around Practices. The teams would be wrapped around primary care and more care would be delivered in the community. In County Durham an agreement had been reached that the new model of care would progress as part of an Accountable Care Network arrangement. Organisations within the ACN would work together to ensure the delivery of efficient, high quality care which meets the needs of the population. This would mean quicker access to services, better response and co-ordinated care. Its work would be overseen by the Integration Board who would update the Health and Wellbeing Board on progress and developments. The work would be rolled out from April.

Councillor Johnson asked about what mechanisms and timelines were in place for patient consultation. The Director of Integration advised that there would be an engagement exercise and would link in with Patient Reference Groups. Dedicated engagement leads would look at user friendly products to share with GP surgeries. Principles would be established to avoid duplication.

Referring to the spring budget for social care Councillor Johnson asked what this would mean for County Durham. The Corporate Director of Adult and Health Services advised that the allocation for County Durham for the next three years was just over £25m. Guidance was awaited in relation to usage of the grant. It was agreed that the Corporate Director of Adult and Health Services would provide a future update to the Board.

The Head of Policy and Communications, Office of the Durham Police, Crime and Victim's Commissioner asked if there would be any changes as to how organisations operate. The Director of Integration explained that the new aspects of the model would encourage the voluntary sector and the TAPs to work together, with an emphasis on community development. The Head of Policy and Communications said that the ODPCVC were keen to engage and welcomed the report.

The Head of Children's Services, DCC said that there needed to be a link to the 0-19 agenda and this focus on adults provided a good template. The Director of Integration confirmed that the Director of Children and Young People's Services sits on the Integration Board and that the vision would be to expand the model from adults into children's services in the future.

The Head of Planning and Service Strategy, DCC asked how GP's were responding to new model. The Clinical Chair of DDES CCG said that this was what GP's had been looking for to avoid duplication of services and working more closely together as a common sense approach. The Director of Integration added that the response had been positive and should allow more flexibility.

Councillor Allen welcomed the approach as being more people centred. She asked how the Accountable Care Network would differ from what we have now and what difference it would make to elected members. She further asked how the

community buildings would be utilised. The Director of Integration stated that there was very little difference to what exists now, however the ACN gave a framework to the new model of working. Organisations would still need to go back through their own governance structures. With regards to community buildings she advised that these would be utilised at no extra cost. A review would take place of all the estate and would utilise to make best use of the money available.

Resolved:

- (i) That the report be received.
- (ii) That a further update report be reported in three months' time.

10 Prioritising Prevention

The Board received a report and presentation of the Interim Director of Public Health County Durham, Adult and Health Services, Durham County Council on prioritising prevention (for copy see file of Minutes).

The following points were highlighted from the presentation:-

- North East Combined Authority – Health and wealth gap
- Sustainability and Transformation Plans – Prevention Work Stream
- What do we aspire to for our communities
- Definitions of Primary, Secondary and Tertiary Prevention
- What are we preventing and what to achieve
- Why prioritise prevention
- Which populations are we prioritising
- What and how to prioritise
- Resources for prevention
- Return on investment
- Building on success
- What is the vision

The Interim Director of Public Health concluded her presentation by talking through the next steps including if a Prevention Strategy was required. It was agreed a small group would be convened to consider this and a discussion would be held at the County Durham Partnership before being brought back to a future Board meeting.

Councillor Allen asked what actions communities could take to focus on prevention and was advised that a lot of skills were already available but more focus on education could be carried out. She added that the AAPs were a great way to get information across and to have conversations about what could be prevented within their communities. Discussion took place in relation to community advocates and making every contact count, which was felt to be a positive way forward.

Resolved:

That the report and presentation be noted.

11 Preventative Mental Health Review and Recommissioning

The Board considered a report of the Interim Head of Commissioning, Adult and Health Services, Durham County Council that provided an overview of mental health promotion and prevention commissioning intentions for 2016/17 and 2017/18 in the context of the strategic review of community preventative mental health and wellbeing services, which was jointly undertaken by Public Health and Commissioning Services (for copy see file of Minutes).

The Interim Head of Commissioning highlighted the key elements of the new agreed model and the main objectives. The model links to mainstream activities and to community hubs/teams around practices.

The Chairman was herself a mental health champion and had been involved in a number of events taking place. She asked what the difference would be with the new model compared to what was happening now. She was advised that a lot happens now but it could be better joined up. This was an opportunity to contact more people and have an overarching theme of wellbeing with a more holistic approach. People would have more opportunities to seek advice to be able to help themselves.

Councillor Allen asked what we could do as an organisation to help promote the mental health agenda. The Interim Head of Commissioning explained that a number of organisations were signed up to the Better Health at Work Award and that Durham County Council were working towards this.

Councillor Johnson referred to the individuals being trained to become Youth Aware Mental Health (YAM) instructors and asked if this would feed into secondary schools. The Interim Director of Public Health said that this area of work was specific to Year 9 pupils but could expand going forward.

Resolved:

- (i) That the contents of the report and endorse the proposed service delivery model and framework for future mental health promotion, prevention and wellbeing services, which will influence Public Health and Adults commissioning intentions in 2016/17 and 2017/18 be noted;
- (ii) That the further work required to confirm the financial envelope; develop the model into detailed specifications for service redesign and/or reprocurement in 2017/18; and develop workforce skills, culture change, clear pathways and data sharing agreements be noted;
- (iii) That a further report in due course outlining progress and key implementation stages be received.

12 Dementia Work Across County Durham

The Board considered a Joint Report of the Clinical Chair of North Durham CCG and the Interim Head of Commissioning, Adult and Health Services, Durham County Council that gave an update on progress on the implementation of the County Durham and Darlington Dementia Strategy 2014-2017 (for copy see file of Minutes).

The report focused on the following areas:

- Identifying achievements and progress to date;
- Highlighting areas of the strategy that are yet to be implemented for 2017-2020;
- Outlining the key improvement areas to focus upon in order to refresh the strategy and continue to improve services for people with dementia, their families and carers.

In answer to a question from the Director of Integration about how information is cascaded to front line staff, the Interim Head of Commissioning DCC explained that the Dementia Strategy was now being refreshed as a Plan on a Page as an effective communication method. The Dementia and Care Adviser Service linked in with the frontline service and people in the community.

The Head of Planning and Service Strategy informed the Board about becoming a dementia friend and encouraged the Board to sign up. It was agreed the Health and Wellbeing Board would write a letter of support to member organisations about becoming dementia friendly organisations and that, where possible, good news stories would be shared.

The Chairman said that a lot of work was underway to ensure buildings and towns were dementia friendly places. She referred to training given to taxi drivers to make them more aware of being dementia friendly.

Resolved:

- (i) That the findings of the County Durham and Darlington Dementia Strategy Implementation 2014-2017 update be noted;
- (ii) That the direction of work for the future Dementia Strategy in the form of a plan on a page and supporting strategic documents be agreed;
- (iii) That feedback on the future work, recommendations and priorities to ensure it meets with local and national guidance be provided;
- (iv) That a letter to member organisations of the Health and Wellbeing Board be written in support of becoming dementia friendly organisations be agreed.

13 Mental Health Crisis Care Concordat

The Board considered a Report of the Director of Operations and Delivery, North Durham CCG that provided an overview of work being undertaken by the Mental Health Crisis Care Concordat (for copy see file of Minutes).

The Director of Operations and Delivery informed the Board that the Concordat had been signed in 2014. The main focus was on adult crisis care but was not age specific. There had been significant risks with regards to the capacity of the Ambulance Service and therefore a private ambulance had been commissioned to undertake the conveying of patients. This had made a significant impact on the service. The Board were informed that a section 136 suite (also known as a Place of Safety) was somewhere where a patient in crisis could be taken, usually by the Police from a public place or place to which the public have access, for assessment

under the Mental Health Act 1983. A triage model was being developed with Tees, Esk and Wear Valleys NHS Foundation Trust and the Police and would be up and running by early July.

The Corporate Director of Adult and Health Services DCC commented that it was good to see the progress being made.

Councillor Allen asked if the mentor scheme was having an impact on the high intensity users and was advised that as this was just underway and that feedback would be available in April.

The Head of Policy and Communications, Office of the Police, Crime and Victims' Commissioner welcomed the report and said there was a lot of ongoing work with the Section 136 suites. The Director of Operations and Delivery confirmed that Police Cells had not been used as a place of safety in order to meet the Policing and Crime Act.

Resolved:

- (i) That the progress and achievements made by the concordat in relation to conveyancing and Street Triage / s136 be noted;
- (ii) That the work taking place in relation to implementing the projects detailed within the report be supported.

14 Self-Harm and Suicide Audit 2012-14

The Board received a report of the Interim Director of Public Health County Durham, Adult and Health Services, Durham County Council that gave an update regarding deaths by suicide and undetermined injury that occurred in the County Durham area from 2012 to 2014 (for copy see file of Minutes).

The Interim Director of Public Health advised that the Adults, Wellbeing and Health Overview and Scrutiny Committee were undertaking a detailed review into suicide rates, mental health and wellbeing. The recommendations of this review were being collated.

The Board were informed that there were many interventions in County Durham including the commissioning of If You Care Share, Men's Cree's, Safe Suicide Durham and Relate.

The data was pooled over three years and there were 198 deaths by suicide in this period (8 were non-County Durham residents). 75% of those were male and 67% were under the age of 50. There were 9 cases under the age of 19. There was a mixed picture of the reasons for suicide and only half of those people were known to the Police.

Referring to the financial debt as a risk factor, Councillor Allen suggested that it would also be useful to find out the trigger that put people into debt and the support in place.

Councillor Johnson was re-assured to see that support for children and young people was available.

The Chairman commented that there was a data lag in relation to waiting for the Coroner's verdict. The Interim Director of Public Health explained that there was also an Early Alert System in place.

Resolved:

- (i) That a focus be put on upstream interventions designed to support mental health and wellbeing in residents of County Durham;
- (ii) That prevention of deaths amongst the high risk groups identified in the audit should remain a priority;
- (iii) That support for those self-harming, possibly targeted towards the at risk group of young females identified in the audit, should be a priority. This may take the form of work to support mental resilience within school age children (to provide lifelong skills which will promote mental wellbeing) and/or the collating of available services in an easy to access portal. This will be covered in the children's mental health plan on a page and LSCBs work on self-harm;
- (iv) That the Suicide Prevention Alliance continues to review the most up to date data available;
- (v) That Additional work with criminal justice agencies be undertaken to support staff in considering suicide risk when an individual has been in contact with the police or wider criminal justice system;
- (vi) That work to support access to welfare and benefits should continue and be supplemented with access to debt management advice as financial problems were a theme identified in a significant proportion of cases;
- (vii) That opportunities to reduce social isolation (especially in those known to mental health services) within the population be considered;
- (viii) That work with partners to promote appropriate access to out of hours and weekend crisis support.

15 Urgent Care Services

The Board considered a report of the Clinical Chair, Durham Dales, Easington and Sedgfield CCG that provided an update on the DDES Clinical Commissioning Group's (CCG) Urgent Care Service change and the ongoing Communication and Engagement plan to support those changes and the Urgent and Emergency Care Strategy (for copy see file of Minutes).

Councillor Allen suggested that communications were shared with regards to what people should do at home or in an emergency. She welcomed the report.

Resolved:

- (i) That the contents of the report be noted;
- (ii) That the recommendations by the Adults, Wellbeing and Health Overview and Scrutiny Committee, incorporated into the Communication and Engagement Plan be noted;
- (iii) That the work taking place in the County Durham & Darlington Local A&E Delivery Board be supported;

(iv) That an update at a future meeting be received.

16 Transforming Care for People with Learning Disabilities (Fast Track Plan)

The Board considered a Report of the Senior Commissioning Manager, Joint Commissioning and Continuing Health Care, North of England Commissioning Support that gave an update on progress regarding the North East and Cumbria Fast Track programme, a report was last received by the Board in November 2015 (for copy see file of Minutes).

The Senior Commissioning Manager said that good progress had been made since November 2015 on a regional basis with a small number of people who had very complex needs. There was a focus on autism and challenging behaviour. Prevention and discharge were ongoing concerns together with the challenge of funding.

The Chairman asked if funding was not an issue would there be the right providers in the market. She was advised that more providers were being encouraged to enhance the community support for people with learning disabilities and autism. The Senior Commissioning Manager outlined that funding remains an issue, that some funding was available nationally, but that it is non-recurrent.

Resolved:

- (i) That the content of this report be noted;
- (ii) That to support officers in continuing to lobby for the financial position of the Transforming Care Programme to be reviewed, be agreed;
- (iii) That to receive a further update to a future Health and Wellbeing Board meeting be received.

17 Motor Neurone Disease Charter

The Board considered a report of the Strategic Manager Policy, Planning and Partnerships, Durham County Council that provided details of the Motor Neurone Disease (MND) Charter and evidence of how the County Durham Health and Wellbeing Board meet the needs of people with MND and any areas for further development (for copy see file of Minutes).

The Strategic Manager reported that there were five commitments in the charter that the Board could sign up to:-

- Commitment 1: People with MND have the right to an early diagnosis and information:
- Commitment 2: People with MND have the right to high quality care and treatments
- Commitment 3: People with MND have the right to be treated as individuals and with dignity and respect:
- Commitment 4: People with MND have the right to maximise their quality of life:
- Commitment 5: Carers of people with MND have the right to be valued, respected, listened to and well supported:

The Board agreed to sign up to the Charter.

Resolved:

- (i) That member organisations of the Health and Wellbeing Board meet the commitments to the MND Charter as outlined in this report be noted;
- (ii) That the MND Charter using it as a tool to progress the care and support of people with MND in the county be adopted;
- (iii) That an update on the progress of charter commitments of the Health and Wellbeing Board be received at a future meeting.

18 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 item of business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of the Local Government Act 1972.

19 Pharmacy Applications

The Board considered a report of the Interim Director of Public Health County Durham which provided a summary of a Pharmacy Relocation Application received from NHS England in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 since the last formal meeting of the Board in January 2017 (for copy see file of Minutes).

Resolved:

That the report be noted.