

DURHAM COUNTY COUNCIL

At a Meeting of **Health and Wellbeing Board** held in Committee Room 2, County Hall, Durham on **Tuesday 31 January 2017 at 9.30 am**

Present:

Councillor L Hovvels (Chairman)

Members of the Board:

Councillors J Allen and O Johnson, P Coglan, Dr S Findlay, B Jackson, G O'Neill, J Robinson, R Rooney, Dr D Smart, Dr J Smith and M Whellans

Also in Attendance:

J Carling, L Jeavons, M Patterson and A Reiss

1 Apologies for Absence

Apologies for absence were received from Councillor O Johnson, N Bailey, A Foster, C Harries, S Jacques, C Martin and J Robinson.

2 Substitute Members

R Rooney for N Bailey and P Coglan for S Lamb

3 Declarations of Interest

There were no declarations of interest.

4 Minutes

The minutes of the meeting held on 17 November 2016 were agreed as a correct record and signed by the Chairman.

5 Membership of the Health and Wellbeing Board

The Board considered a report of the Head of Legal and Democratic Services, Resources, Durham County Council that sought views on inviting additional representatives to become voting members of the Board (for copy see file of Minutes).

The Strategic Manager – Policy, Planning and Partnerships, Children and Adults Services, Durham County Council informed the members that in November 2016 a letter was received by the Chair of the Health and Wellbeing Board from the Rt Hon Amber Rudd MP and the Rt Hon Jeremy Hunt MP to highlight and support some of the important benefits that can be realised through closer collaboration between policing and health partners.

In order to achieve benefits from joint working it was recommended that a representative from the Office of the Durham Police, Crime and Victims' Commissioner was invited to become a voting member. Alan Reiss, Chief of Staff, Office of the Durham Police, Crime and Victims' Commissioner had been identified as representative.

It was also recommended that Lesley Jeavons, Director of Integration be invited to become a voting member in the capacity of a joint appointee of Durham County Council and Health partners.

Resolved:

- (i) That a representative from the Office of the Durham Police, Crime and Victims' Commissioner becoming an additional voting member of the Health and Wellbeing Board be agreed;
- (ii) That the Director of Integration becoming an additional voting member of the Health and Wellbeing Board be agreed.

The Chairman welcomed Alan Reiss, Office of the Durham Police, Crime and Victims' Commissioner, his substitute Jon Carling and Lesley Jeavons, Director of Integration to the meeting.

6 County Durham Youth Offending Service: Speech, Language and Communication Needs Strategy

The Committee received a report of the Strategic Manager, County Durham Youth Offending Service, Durham County Council on the progress and outcomes of the County Durham Youth Offending Service (CDYOS) Speech, Language and Communication Needs (SLCN) Strategy (for copy see file of Minutes).

The Strategic Manager, County Durham Youth Offending Service and Practice Improvement Officer gave a detailed presentation (for the full copy see file of Minutes) that highlighted the following points:-

- Statistics – 10% of young people will potentially have long-term speech, language and communication needs. 60-90% of young people who offend had speech, language and communication needs.
- Impacts of poor communication.
- The Strategy – focusing on staff and the service, young victims and young people who offend.
- ClearCut Communication Screening Pack and Toolkit – a new toolkit designed to support communication. This has copyright to DCC and marketed to other Local Authorities. The Youth Justice Board had found it useful.
- Wordbuster – as young people struggled with some terminology and words used by the service, 83 words were gathered from young people and victims that they did not understand what they were.

Councillor Allen congratulated the service on the hard work carried out that was benefitting young people. The Strategic Manager CDYOS said that she was grateful that partners were on board.

Councillor Johnson said that it was good to see young people that were struggling with communication now being supported and hoped that the good practice would be disseminated through partner organisations. He asked if there were any practical examples of this work in secondary schools. The Practice Improvement Officer said that more training was required in secondary schools to look at better identification and support for young people.

The Interim Director of Public Health asked if the Health Education North East had been engaged and the Strategic Manager agreed that this would be useful.

Resolved:-

- (i) That the content of the report be noted.
- (ii) That further updates would be received in due course.
- (iii) That CDYOS SLCN Strategy be referred to the Healthy Child Programme Board to inform future developments and consider commissioners' implications.

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

- 7 Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan and**
- 8 Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby Sustainability and Transformation Plan**

The Committee considered the following reports:-

- (i) From the Chief Clinical Officer, 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 Commissioning Manager, North Durham CCG advised that the engagement phase of the draft Sustainability and Transformation Plan had ended on 20 January 2017 and work on the consultation process was being developed in February but that consultation was not expected before June 2017.

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

The Chief Clinical Officer, DDES CCG advised that the draft plan had been published at the end of November 2016. He went on to explain that all STPs had been asked to look for gaps in the system and highlight funding and efficiency

savings. The Southern STP is chaired by Alan Foster. The wider agenda was being looked at including out of hospital care and how much more could be done in the community closer to the patient. He stated that clinicians were of the view that only 2 emergency centres were required for the area. The James Cook Hospital was one and the location of the other was still undecided. The STP team were currently working through the decision making process. There were four key priority areas and he believed that the quality of the service and the workforce were the important areas although there was a financial driver and a financial efficiency was expected.

The Clinical Chair, DDES CCG added that the engagement process involved over 50 events. He further advised that Phase 5 would begin this week with Maternity and Children's Services and the number of units that were to be provided. Due to the workforce and sustainability issues there would be fewer units. The engagement events would also target the hard to reach groups.

The Chief Clinical Officer gave a reminder of the timelines and advised that the preferred option would be expected or consulted on in June 2017.

The Chairman said that she was pleased that the STPs had been pro-active in sending information out and engaging with the wider communities. However, she had received a number of queries and questions from members of the public regarding the STPs. People found that the information was not always clear and she suggested that improvements are required in putting the message across in a clearer way. She also suggested that better communication was needed for the next phases of engagement. She further added that people need to be informed as to the reasons why the number of hospitals could not be sustained. She also asked who would sign off the final plans and what the process would be for that.

The Chief Clinical Officer, DDES CCG advised that this was not a new topic and had been discussed for the past 5 years in terms of proposals for the Southern STP. He said that there were significant issues regarding the sustainability of the acute hospital workforce. He said that it was important to look at newer working models as medicine continues to advance. The Chairman re-iterated her point about letting the public know this and to be open and honest about the whole process.

The Chairman referred to the Accident and Emergency Department at University Hospital Durham and the plans to extend this and asked what the future held. The Commissioning Manager explained that originally North Durham was part of the Southern STP and as the footprint changed this became part of the Northumberland, Tyne and Wear and North Durham STP. She advised that as this was early in the process, relationships were being built with providers and work was being learnt from the Better Health Programme. It had been a frustrating process and so far specific plans for this STP were not developed.

The Clinical Chair, North Durham CCG added that it would be unfair for the acute trust to put extension plans on hold while the STP was developed. He said that there was a chronic lack of A&E capacity at present at UHND and the changes would be a huge benefit.

The Chairman asked how the STPs would link into the NECA Public Health proposals.

The Interim Director of Public Health County Durham said the NECA recommendations would be taken forward.

The Corporate Director of Adults and Health Services added that the recommendation was for the whole footprint of Health and Social Care to be included in this prevention work.

The Chief Clinical Officer, DDES CCG said that it was difficult as NECA did not cover the whole of the region.

The Chairman asked what message had been received from local people throughout the engagement events. The Commissioning Manager responded that people were frustrated and nervous of what would happen. They had expressed concerns about where their local hospital would be and where to access services. She believed that people were aware of the financial challenges and that they had the responsibility to use facilities appropriately.

The Clinical Chair, DDES CCG found that people had come along to the events with a view and by talking to clinicians it had helped them to understand the issues. The public had been able to see that what we had now was not sustainable. Ultimately, people wanted to know where the changes would happen. He advised that no decisions had been made as they were still at the engagement phase.

The Corporate Director of Adult and Health Services was aware that the feedback on the draft North STP had ended on 20 January 2017 however she had asked for the Integration Board to consider the implications for both STPs.

The Chief Clinical Officer, DDES CCG reported that some changes would not require consultation and that they would allude to that. The public facing document would be made available to the Board. He advised that people would be informed where to access Emergency and Urgent Care Services. He added that transport was key and the STP were working through issues to ensure that other services were on board to help support any changes. He mentioned that they did not want to change the BHP branding as it was part of the STP. Workforce is a key consideration as part of the STPs.

The Corporate Director of Adult and Health Services referred to the sign off process involving two footprints.

Councillor Allen said that it was important to have the best outcome for all, including the best clinicians and to learn lessons going forward. From speaking to the public she was aware that there were concerns in rural communities. Those people often did not have transport to get to hospital or to visit relatives in hospital on a daily basis for a number of weeks at a time. She asked if information about outcomes of patient flow was available. She added that it would be a big challenge to get people where they required treatment and to ensure transport and parking issues were addressed.

The Chief Clinical Officer, DDES CCG said that returning people home after a hospital visit was also important.

Councillor Johnson was aware that the general public were concerned about the process. He asked what would happen following the Phase 5 Maternity and Children's Services process. The Clinical Chair advised that engagement events would take place in February and March 2017 and taken back to the STP board that would determine what options would go out for consultation.

The Chairman of Healthwatch asked NHS colleagues to elaborate on what was happening with University Hospital North Durham as he had been led to believe that it was not being considered as part of the STP. The Commissioning Manager, North Durham CCG advised that it was no longer part of the BHP and Southern STPs considerations. She further explained that the Northern STP had not reached that stage of the engagement process. The Chairman of Healthwatch said that the concerns of local people needed to be addressed.

The Director of Integration said that access to services and the development of services within the local community would give re-assurance to people. She advised that an update would be available at the next Board meeting.

Resolved:-

- (i) That the contents of the reports be noted;
- (ii) That comments on the draft Northumberland, Tyne and Wear and North Durham STP be received;
- (iii) That comments on the draft Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby STP be received.
- (iv) That a letter be sent to the STP leads from the Health and Wellbeing Board outlining additional issues as part of the engagement process be agreed.

9 North Durham CCG and Durham Dales, Easington and Sedgefield CCG Operational Plans

The Board considered a report of Chief Operating Officer, North Durham CCG and Durham Dales, Easington and Sedgefield CCG that provided an update on the North Durham (ND) Clinical Commissioning Group (CCG) and Durham Dales, Easington and Sedgefield (DDES) CCG two year Operational Plans submitted in December 2016 (for copy see file of Minutes).

The Commissioning Manager, North Durham CCG presented the two year operational plans for both North Durham and Durham, Dales, Easington and Sedgefield CCGs that were aligned to the STPs. The plans had been submitted to NHS England and final feedback was awaited. She informed the Board that public versions of the documents would be made readily available.

Councillor Johnson was assured that engagement was being carried out in a meaningful way and reported that a child friendly document was also being looked at.

The Commissioning Manager advised that as GPs were ageing there were career start programmes in place. The Clinical Chair North Durham CCG added that this was going from strength to strength. National work was ongoing to ensure GPs remained working for longer and to offer a more flexible option for working as they came to the end of their careers. In order to retain GPs there was a need to make the system more attractive and to fill the gaps and make sure that it was more sustainable.

The Head of Planning and Service Strategy, DCC was interested to see how the two plans had become more united within a wider planning framework. He said it was difficult for people to see how plans fit together. The Chief Clinical Officer said that it was important to have the local focus.

The Chairman asked if End of Life Care was a priority and contained within the plans and was advised that this was the case.

Resolved:-

- (i) That the content of this report be noted;
- (ii) That the nine must-do's to be delivered be noted; and
- (iii) That each CCG's plan on a page be noted.

10 Better Care Fund Quarter 2 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 2 2016/17 (for copy see file of Minutes).

The Head of Planning and Service Strategy, DCC reported that it was important to keep people in their own homes. The indicator for permanent admissions of older people to residential/ nursing care homes was slightly behind target.

He reported that performance for the percentage of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into Reablement / Rehabilitation was on target for quarter 2. There were no significant issues for delayed transfers of care from hospital as performance was good. The target had just been missed for non-elective admissions. There was real pressure on carers and a response was awaited about whether they were satisfied with the support services they receive from a national carer's survey undertaken last November.

Finally, the Head of Planning and Service Strategy reported that the annual target for the number of people in receipt of telecare had been exceeded.

Councillor Allen was interested to see the results of the national carers survey. She asked if this information was also fed back to the carer. The Head of Planning and Service Strategy explained that if carers had indicated that they wanted feedback on the form then they would receive it. The results would be circulated to the Board when available.

Resolved:

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

11 Oral Health Strategy for County Durham

The Board considered a report of the Interim Director of Public Health County Durham, Adult and Health Services, Durham County Council that presented the Oral Health Strategy for County Durham (for copy see file of Minutes).

The Interim Director of Public Health informed the Board that following the draft strategy in October a wide consultation exercise had been carried out, including at the Big Tent Event, and was pleased to present the Oral Health Strategy for agreement.

Councillor Allen asked how soon we would see the benefits following implementation. The Interim Director of Public Health said that through targeted work it was hoped to see the benefits within 5 years and results would be seen more quickly if there was an introduction of fluoridated water.

Councillor Johnson was pleased to see the work being carried out to ensure children and young people were being targeted to make improvements to their oral health. He asked if targeted work would be carried out with individual families. The Interim Director of Public Health responded that close working with housing would help to identify those vulnerable families that required additional support. Health visitors would speak to families about dental care and would make sure that they knew how to access it.

The Locality Manager for Harrogate and District NHS Foundation Trust explained that they encourage families to register with a dentist.

Councillor Allen referred to foodbanks and the growing demand and suggested that this was a good way to engage and educate people. The Locality Manager advised that their health visitors work closely with foodbanks to help identify vulnerable families.

The Interim Director of Public Health added that toothpaste and toothbrushes were items that should be encouraged to be donated to foodbanks.

The Interim Corporate Director of Children and Young People's Services asked what was happening in schools to encourage the promotion of this strategy. The Interim Director of Public Health advised that work was ongoing with schools to promote the importance of oral health.

The Chief Clinical Officer, DDES CCG said that he had seen no improvement in oral health over the last 30 years despite some major changes. He felt that this would change if fluoride was in the water supply. The Interim Director of Public Health agreed that the presence of fluoride in the water in Derwentside since the 1960s had seen a lot less problems than in areas where no fluoride was present.

Resolved:

- (i) That the Oral Health Strategy attached at Appendix 2 be agreed.
- (ii) That the feasibility study on fluoridation was underway awaiting results which would inform action plan at a later date, be noted.

12 County Durham Children and Young People's Mental Health, Emotional Wellbeing and Resilience Transformation Plan

The Board considered a joint report of the Interim Director of Public Health County Durham, Adult and Health Services and the Interim Corporate Director of Children and Young People's Services, Durham County Council that gave an update on the progress on implementing the County Durham Children and Young People's Mental Health, Emotional Wellbeing and Resilience Transformation Plan (for copy see file of Minutes).

Referring to the Crisis Service the Board were informed of the Public Health involvement in a Scrutiny Review into Suicides, Mental Health and Wellbeing and were awaiting the recommendations from that piece of work.

Councillor Johnson said that he was pleased to see that the CAMHS initiative would be available 24/7 and asked how this information would be made public. The Interim Director of Public Health said that she was unsure of the timelines but that communications would be an important factor going forward.

Councillor Allen asked how the service intended to share learning and was advised that there was a need to understand the data and this would form part of the Suicide Strategy.

The Director of Integration referred to the transition between leaving CAMHS as a young person and moving into adult care, an issue that had been flagged as a concern from the young people. Work had been ongoing with Tees Esk & Wear Valleys NHS Foundation Trust and the young people concerned and she asked if there had been any progress with this. The Interim Director of Public Health would come back to her with that information.

The Head of Policy and Communications, Office of the Durham Police, Crime and Victims' Commissioner said that it was good to see that linkages were being made with the levels of offending and mental health issues.

The Interim Director of Public Health informed the Board that they were trying to ensure that there was no wrong door for people who required help and that they were trying to establish a single point of access for all.

Resolved:

- (i) That the information provided in the report about new services currently being progressed be noted.
- (ii) That the refreshed County Durham Children and Young People's Mental Health, Emotional Wellbeing and Resilience Transformation Plan and priorities for action in 2017/18 be agreed.

13 Cardiovascular Disease Framework and Prevention Programmes

The Board considered a report of the Interim Director of Public Health County Durham, Adult and Health Services, Durham County Council that provided an update on the progress made on the Cardio-Vascular Disease (CVD) Framework and associated programmes. The Strategic Framework for the Prevention of Cardiovascular Disease identified a number of risk factors for heart disease and other related conditions that may, through lifestyle and other forms of intervention, be reduced (for copy see file of Minutes).

The Interim Director of Public Health reported that a more targeted approach had been made in relation to health checks which would be more likely to find the right people at risk of CVD.

Resolved:

- (i) That the multifaceted approach to reducing the risks of CVD and associated conditions as identified in the CVD prevention framework be noted;
- (ii) That the experience of delivering the Health Check programme in County Durham be noted;
- (iii) That the changes to the health check programme that will be included in the revised services specifications from April 2017 be endorsed.
- (iv) That the work being undertaken by the CCGs to increase uptake of the diabetes prevention programme be noted;
- (v) That partners delivering evidence based tobacco control interventions be supported.
- (vi) That a bid of £99,200 over two years had been submitted to the British Heart Foundation to complement the community health check programme be noted.

14 Progress update of Director of Public Health Annual Report 2014 - All the Lonely People: Social Isolation and Loneliness in County Durham

The Board considered a report of the Interim Director of Public Health County Durham, Adult and Health Services, Durham County Council that gave an update on the response in tackling social isolation and how to have a more coordinated response further to the 2014 Annual Report of the Director of Public Health entitled '*All the Lonely People*' focused on social isolation and loneliness and its effects on health and wellbeing (for copy see file of Minutes).

The Interim Director of Public Health reported that work had been carried out with the Area Action Partnerships on tackling isolation in the community.

Councillor Allen referred to the good work happening in the community through the AAPs in terms of health and asked how good lessons were shared within the County. The Interim Director of Public Health said that there was information sharing but that we could do more by looking at the different themes and what each area required.

The Head of Planning and Service Strategy suggested that an event be organised to deal with how to tackle loneliness. He referred to a mid Durham scheme that

had not worked but lessons had been learned and could be shared. He said that there was a danger of stigmatising people - just because someone was alone did not mean that they were lonely.

The Chairman commented that some areas had a lot of support such as Shildon through Livin Housing but that some areas received no support at all.

Referring to poor nutrition and diet Councillor Allen mentioned that an event had taken place in Shildon about the impact of high energy sugar drinks and asked if this would be rolled out to other areas. The Interim Director of Public Health said that discussions were taking place with local businesses who sell the drinks.

The Director of Integration supported the recommendation on Integrated Community Hubs as they had picked isolation up as an issue.

The Chairman referred to Safe and Wellbeing visits and asked how the public could inform someone who needed one. The Interim Director said that conversations took place within the community and people were advised how to refer.

Resolved:

That the contents of the report be noted and support given to the specific recommendations that:

- Organisations and partners who prioritise reducing social isolation and loneliness should develop interventions that are based on the current evidence of what works: befriending services, community navigator programmes and group activities;
- That commissions, where relevant should continue to consider 'building in' indicators which will tackle social isolation and loneliness;
- That a basic common training package on how to engage and identify social isolated individuals and groups should be developed;
- The Community Wellbeing Partnership will design and develop an evaluation framework to support organisations to be able to capture a range of outcome measures to demonstrate value and contribute to learning;
- Given the numbers of older people in County Durham with one or more long term conditions, work to reduce social isolation and loneliness, will need to integrate with the proposed CCG integrated community hubs model;
- On the back of recommendation that contact schemes should train individuals in using making every contact count (MECC) and undertake some brief and sensitive questionnaires to identify and appropriately refer people to local programmes using Locate;
- The Community Wellbeing Partnership should consider placing social isolation and loneliness as a key focus of work for the foreseeable future to support, steer and enable the above recommendations to take place.

15 Healthwatch County Durham Work Plan 2016/17

The Board considered a report of the Lay Chair, Healthwatch County Durham that presented the Healthwatch Work Plan 2016/17 (for copy see file of Minutes).

The Lay Chair reported that two meetings of the new board had been held and meetings were being arranged in school holidays and at varied times to ensure people could attend. He advised that part of the work plan would be to support the Sustainability and Transformation Plans.

The Programme Manager of Healthwatch informed the Board that the work plan had been published in November 2016 as a public document and there was scope to add items to the workplan.

She was pleased to advise that the development of the board and voluntary programme had been successful. Two young people were now on the board and 30 volunteers had been appointed. An apprentice had also been appointed.

With regards to the work plan she reported that the uptake of health checks for people with learning disabilities had increased and that they were supporting DCC Adult Social Care. One to ones with service users and GPs had been carried out where good practice this had been working well so that information could be shared.

There had been seven visits to care homes and a pilot with primary care about the benefits of learning would be carried out within the next quarter.

Councillor Johnson was grateful for the joined up approach especially with the uptake on oral health for children and young people, their parents and carers. He thanked the service for this piece of work. He was also pleased to see that the meetings had been arranged so as to engage further with young people in school holidays. He asked that harder to reach children be included in work going forward.

The Strategic Manager, Policy, Planning and Partnerships, Durham County Council informed the board that the work plan aligned with that of the Joint Health and Wellbeing Strategy.

Resolved:

That comments on the HWCD Work Plan and any further areas of work for the future to be considered by the HWCD Board be noted.

16 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.

17 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 November 2016 (for copy see file of Minutes).

Resolved:

That the report be noted.