

## **DURHAM COUNTY COUNCIL**

At a Meeting of **Health and Wellbeing Board** held in Committee Room 2, County Hall, Durham on **Thursday 25 January 2018 at 9.30 am**

### **Present:**

**Councillor L Hovvels (Chairman)**

### **Members of the Board:**

Councillors J Allen and O Gunn and N Bailey, Dr S Findlay, C Harries, A Healy, B Jackson, L Jeavons, J Robinson, Dr D Smart and Dr J Smith

#### **1 Apologies for Absence**

Apologies for absence were received from C Bage, J Gillon, S Jacques, S Lamb, C Martin, A Reiss and M Whellans

#### **2 Substitute Members**

G Curry for S Jacques, G O'Neill for M Whellans, J Parkes for J Gillon, P Scott for C Martin, A Smith for S Lamb and K Wanley for C Bage

#### **3 Declarations of Interest**

There were no declarations of interest.

#### **4 Minutes**

The minutes of the meeting held on 27 November 2017 were agreed as a correct record and signed by the Chairman.

#### **5 Sustainability and Transformation Plans Update Report: Northumberland, Tyne and Wear and North Durham and Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby Draft Sustainability and Transformation Plans**

The Board received a verbal update from the Chief Operating Officer, North Durham and Durham Dales Easington and Sedgefield Clinical Commissioning Groups in respect to the Sustainability and Transformation Plans for Northumberland, Tyne and Wear and North Durham and Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby Draft Sustainability and Transformation Plans.

The Board received a verbal update from the Chief Operating Officer, North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups in respect to the Sustainability and Transformation Plans for Northumberland, Tyne and Wear and North Durham and Durham, Darlington, Tees,

Hambleton, Richmondshire and Whitby Draft Sustainability and Transformation Plans.

The Chief Operating Officer advised that the 'plans' would also be called 'partnerships' and that work was taking place to amalgamate the local three into one, however NHS England confirmation was awaited.

In terms of acute services the south of the County had the Better Health Programme (BHP) and to the north of the County had an acute workstream. The BHP outcomes and clinical networking discussions in relation to what specialist services will work across a wider footprint will be brought to a future meeting.

The Board were informed that governance work had commenced and were looking at community and engagement issues. The Director of Public Health and the Corporate Director of Adult and Health Services were involved in the workstreams.

The Chief Operating Officer explained that a Health oversight group had been established and would involve the local authority. A report would come back to the board on integration.

The Chief Operating Officer outlined that CCGs were looking at their operating procedures and where they can streamline and will bring information back to the Board at a future meeting.

Prevention was a key workstream across the north east and the Board were made aware of the all parliamentary launch on tobacco.

**Resolved:**

That the update be noted.

## **6 Local Maternity System Prevention Priorities**

The Board received a report and presentation from the Director of Public Health County Durham, Adult and Health Services, Durham County Council on the local maternity system (LMS) plans for prevention and how the ambitions would be achieved (for copy see file of Minutes).

The Consultant in Public Health highlighted the following points from the presentation:-

- Better births – prevention
- What are we preventing?
- What is our aim?
- 7 key prevention must dos and the level of ambition
- Challenge areas, comments and how to overcome

The next steps were highlighted as:

- Funding secured from two LMS boards

- Continue to embed within 'Saving Babies Lives' work – clinical and safety outcomes critical
- Collating baseline audit (include workforce and resource issues)
- Plan Regional LMS prevention conference
- Further engagement with local authority, primary care and VCS colleagues to consider interdependencies and end to end pathways
- Recruit 12 month prevention coordinator secondment to support implementation in all maternity care pathways across 8 Foundation trusts

The Chairman of Healthwatch County Durham asked what vaccinations expectant mothers were advised to have, and was informed that this would be for flu, depending on the time of year, and for whooping cough. The Chief Clinical Officer confirmed that only those women who would be pregnant during flu season were approached about this vaccination.

The Chairman said that it was important to ensure that communications gave reassurance around the maternity service and that it was fit for purpose. The Consultant in Public Health explained that the two LMS boards had representation from lay members and that they did have a strong voice. A conference was being planned in June to better engage with GPs and the voluntary and community sector.

Councillor Allen was advised that unexpected infant deaths would be reported through the Child Death Overview Panel, further to a question about stillbirths reporting and causes.

Councillor Gunn asked if there were links with pre-birth intervention. The Consultant in Public Health advised that there was a Best Start to Life group and that the Local Maternity services were aligned to that.

**Resolved:**

That all HWB partner organisations actively support the successful implementation of the seven prevention must do areas of work at a County Durham level.

**7 Area Action Partnership Links - 6 Month Update Report**

The Board considered a report of the Area Action Partnership Coordinator, Transformation and Partnerships, Durham County Council that provided an update in relation to the work taking place to enhance the interface between Area Action Partnerships (AAPs) and the Health and Wellbeing Board to improve the alignment of AAP developments and investments and the priorities of the Partnerships (for copy see file of Minutes).

The Area Action Partnership Coordinator advised that the Chairman had attended a meeting with the County Durham Dementia Action Alliance (CDDAA) to raise awareness of plans around the County. The Board were informed that the contract with the Alzheimer's Society had been extended and that AAPs were looking at redeveloping plans to look at schools and isolation. The Chairman added that it had been a very useful meeting and asked that the board members undertake

dementia friends training at one of their next meetings. She commented that everyone could make small changes that would make a big difference. She advised of the taxi driver training that had taken place in the County and meetings that had taken place with the business sector. She went on to suggest that an audit of buildings would be useful to see if they were dementia friendly. The Chairman was also aware of some car parks that had forget-me-not bays and suggested that some empty shops spaces could be used as a quiet areas.

The Corporate Director of Adult and Health Services, DCC said that the blue badge scheme as looking to be extended to further support those with dementia.

The Area Action Partnership Coordinator went on to inform the Board that the social isolation would be looked at by all AAPs and that they would manage a fund to support community led initiatives. The Board were also informed that Age UK had put forward a strong bid for Social Action Funding and were awaiting the outcome.

Councillor Gunn praised the excellent work carried out by the AAPs in the local communities and with the voluntary sector. With regards to social isolation funding she had concerns that young people were also vulnerable and often isolated.

The Corporate Director of Adult and Health Services, DCC explained that the funding through the improved BCF was for adult social care and currently the fund was for those aged 60+, although the criteria was still being developed. The Area Action Partnership Co-ordinator advised of a Youth Fund that encouraged positive activities and that could target children and young people who may be isolated.

The Area Manager Community Risk Management, County Durham and Darlington Fire and Rescue Service explained that as part of the safe and wellbeing assessment they could identify socially isolated people but he pointed out that that they were not always elderly people. He advised that often people who did not have any family were isolated at a younger age.

**Resolved:**

- (i) That the work taking place be noted;
- (ii) That the improved alignment of work of the AAPs to the Health and Wellbeing Board be noted;
- (iii) That the work by the AAPs during 2017/18 on addressing the Health and Wellbeing agenda be noted;
- (iv) That the shared work that AAPs and partners are currently working on be noted.

**8 Healthy Child Programme Board Update**

The Board received a report and presentation of the Director of Public Health County Durham, Adult and Health Services, Durham County Council that provided an update on the progress made and next steps for the County Durham Healthy Child Programme Board (HCPB) (for copy see file of Minutes).

The Consultant in Public Health, DCC highlighted the following points from the presentation:-

- Benefit of Healthy Child Programme Board
- HCP 10 Priorities
- HCP 7 Principles
- Current State
- Future State
- HCPB Transformational Route Map

The Director of Public Health, DCC added that children's commissioning arrangements were complex and were challenging.

The Chief Operating Officer, ND CCG said the Integration Board now covered children and young people as well as adults and an Integration Steering Group for Children and Young would take forward the joint work with health, social care and public health involvement.

**Resolved:**

- (i) That the progress made by the HCPB and give the mandate to continue the work to progress towards the defined future state as articulated in paragraph 11 and in appendix 2 of the transformational route map, be acknowledged.
- (ii) That how chief officers are best sighted on the work of the HCPB to ensure governance and accountability is transparent and work remains targeted to the most important priorities be considered.

## **9 Health Protection Assurance 2017/18**

The Board received a joint report of Director of Public Health County Durham, Adult and Health Services, Durham County Council, the Deputy Director of Health Protection, North East Public Health England and the Consultant in Health Protection, North East Public Health England that set out the means by which the Director of Public Health was assured that the health of the population is protected. In doing this, it lays out the statutory duty placed on Local Authorities for health protection and outlines the role of the Director of Public Health (DPH). It also presents the health protection plan on a page which draws together key health protection programmes and identifies where assurance has been sought in this area of key responsibility. Finally, the paper will identify areas where this assurance could be strengthened (for copy see file of Minutes).

The presentation highlighted the following points:-

- Statutory responsibilities/ mandated functions of the Director of Public Health
- The key elements of health protection
- Health Protection in practice 2017
- Health Protection – draft plan on a page
- Assurance Dashboard
- Screening and Immunisations – good news and issues

- Prevention and Management of Communicable Diseases – good news and issues
- Emergency planning, resilience, response and recovery – good news and issues

The Deputy Director of Health Protection, North East Public Health England shared further background information to the Board on the day to day jobs where the team were continually responding to outbreaks, raising the profile of the work carried out and providing an assurance process. Strong relationships had been built up with partner organisations and the involvement of the Environmental Health teams were considered to be a critical part in helping to protect the public. National priorities including eliminating TB, tackling anti MR resistance, air quality and the impact on public health. These were very difficult challenges. Some technical developments had occurred with genetic sequencing and understanding the recent flu season, which would help determine the vaccines required for the future.

Councillor Allen asked if there were any plans to communicate with the public on the health protection issues and was advised that this was part of the national communications service division. He added that flu messages would come out nationally and anything urgent would go to the press with intervention being delivered locally.

Dr Smart was concerned that young women were not presenting for cervical screenings and felt that this may be partly attributable to them thinking they were immunised following the HPV vaccine at school.

As this was dealt with by a separate team the Chairman suggested that a representative be invited to a future meeting. The Director of Public Health, DCC added that there were mixed messages and that further clarity was required. Healthwatch were undertaking a survey to look at why women did not come forward.

Councillor Gunn welcomed the report and presentation but would like to receive further details at a future meeting. She was pleased that the importance of the Environmental Health team had been outlined.

The Chief Clinical Officer, DDES CCG enquired about the flu vaccine used by GPs this year and was informed that there would be a change for 2018/19.

**Resolved:**

- (i) That the report's content and development of the surveillance dashboard and health protection plan on a page be noted;
- (ii) That the areas of assurance and further action be acknowledged.

**10 Working Towards a Healthy Weight in County Durham**

The Board received a report and presentation of the Director of Public Health County Durham, Adult and Health Services, Durham County Council that presented 'Working towards a healthy weight in County Durham' 2018 and provided an update on the work of The Healthy Weight Alliance which was accountable to the Board

and to seek support for this document to be publicly available in hard copy format and electronically via Durham County Council website (for copy see file of Minutes).

The Consultant in Public Health, DCC highlighted the following points from the presentation:-

- Long term vision
- Obesity – the context
- What was happening nationally and locally
- Scale of the issue in County Durham
- What we had achieved –
  - Leading by example
  - Best start in life
  - Increasing play
  - Engaging the whole system
- Long term goals
- Short and medium goals
- Working towards a healthy weight in County Durham 2018

Councillor Gunn welcomed the report and would like to see engagement with school governing bodies, as she felt that they could play a part in the work of schools. As most councillors were on a governing body she suggested that they could help raise the profile of this work. She also asked that issues around planning and licensing with regards to the number of take aways and fast food outlets should be investigated further.

The Consultant in Public Health welcomed the support and advised that as quality standards were being established, governing bodies would be part of that. She also advised that engagement with the planning team as part of the County Durham Plan was taking place which would address the fast food aspect.

The Director of Public Health, DCC added that this was a challenge in terms of hot food outlets and an evidence base would need to be gathered. She welcomed the support of councillors and the public.

Dr Smith commented that the Active Durham partnership were already having these discussions as part of a nutritional board.

Councillor Allen suggested that councillors could also support schemes to help children become more active and one way of doing this would be to help fund Fitbits. She added that activity could be monitored as part of science and PE lessons.

The Chairman asked how we compared to other authorities and was advised that we were significantly above the England average.

Councillor McKeon asked how the potential relationship between mental health and obesity was being addressed and was advised that the person was looked at as an individual including all the factors that affected them.

**Resolved:**

- (i) That the content of 'Working towards a healthy weight in County Durham' 2018 be noted.
- (ii) That to provide commitment to and support for the ongoing work to address obesity across County Durham be continued.
- (iii) That the publication and wider circulation of 'Working towards a healthy weight in County Durham' 2018 be endorsed.

**11 Prevention at Scale**

The Board considered a joint report and presentation of the Corporate Director Adults and Health Services and the Head of Partnerships and Community Engagement, Transformation & Partnerships, Durham County Council that informed of the prevention at scale work (for copy see file of Minutes).

The Head of Partnerships and Community Engagement highlighted the following information from the presentation:-

- Prevention – primary, secondary and tertiary prevention
- CDP Focus
- Steering Group
- Progress to date
- Targeted proposal – mental health at scale
- Mental plan on a page
- Areas of focus
- Next Steps

Councillor Gunn commented that it was important to engage with children and young people whose parents were living with mental health and that support should be available at school. She added that the AAPs should also play a key part.

The Director of Public Health, DCC informed the board that children and young people were involved in meetings and although looking at mental health issues were already taking place it could be built upon. The Consultant in Public Health, DCC informed the Board that the Children and Families Partnership had contacted the Durham Association of head teachers to talk about the green paper and future plans for children's mental health, looking at a whole school approach.

On answering a question from Councillor Allen about how key partners would be involved, the Corporate Director of Adult and Health Services, DCC advised that there had been a level of interest expressed across all key partners. She added that the thematic partnership would continue to engage throughout the whole process.

Councillor Allen said that it was important to share good practice and learn from that, including support received from the LGA.

Referring to helping and supporting children in schools, Councillor Gunn commented that it was difficult to find suitable material to use and that books on certain subject areas were not available at all in schools. She added that a life

book had been produced for the child from the looked after children service that explained things in a non-judgemental way.

The Area Manager Community Risk Management, County Durham and Darlington Fire and Rescue Service suggested that they look at the development of education information across a whole range of prevention issues including healthy weight management and mental health, that schools and partner agencies could access. He added that there could be 2 levels, 1 for the deliverer and 1 for the child/ young person and information could be available on where to access books and materials.

**Resolved:**

That the report and presentation be received.

**12 Fast Track Plan - Transforming Care for People with a Learning Disability**

The Board considered a report of Commissioning and Delivery Manager, NHS North Durham CCG & NHS Durham Dales, Easington and Sedgefield CCG that provided an update on the Transforming Care Programme and local implementation (for copy see file of Minutes).

**Resolved:**

- (i) That the content of the report and local progress be noted.
- (ii) To continue to support the collaborative development of new models of community care and support for this client group.

**13 North Durham Clinical Commissioning Group, Durham Dales Easington and Sedgefield Clinical Commissioning Group and Tees Esk Wear Valley NHS Foundation Trust - Partnership for Learning Disabilities and Mental Health**

The Board considered a report of Director of Corporate Programmes, Operations and Delivery, NHS North Durham Clinical Commissioning Group that provided an update on the progress of the development of the Accountable Care Partnership (ACP) for Learning Disabilities (Health funded) (for copy see file of Minutes).

Councillor Allen enquired as to when the issues identified in the case reviews would be addressed and was informed that this was already taking place.

**Resolved:**

That the progress of the ACP, with particular focus on the outputs of the workstreams and outcomes of the case review process to date be noted.

**14 Winter Pressures**

The Board received a verbal update of Chief Clinical Officer, Durham Dales, Easington and Sedgefield Clinical Commissioning Group about Winter Pressures (for copy see file of Minutes).

The presentation highlighted the following points:-

- System Pressures

- OPEL – NE Region
- North East Regional A&E Performance (All Types)
- Type 1 A&E Activity (1)
- Type 1 A&E Activity (2)
- Local Situation – A&E Performance (All Types)
- Winter spend – secondary care, community and additional spend for NEAS
- Ambulance Performance
- Handover time lost in hours
- Handover delays by hospital
- Primary care
- Flu
- Staff immunisation rates
- Summary of impact
- What went to plan
- Future actions

The Corporate Director of Adult and Health Services, DCC commented that a similar presentation had been received at the County Durham Partnership meeting. In relation to advice about people staying away from GPs and hospitals with flu symptoms, she asked if this could be making people worse. The Chief Clinical Officer said that information was still in the process of being analysed.

**Resolved:**

That the presentation be noted.