

DURHAM COUNTY COUNCIL

At a Meeting of Health and Wellbeing Board held in Remote Meeting - This meeting is being held remotely via Microsoft Teams on Friday 11 September 2020 at 9.30 am

Present:

Councillor L Hovvels (Chair)

Members of the Board:

Councillors J Allen and O Gunn, L Buckley, R Chillery, L Hall, A Healy, S Helps, D Logan, J Murray, J Robinson, Dr J Smith, M Stenton, M Walker, S White

Also in Attendance

Councillor A Surtees

WELCOME

The Chair welcomed F Jassat as a County Durham CCG representative (CCG Governing Body Lay Member) following Dr D Smarts retirement, Councillor Surtees, Portfolio holder for Social Inclusion, and M Laing, Director of Integrated Community Services.

1 Apologies

Apologies for absence were received from John Pearce, Sue Jacques, Jennifer Illingworth, Julie Gillon, Vicky Mitchell, Dr Stewart Findlay, Nicola Bailey, Chris Cunnington Shore.

2 Substitutes

Martyn Stenton was present as substitute for John Pearce, Jo Murray for Jennifer Illingworth, Levi Buckley for Julie Gillon and David Logan for Chris Cunnington Shore.

3 Minutes

The minutes of the meeting held on 14 July 2020 were agreed as a correct record to be signed by the Chair.

4 Declarations of Interest

There were no declarations of interest.

JOINT HEALTH AND WELLBEING STRATEGY VERBAL UPDATE

The Board received a verbal update from the Strategic Manager, Partnerships with regards to the Joint Health and Wellbeing Strategy.

The Strategic Manager, Partnerships confirmed that in early March 2020 the Board agreed the Joint Health and Wellbeing Strategy. They had also agreed to undertake a review after the first year to ensure the County Durham Vision 2035, Marmot ten year review and NHS Health Inequalities Paper were fully taken into account within the Strategy.

Since the Covid 19 global outbreak, many of the actions in the strategy had supported the response phase, including a focus on the wellbeing approach in communities.

The Strategy refresh would further consider the impact of Covid 19 on the Council, Partners and Communities and any Covid related actions would be included in the new updated Strategy.

The Draft Health and Wellbeing Strategy would be brought to the Board in January 2021 for comment, in order for the Final Strategy to be agreed in March 2021.

5 Health and Social Care Integration

The Board received a verbal update from the Corporate Director Adult and Health Services, which provided an update on Health and Social Care Integration.

The Corporate Director Adult and Health Services confirmed that the approach with regards to integration was to develop an integrated commissioning function and as previously reported S Burns had been appointed to the post of Head of Integrated Strategic Commissioning and was pleased to report, that she was progressing with the development of the function which had been helpful in supporting the Council through the recent months.

In addition, M Laing had been appointed as Director of Integrated Community Services following L Jeavons retirement in July 2020. On behalf of the Board, she thanked L Jeavons for her contribution and welcomed M Laing, who she was looking forward to working alongside.

The Director of Integrated Community Services addressed the Board and confirmed that he was looking forward to working with the Board.

Commitment of Partners to work together, the focus of Partners on residents, patients and service users, and the concentration on the wider wellbeing of the population was reflected in the Agenda of the Board.

The Chair confirmed her appreciation for the work undertaken by L Jeavons who had moved the integration agenda forward and as a former nurse she had brought a lot of knowledge and skills to the Board. She expressed well wishes on behalf of the Board.

6 County Durham Place Based Commissioning Plan 2020-2025 - six-month review

The Board received the first update with regards to the County Durham Placed Based Commissioning and Delivery Plan - September 2020, since being adopted by the Integrated Care Board and the Health and Wellbeing Board in March 2020. Partners that were covered within the plan included NHS and Local Authority commissioners, Public Health, and acute and mental health NHS providers (for copy see file of minutes).

The Commissioning Delivery Manager, Integrated Commissioning Team provided the Board with the update to September 2020.

Councillor Gunn was delighted to hear the involvement of all Partners and how results were being achieved but she wondered how the revised plan would be communicated to the public and how comments could be fed into it, as a live, working document.

The Commissioning Delivery Manager confirmed as a working, living document with 22 chapters, each one having its own chapter lead, they would utilise their own section as their work plan and view it as an ongoing piece of work rather than updated twice yearly..

With regards to how it was communicated to residents, patients and service users, the Commissioning Delivery Manager advised that it would be dependent on how individual project boards communicated with their public. Communication with residents, patients and service users was taking place on an ongoing basis and their views would be inputted throughout the process.

Resolved:

That the County Durham Place Based Commissioning and Delivery Plan 2020-2025, September 2020 update be approved.

7 SEND Inspection update

The Board received a report of the Corporate Director of Children and Young People's Services which provided progress across County Durham with SEND services highlighted in the Ofsted and Care Quality Commission (CQC) SEND re-visit in January 2020, and the publication of their letter in March 2020.

The Head of Early Help, Inclusion and Vulnerable Children confirmed that the report covered the progress made since the original SEND inspection in late 2017 following a revisit in January.

He referred to the SEND Action Plan which had been formed in recent months and confirmed that Partners had continued to work together virtually over the last six months. The plan contained a number of key actions to progress over the forthcoming six to nine months and had taken account of the Covid 19 outbreak and the disruption on children and adults learning, and access to services.

He noted a positive letter from Vicky Ford MP which had congratulated the Council on the progress that had been made as a partnership on SEND work over last two years.

Councillor J Allen, Portfolio Holder for Transformation, Culture and Tourism, asked for an explanation on what future developments were planned in relation to supporting young people with special education needs and disabilities.

The Head of Early Help, Inclusion and Vulnerable Children confirmed that supporting children back into their learning after a considerable break was the top priority across the Partnership and a document had been created; Return to School, Safe, Happy and Settled which was updated regularly and provided information on how education providers could be supported. Many children and young people were anxious about going back to school or had issues that caused difficulties with their return to school. The action plan covered a number of areas for the Partnership to look at over the next six to nine months, in terms of communications. The Head of Early Help, Inclusion and Vulnerable Children confirmed that further website updates were planned in order for children and families to be able to access the right information. The work programme had been set out for the designated Clinical Officer in the Integrated Commissioning Team in order to focus on improvements to health advice and for children who with Education Health and Care Plans.

The Head of Early Help, Inclusion and Vulnerable Children confirmed that in addition the SEND Strategy was being updated and there were planned engagement activities with children and families in order to take account of their views and their needs.

Finally with regards to the funding for SEND and the work on the high needs block, the Head of Early Help, Inclusion and Vulnerable Children referred to the issues in Durham regarding the sustainability of funding and the work being done in order to make it sustainable within the resources that were available. There was ongoing work with regards to lobbying the Government to try and improve the funding for SEND and he referred to Cllr Gunn having recently written to the Secretary of State for Education with regards to funding for children and young people with high needs.

Councillor Gunn confirmed that as Portfolio Holder for Children and Young People's Services and Adult Learning and Skills, she had written to the Secretary of State to ask for greater funding. Her first letter had been sent in March and highlighted the pressures on funding for children and young people with special educational needs and disabilities and for supporting pupils who were at risk of exclusion. Some funding had been received from the Government but it was simply not enough. Although this was a national issue, Councillor Gunn confirmed that during the financial year 2019/20 Durham County Council had to spend £8.6m more than they had received from Government on the High Needs Block allocation and £5.6m was from the Councils' reserves. The remaining had to go into the Council's accumulated deficit which would be £5.7m by the end of March 2021.

Councillor Gunn confirmed she had therefore called for a planned National Review of SEND funding as it needed to be addressed for the sake of all of the children and young people who had special educational needs and disabilities, and also their families who were feeling the pressure of having to fight to get what they believed was the right approach to education for their children.

The Chair encouraged Partners to write to the Secretary of State for Education on behalf of their own organisations if further weight could be added in terms of lobbying.

Resolved:

- a) That the progress made in partnership across County Durham since the original SEND Inspection and WSOA was put in place be noted.
- b) That the update provided in relation to the SEND revisit, the published outcome letter and the work outlined on next steps being done with partners through the SEND Partnership be noted.

8 Healthwatch County Durham Annual Report, including next steps arrangements

The Board received a report of the Chair of Healthwatch County Durham which provided the Healthwatch County Durham (HWCD) annual report 2019/20 and priorities for 2020/2021 (for copy see file of minutes).

The Project Lead for Healthwatch County Durham advised that the work that had been achieved was due to the professional dedication of staff. The report covered

work up until March 2020 which was very successful for Healthwatch County Durham. There were two key issues to mention – one had been the renewal of the contract which was due in December 2019 and secondly Covid 19, which had had a huge impact on the work plan.

The Board had been sent a link to a survey with regards to the priorities going forward. This had been due to close on the 18th of September but had been extended to include a telephone support system as well as the paper and online system. The closing date had been extended to 25th September and once those priorities had been collated, they would be fed back to the Board.

The Project Lead confirmed that the impact of Covid 19 had been difficult for an organisation with a network of volunteers. Guidance was being sought from Healthwatch England however he admitted that it was difficult to reach out to everyone whilst not working from an office.

With regards to the work that had been done, contractor expectations had been surpassed and the next step was to try and emerge from Covid 19 and find alternative ways of working with the community, such as engaging with AAP's and improving social media. The Chair suggested engaging with the Head of Partnerships & Community Engagement and offered to facilitate a meeting as she had some suggestions of her own.

Councillor Gunn confirmed that she was interested to hear how working practices were being adapted, given the restrictions around Covid 19 and acknowledged the difficulty for a community-based organisation. She agreed that the organisation was good and that she had engaged with some of their social media posts, which she considered a good way to share information. Councillor Gunn thanked the team and their volunteers.

The Project Lead responded that advice from Healthwatch England on how to engage going forward had included checking local newsletters, using community centres and churches, most of which were not new ways of working, but he confirmed that they would try new approaches and he would link with the Head of Partnerships & Community Engagement.

Dr Jonathan Smith, confirmed that as a GP he was particularly pleased about Healthwatch's input which has resulted in positive changes to improve parking and increase nurse practitioners, and although it was a difficult time he thanked all of the staff and volunteers for their hard work.

Resolved:

- a) That the HWCD Annual Report be received.
- b) That the closing date for comments on the HWCD priorities survey be noted.

9 Health Impact Assessment for Health Inequalities During COVID-19

The Board considered a report of the Director of Public Health which provided an overview of the findings and recommendations taken from a Health Impact Assessment on health inequalities, conducted in response to the COVID-19 pandemic (for copy see file of minutes).

Councillor Allen as portfolio holder for Transformation, Culture and Tourism referred to the extensive work which had been done internally on modern and innovative ways of working, and asked if the Strategic Manager, Public Health could provide clarification on how vulnerable and marginalised groups would be identified and how targeted work will be undertaken given the pandemic restrictions.

The Strategic Manager, Public Health confirmed that as part of the HIA process they had utilised the NHS data which had been received during the set up of community hub at the beginning of the pandemic. The NHS had confirmed the most vulnerable and shielded population and it had been combined with public health intelligence to create data sets for each AAP. There were 14 in total and they had been disseminated to wider partners in the community and voluntary sector. This allowed AAP's to plan their priorities and funding opportunities and helped identify where there was a need to invest, whilst providing an audit trail.

The Strategic Manager, Public Health, confirmed that in order to engage with the vulnerable and shielded populations, online mechanisms and surveys were used, however not everyone could access IT provision which was an inequality in itself so it was important to enable others to deliver at a local level.

The Chief Operating Officer at North Tees and Hartlepool NHS Foundation Trust noted that this was a very comprehensive report and confirmed that this aligned with the Trusts approach to population health. With reference to the letter received at the end of July from NHS England, regarding the phase 3 recovery, particular focus was on hard to reach communities and the Trust would continue to work with primary care networks.

With regards to the use of IT, the Trust had identified this as a risk, due to a significant increase in virtual consultations for outpatient appointments, and therefore the Trust were exploring ways to use virtual consultation suites, of which Peterlee Community Hospital was a good example. In addition the Trust were looking at how they could upskill communities.

The Operational Director, Harrogate & District NHS Foundation Trust, responded to confirm that throughout the pandemic, virtual contact with families had been maintained, however there had been face to face contact with appropriate PPE for more vulnerable families. As the Trust started to recover they were enhancing areas with regards to health and wellbeing and reintroducing face to face contact.

Resolved:

That the recommendations outlined in the report be approved.

10 County Durham's Approach to Wellbeing - update on progress

The Board considered a joint report of the Corporate Director of Adult and Health Services, and the Director of Public Health which provided an update around the implementation of the County Durham Approach to Wellbeing (for copy see file of minutes).

The Board received a presentation from the Wellbeing Approach Programme Manager, Partnerships & Community Engagement, which provided them with the Wellbeing Approach, the response to Covid 19, Development and Evaluation of County Durham Together Hub, Work with Commissioning, and Development and Plans. It was agreed that in order to embed the wellbeing approach, that all partners would be asked to consider how they work with communities in each of the reports that are presented to the Board.

Resolved:

That the presentation be noted.

11 Health and Wellbeing Board Campaigns

The Board received a presentation from the Director of Public Health with regards to the Winter 2020/21 Flu Vaccine Campaign.

The Director of Public Health advised of the importance of protecting people at risk from flu, due to Covid 19 and those who were most at risk from Covid 19 were also at risk of complications from Flu. The vaccine was the best way to protect people and there were more eligible people this year, including households of the shielded population and also an extension of the child vaccination programme, to include year 7 pupils.

The Council's aim was to encourage the uptake in eligible groups in particular children 2-11, 65 years and over, pregnant women and carers. There was ongoing work with care homes for those who were in long term residential care and a push for staff across health and social care. All County Council staff were being offered the vaccine this year and later in the flu season 50-64 year olds would be eligible.

Although the vaccination programme had started, the national publication material had not yet been received and therefore regional materials had been developed and a regional campaign launched in September. This would be promoted in local advertisements, on social media and in publications to schools.

The Flu Board were providing clear co-ordination and the Director of Public Health hoped to get a good uptake.

The Chair confirmed that she had received an excellent service when recently having the vaccine and encouraged people to take it up as soon as possible.

Resolved:

That the presentation be noted.

12 Local Outbreak Engagement Board - Covid 19 update: (a) Local Outbreak Control Plan - Progress Update

The Board received a report of the Director of Public Health which provided details of the updated COVID-19 Local Outbreak Control Plan and a progress update of the work.

The Director of Public Health gave a presentation which provided an update on the work of the Health Protection Assurance Board (HPAB), key communication activity, statistics with regards to confirmed Covid 19 cases in County Durham, COVID-19 Contain Framework and Local Lockdown Plans, and the Community Champions Programme (for copy see file of minutes).

Public Health England would be undergoing major organisational change and the Chair had written to the Secretary of State to raise concerns and ask for engagement in the design of the new National Institute of Health Protection and in addition the Chair has raised concerns about the issues around testing.

Councillor Gunn referred to the changes to Public Health England and thanked the Chair for writing to the Secretary of State as it was an issue that made the Board anxious, especially during a pandemic. Councillor Gunn also praised the Public Health Team as the amount of work was extraordinary, the response to Covid 19 by the Public Health Team had kept the confidence of the residents.

Councillor Gunn also expressed gratitude to the Education Team who had worked extremely hard to inform schools around safety issues and what they should do in order to ensure children were able to go back to school in September, to an environment which was as safe and risk free as it could possibly be.

The Chair referred to the letter she had written which had been written in conjunction with the Chief Clinical Officer of the County Durham Clinical Commissioning Group and circulated to the Board. She advised that it was important to make representations and praised the Public Health Team for their expertise and what they had achieved however this had not been an easy task and they had worked extremely hard. There had been changing guidelines and this was an area of deprivation and poverty, a population with health risks and people were having to travel miles to get a test, finding it extremely difficult. The Chair advised that she would make representations and if organisations had any similar problems or concerns she was happy to get involved and use her platform as Chair of the Board to do so.

F Jassat, County Durham CCG expressed his gratitude to system leaders and for the leadership of the Director of Public Health, during this generational challenge. He asked for information with regards to a vaccine and the Director of Public Health responded that the team could only work with others alongside and had received a positive response from partners and communities, however with regards to a

vaccine, there was a National Development Programme but no recent update. She added that there was a developing framework for the potential delivery of a vaccine but no clear date. She confirmed that the update would be circulated to the Board as soon as it was received.

A number of questions had been submitted by members of the public and answered as follows;

Question 1:

The Track and Trace System was in place to reduce the spread of the Coronavirus. What was happening to encourage local businesses to collect this information for people who used their services?

The Director of Public Health confirmed that the Council had been working with businesses throughout the pandemic, firstly to help them access funding to protect them and their staff from economic effects of coronavirus and then to provide advice, support and resources to help them re-open safely. All business had to take steps to keep workers and visitors safe, by following the 5 steps for working safely, along with sector-specific guidance laid down in the government guidance. This ensured businesses were 'covid secure' and the risks of transmission were as low as possible.

For the hospitality and service sectors the collection and safe storage of contact details was a key element of their 'covid secure' measures. The Council continued to engage with all businesses on a countywide basis to provide advice and guidance, but also on a one to one basis where asked for help or advised of poor practice. The Council's approach was always one of engagement, education and if necessary, enforcement.

The Director of Public Health took the opportunity to remind everyone that if contacted by NHS Test and Trace, by following instructions to self-isolate, people who had been in close recent contact with someone with coronavirus would be protecting their family, friends, colleagues and other people around them, and would play a direct role in stopping the spread of the virus.

Question 2:

How could people be encouraged to follow social distancing guidelines in venues, for example, restaurants, pubs and clubs?

The Clinical Chair, County Durham Clinical Commissioning Group advised that everyone had a vital role to play in protecting themselves and their loved ones from coronavirus. In restaurants, pubs and clubs there had been changes to make sure that people were socially distanced, such as limiting the number of people allowed into a venue at any given time; tables spaced apart; monitoring of both indoor and any outdoor space; lots of signs reminding people about social distancing, queueing and hygiene practices.

The Clinical Chair advised people that they needed to play their own part; it was about adjusting to a new normal; the coronavirus had not gone away and it was vital that people did not let their guard down. He advised to continue to follow government guidance and be responsible if people were going out. They were going to be with friends or family, so needed to help each other. If they forgot to keep their distance, he advised to give them a friendly reminder and ask them to do the same. It was about protecting each other.

Finally, the Clinical Chair confirmed that it was important people trusted their instincts. If they felt uncomfortable by how many people were in one venue, don't take the risk and go somewhere else. It was the same if someone else felt uncomfortable.

Question 3:

The national guidance on operating indoor performances was unclear. Could clarity be provided on whether a karaoke show in a local public house was allowed to take place?

The Deputy Chief Fire Officer, County Durham and Darlington Fire and Rescue Service confirmed that there was no specific government COVID-19 guidance related to karaoke performances in public houses. Activities such as karaoke were to be conducted in line with COVID secure guidance as there was a high risk of transmission due to the sharing of microphones and potential increased volume.

The advice given was that if a karaoke performance did take place, the microphone was to be stationary and remain in a microphone stand at all times. Performers were asked not to touch the microphone or stand. The microphone and stand was to be cleaned and disinfected after every use. In the government guidance, 'Guidance for people who work in performing arts, including arts organisations, venue operators and participants', it stated that if equipment had to be shared, regularly disinfecting it (including any packing cases, handles, props, chairs, microphones and music stands) always between users, following UK Government guidance.

Therefore, if a decision was taken to hold a karaoke event in addition to the regular disinfection of the microphone and stand, numbers in the public house should be limited, the volume of the speakers should be low with no background music. The aforementioned guidance stated to consider alternatives to using live music.

Question 4:

What jurisdiction did the Council have for events taking place on both their own land and also private land?

The Corporate Director of Adult and Health Services confirmed that up until the 14th September 2020, the guidance from the Government was that outdoor events should go ahead where they could do so safely. Many outdoor events were already permitted provided that they had carried out a thorough risk assessment and taken all reasonable steps to mitigate the risk of transmission. Where those steps had been taken, outdoor events that were organised by businesses, charitable organisations, and public bodies, were not restricted to 30 attendees.

However new government guidance released on the 9th September 2020 on 'Meeting with others safely' would be fully reviewed to understand the implications on future events going ahead both on private and DCC land after the 14th September 2020.

Event organisers were encouraged to speak to local authorities as soon as possible to discuss plans for their events and how they could be managed safely. Councils could advise on safe working practices, support events to comply with relevant requirements, and help address any concerns.

This council had a well-established Safety Advisory Group which brought together representatives from the local authority, emergency services and other relevant bodies to help advise event organisers on the safety of large events taking place in the area. An Events Licensing Group had also been set up to look at events in County Durham during COVID. The group decided collectively if events should be permitted to take place and decisions were fed back to the Council's Corporate Management Team.

She reiterated that with the exception of large sporting events, current government guidelines allowed for outdoor events that were organised by businesses, charitable organisations, and public bodies to take place provided they had carried out a thorough risk assessment and taken all reasonable steps to mitigate the risk of viral transmission, in line with COVID-19 secure guidance.

The COVID-19 Secure guidance itself was not legally enforceable, however the Health and Safety at Work Act 1974, provided a framework for considering the steps businesses were to take to ensure they were operating in a way that was safe and could help to prevent the spread of COVID-19.

The Director of Adult and Health Services confirmed that large outdoor events were able to apply for, or may already have had an existing licence, under the Licensing Act 2003. In the absence of a health objective councils' powers to refuse or revoke a premises licence on the basis of concerns about COVID-19 could be limited, as the refusal would need to relate to one of the Act's licensing objectives, as followed:

- the prevention of crime and disorder
- public safety
- the prevention of public nuisance and
- the protection of children from harm

In some cases, event organisers had applied for Temporary Event Notices which gave councils the opportunity to review an application for an event, although, objections would still need to relate to the four licensing objectives.

There were limited circumstances where a council could clearly refuse permission for, or request organisers to cancel an event, however the newly introduced Health Protection (Coronavirus, Restrictions) Regulations 2020 gave county, unitary and metropolitan councils powers to restrict access/close individual premises or public outdoor places as well as prohibit certain events from taking place where there was a serious or imminent threat of transmission of coronavirus, for example a local spike where a large event would risk further transmission of the virus.

Regulations needed to be met before the directions could be issued, therefore they were only to be issued where councils could successfully demonstrate it had met relevant criteria, to resist any challenge. When considering whether this power could be applied in relation to a planned event, councils would need to discuss with public health leads, and potentially the police.

The local authority as landowner was able to determine whether or not it would grant permission for an event to take place on its land, and could refuse permission to allow the use of the land for an event without the need to issue a direction.

Beyond this, however the intention was that outdoor events should take place where it was safe to do so with the focus on these being supported to operate safely.

Question 5:

To help people in this area to know the nature and extent of the local risk, could the postcode level information on current reported infections be made public?

The Operational Director- Children's & Countywide Community Care Services, Harrogate and District NHS Foundation Trust advised that the

COVID19 dashboard on Durham Insight was updated weekly using Public Health England, NHS England and ONS statistics and contained publicly available Middle Layer Super Output Areas (MSOA) data based on counts of cases.

A link to the dashboard had recently been circulated to HWB members. The dashboard showed the number of positive COVID-19 cases in a week by MSOAs which were a standard statistical geography of approximately 7,200 people. Some MSOAs had the same name as local electoral wards and figures within the map should not be compared with ward data that may be published elsewhere. Cases from pillar 1 and pillar 2 of the Government's testing programme were included. There was more up to date data available to us, however this was not in the public domain so could not be shared publicly.