

DURHAM COUNTY COUNCIL

At a Meeting of **Health and Wellbeing Board** held in **Council Chamber, County Hall, Durham** on **Thursday 17 June 2021 at 9.30 am**

Present:

Members of the Board:

Councillors P Sexton, R Bell and T Henderson, N Bailey, C Cunnington-Shaw, Dr S Findlay, M Forster, A Healy, M Laing, J Murray, J Pearce, J Robinson, Dr S Smith and S White

1 Election of Chair

Moved by Councillor R Bell, **Seconded** by Councillor T Henderson and

Resolved:

That Councillor P Sexton be elected as Chair of the Board for the ensuing year.

Councillor P Sexton in the Chair

2 Appointment of Vice-Chair

Moved by Councillor T Henderson, **Seconded** by J Robinson and

Resolved:

That Dr S Findlay be appointed as Vice-Chair of the Board for the ensuing year.

3 Apologies for Absence

Apologies of absence were received from C McManus, F Jassat, J Gillon, L Hall, S Helps and S Jacques

4 Substitute Members

J Murray for J Gillon

5 Declarations of Interest

There were no declarations of interest.

6 Minutes

The minutes of the meeting held on 18 March 2021 were agreed as a correct record and signed by the Chair.

Andrea Petty, Strategic Manager (Partnerships), Durham County Council provided an update on the following items:

- Letter to Government regarding Poverty and Levelling Up. On 17 March 2021, Councillors Hovvels, Gunn and Surtees wrote to Matt Hancock MP, Secretary of State for Health and Social Care; Robert Jenrick MP, Secretary of State for Housing, Communities and Local Government; Will Quince MP, Parliamentary Under-Secretary (Department for Work and Pensions) to lobby the government for action against poverty issues and levelling up across the country asking them to consider future funding implications. A response was been received and circulated to the Health & Wellbeing Board.
- The Joint Health & Wellbeing Strategy had now been published following agreement at the last meeting. All organisations were requested to place this document on their websites. Alongside the document was an Easy Read version and as requested at the last HWB meeting, a summary version had also been produced. Members were asked to ensure they took account of the Strategy when developing other plans and strategy.

7 Public Health England System Changes

The Board received a presentation from Professor Peter Kelly, Public Health England Regional Director and NHS Regional Director of Public Health North East and Yorkshire regarding the Public Health England System Changes (for copy see file of Minutes).

The presentation highlighted the following:

- Our purpose
- Our national and local presence
- PHE Place and regions
- PHE People and resources
- The UK Health Security Agency (UKHSA)
- The Office of Health Promotion (OHP)
- Other PHE functions
- The PHP will sit at the heart of DHSC and the wider system
- To be determined:
 - How will UKHSA, Office of Health Promotion (DHSC), NHSE and local government interact?

- Local operating procedures for health protection between UKHSA and 12 x NE Local Authorities
- Funding of UKHSA and all other public health destinations
- How will the ICSs work in the future? Will there be a role for the Regional Public Health Team, and if so, what will it be?
- Future pandemic planning, surge capacity and 'reserve force'
- Spending review
- Role of the Health and Wellbeing Board

Following a question from the Chair asking what differences would the board see with the changes to the public health system, Professor Kelly explained that the changes were within the operational detail and so people would not notice any changes. They would continue with a good system of operation with clear protocols in place. The board would help to ensure the health of the County improved, especially in areas of deprivation to the East of the County, making a difference to daily lives and narrowing health inequalities.

Jane Robinson, Corporate Director of Adult and Health Services, Durham County Council asked what mechanism would be used for the things that were still to be determined. Professor Kelly said that some would be determined nationally but his approach was that the framework gives us a guide but that there was still a need to sit down and work out the best way that works for us. The structures could be different in each area but would be designed in County Durham for the people of County Durham providing the best solution for us.

Councillor R Bell was concerned that the boundaries of the geographical areas did not fit with the boundaries of the ICS, and hoped that any funding would not migrate to the larger areas. Professor Kelly explained that the merger had already taken place last May and provided a successful system in North Yorkshire and the North East. The ICS was designed around patient flows to the big hospital centres across the region.

Further to a question from John Pearce, Corporate Director of Children and Young People's Services, Durham County Council about what help we had from the regional level for the North East, Professor Kelly reported that there was a command control. Detailed discussions took place with the Secretary of State on National Policies to help deliver what was best for the region and locally.

The Chair thanked Professor Kelly for attending.

Resolved:

That the presentation be noted.

8 Health and Social Care Integration - Integration and Innovation: working together to improve health and social care for all - white paper

The Board received a presentation from Michael Laing, Director of Integrated Community Services outlining how health and social care integration was progressing locally (for copy see file of Minutes).

The presentation highlighted:

- Background to the Integration and the White Paper
- Main White Paper proposals
- What does this mean in County Durham
- Activity in County Durham
- Revised County Durham Care Partnership
- Integration Programme
- Next steps
- Continue to engage with the ICS and the Department of Health and Social Care
- Get the new County Durham Care Partnership structures up and running and refine based on feedback and changing guidance
- Start the Integration Programme work-streams with agreed timescales for delivery
- Keep partners engaged and support each other during a period of change
- Continue to deliver services to 530,000 people in County Durham

Councillor T Henderson asked how would the Integrated Care System take account of patients and young people's views for improved health and care system. Michael Laing explained that this was yet to be determined as a forum had been set up to gather the views of children and young people. In addition, the ICS engagement plan was also to be determined and how we really understood the young people's experiences, emotional and mental health needs.

Nicola Bailey, Chief Officer NHS County Durham Clinical Commissioning Group, added that the guidance of the ICS design framework could be circulated which showed the engagement and involvement of the service users. They were involved in all aspects of decision making and they would continue to be part of the delivery and improvements with a focus on County Durham. She further added that the board of the ICS would hear the voices of children and young people as they were an important part of the process.

Councillor R Bell believed the system already worked well but that the design framework for the ICS required sharing and listening to people's views. He

said that it was important to consult on the proposed changes and to listen to those views expressed.

Nicola Bailey added that it was clear that there had to be an agreement on the design framework but that there were still a lot of areas that could collectively be influenced.

Jane Robinson said that the LA7 Chief Executives had met with Alan Foster and also wrote to him expressing their concerns. She assured the board that this would remain part of their agenda going forward.

Dr Findlay understood the fear people might have regarding the changes however he explained that the two Clinical Commissioning groups had merged and worked well together. With regards to funding being potentially lost through the ICS he said that we should be asking what we could do to help in terms of the integration.

From a children and young people perspective, John Pearce said that this risk was now being addressed in the design framework and that we needed to ensure their voices continued to be heard. He believed that excellent progress had been made but looking forward there were significant challenges for young people following the pandemic which could have underlying problems for them.

Amanda Healy, Director of Public Health said that there was an opportunity to build upon the progress already made through LA7 and at a North East level but to be delivered at place level.

Resolved:

That the presentation be noted.

9 Path to Excellence - 5 year transformation of healthcare provision across South Tyneside and Sunderland

The Board received a report and presentation from Dr Shahid Wahid, Executive Lead for Path to Excellence, that provided an update about the on-going pre-consultation process the Path to Excellence programme is following in order to involve NHS staff, patients and stakeholders in developing options/proposal for change which will be subject to a wider public consultation later in the year. It builds on previous reports brought to the Health and Wellbeing Board on the progress of the Path to Excellence programme (for copy see file of Minutes).

Dr Wahid delivered a detailed presentation explaining the options for both general surgery and trauma and orthopaedics. The next steps would be to

develop a pre-consultation business case and provide an update to the board within the next 2-3 months.

Councillor Bell asked that residents would not be disadvantaged because of the changes especially when taking on board travelling. Dr Wahid advised that Durham had a volunteer taxi service, especially in the rural areas but that they were looking at what else could be done. Information would be presented to stakeholders before going out to the public.

Dr J Smith said that during Phase 1 of the engagement in East Durham, more than 90% of patients were not be affected by the changes. Patients in Seaham, Murton and surrounding areas would use Sunderland as their usual hospital, with patients choosing to travel to what suits them best. He said that it helps when the GP knows at the point of referral where the final treatment would be held so that this information could be given to the patient at the onset, and that they may be able to help arrange transport.

Dr Wahid assured the board that information would be presented in a way in which the public would understand. He said that they wanted to engage in a meaningful way.

The Chair thanked Dr Wahid for attending.

Resolved:

That the update on Path to Excellence Phase 2 be noted.

10 Health and Wellbeing Board Campaigns

The Board noted a presentation from the Director of Public Health, on the following public health campaigns (for copy of presentation see file of minutes):

- COVID-19
 - Proactive and prevention work
 - Vaccine
 - Comms to schools / parents
- Healthy Start in Life
- Mental Health and Wellbeing
- Living Better

Councillor T Henderson referred to the use of a mobile vaccination unit to deploy to areas of lower uptake and asked if there been a difference in take up between the most and least affluent areas of the county.

Amanda Healy, Director of Public Health commented that the vaccine buses had been well received and were targeted at areas where take up was low, this data being available through colleagues in the NHS.

Dr Findlay said that uptake in the deprived areas of the County had been lower and the bus was helping to pick those people up who were reluctant to travel to their GPs or a larger vaccine centre. He stressed how important it was for everyone to have the vaccine to protect themselves and the most vulnerable in our society. He commented that a number of younger adults were now coming forward for the vaccine.

Dr Smith added that a number of positive comments had been received about the buses.

The Chair asked how local councillors could help with the vaccine roll out messages especially in areas where there is hesitancy.

Amanda Healy responded that knowing your community and contributing to activities to promote the roll out was important. Public Health had a wealth of resources available for those people who were still worried or reluctant to take up the offer of a vaccine. She stressed that simple clear messages were key and would help to counteract any concerns.

Resolved:

That the presentation be noted.

11 COVID-19 update

The Board received a report and presentation from the Director of Public Health which provided an update on the COVID-19 response and the COVID-19 Local Outbreak Control Plan (for copy of see file of minutes).

The Director of Public Health advised that government published the 'COVID-19 Response - Spring 2021', which set out the roadmap for the easing of restrictions and as part of this, Local Authorities were required to update their Local Outbreak Control Plan (LOCP) with a revised Local Outbreak Management Plan (LOMP). She added that this would encompass any variants and the lessons learnt so far and would be regularly reviewed, amended and updated according to local, regional and national developments.

The LA7, the seven local authorities of County Durham, Gateshead, Newcastle, North Tyneside, Northumberland, South Tyneside, and Sunderland, continued to work collectively focusing on a joint approach to COVID-19.

There had been a rapid increase in the number of cases, mainly in younger people. An increase in Durham City and a small cluster in some schools had involved the Outbreak Control Team putting preventative and control measures in place.

The Chair thanked the whole Public Health team for their efforts in helping to tackle the spread of the virus.

The Director of Public Health advised that the below responses to questions from members of the public and stakeholders would be published on the Council's website following the meeting:

1. Why haven't I seen any action taken against premises I reported for breaches of COVID regulations?

Steve White

Durham County Council, along with the other Local Authorities across the country are looking to support the reopening of the economy and are approaching reports of breaches etc in line with the recognised approach of the four E's. Engage, Explain, Encourage and then Enforce.

If any breaches of the requirements are found the team will work with the business to bring them back into compliance. Enforcement actions will be considered where necessary.

Unfortunately, we are not able to update consumers on individual actions taken but please be assured Durham County Council are taking all relevant actions needed to control the spread of Covid in line with other agencies.

From a police perspective, they were continuing to receive concerns from the public about breaching restrictions and were responding appropriately. The message continued to be to about prevention.

2. Members of my household have recently tested positive for COVID-19 and are at the end of their self-isolation period, my partner has just started with symptoms, do we all need to extend our self-isolation period?

Michael Laing

Your isolation period includes the day the first person in your household's symptoms started (or the day their test was taken if they did not have symptoms) and the next 10 full days.

If other household members develop symptoms during this period, you do not need to isolate for longer than 10 days.

3. What will happen to the roadmap if other variants of Covid 19 are found prior to 21 June?

Jane Robinson

As you know the country is experiencing a steep rise in infections. Time has moved on since the question was submitted. As a result of national rate

increases, Step 4 of the government's Roadmap has been delayed until 19 July. The delay is because of concerns over the Delta variant. Cases are growing nationally by about 60% per week, and more time is needed to deliver the vaccine programme before Step 4 can be triggered.

However, from 21 June some restrictions are being lifted:

- The number of guests at a wedding will no longer be limited to 30. Venues must continue to do a risk assessment to ensure social distancing can take place and stick to current capacity levels.
- Care home residents will not have to self-isolate after leaving their care homes, and they will be able to nominate an essential care-giver who can visit, even if they are self-isolating.
- Children can go on overnight trips in groups of 30 with, for example, the Scouts or Guides, or as part of summer residential schools.
- Planned large events' pilots in sports, arts and music will continue.

More detail will be published over the coming week.

A number of restrictions which were expected to be lifted, will remain in place.

These are:

- Limits on the number of people who can mix. 6 people or 2 households indoors and up to 30 people outdoors.
- Workplaces, shops, cafes, pubs, clubs, theatres and cinemas still have to operate within capacity limits and Covid secure measures.
- Face covering and social distancing rules remain unchanged.
- Nightclubs remain closed.

4. Is there any indication of what might happen when the traditional flu season starts, will social distancing and masks be part of life now?

Dr Stewart Findlay

Flu is passed person to person in the same way as Covid-19 is transmitted therefore the control measures of 'Hands, Face, Space' have had a significant impact on our Flu figures, nationally and locally over winter. If we continue to exercise measures such as you suggest; social distancing and face coverings – I'd also include good hand hygiene - I would expect a similar reduction in Flu cases throughout the following traditional flu season.

However, Step 4 of the roadmap, plans to remove all legal limits on social contact, meaning social distancing and face coverings would not be part of everyday life. The government have promised to complete a review of social distancing measures and other long-term measures that have been put in place to limit transmission. The results of the review will help inform decisions on the use of social distancing, face coverings and other measures.

5. How is the vaccine roll out going in County Durham and are we aware of how many people have not taken it up and how can we further encourage them to do so?

Amanda Healy

The vaccine roll out in County Durham has been very successful so far with good take up across all eligible age bands.

The longer the vaccine has been available to an age group the more complete our figures are. For example over 95% of our 60+ age group have had both doses. While younger age groups are still going through the vaccination process and therefore have lower numbers at this point. For example only 35% of our 40-49 year olds have had both doses.

This means on average over 73% of our eligible population aged 16+ have now received their first dose; over 55% have received their second dose; and 26% not yet vaccinated. You can find all the latest data in County Durham and your local area, on our Covid dashboard www.durhaminsight.info/covid-19

We are now inviting the 25-30 age group to take up vaccinations.

Some key highlights are as follows; 570,000 vaccinations given in County Durham so far; we have the Melissa Bus – a mobile vaccination unit – touring the county providing vaccine without appointments to eligible cohorts, targeting areas with low uptake; Vaccine are available at mass vaccination sites, GP practices, community pharmacies and targeted clinics for vulnerable groups. The vaccination hub at County Hall (stood down on 25 April 2021) vaccinated over 40,000 NHS and social care staff.

In relation to the low take up of the flu vaccine, the Chair asked if symptoms were similar to that of COVID-19 should cases of both diseases presented this winter. Dr Findlay explained that the symptoms were very similar however they had tests that would indicate what was COVID and what was flu. He added that it was likely that a booster would be available for those who were vulnerable for COVID and the winter campaign would encourage people to take up the flu jab. A number of trials were taking place to see if flu and COVID booster jabs could be given together as at present there needed to be a seven day gap. He went on to advise that immunity levels to flu could be low as the numbers reduced to such low levels last year due to COVID measures.

Resolved:

That the report and updated Local Outbreak Control plan be noted and agreed.

12 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 items of business on the grounds that they involved the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Act.

13 Pharmacy Application

The Board considered a report of the Director of Public Health which presented a summary of Pharmacy Applications received from NHS England in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (for copy see file of minutes).

Resolved:

That the report be noted.