DURHAM COUNTY COUNCIL

At a Meeting of **Health and Wellbeing Board** held in **Council Chamber, County Hall, Durham** on **Tuesday 18 January 2022** at **1.30 pm**

Present:

Councillor P Sexton (Chair)

Members of the Committee:
Councillors R Bell and T Henderson and Chris Cunnington-Shore, Amanda Healy, Dr Stewart Findlay, John Pearce, Jane Robinson, Suzanne Lamb, Jennifer Illingworth, Levi Buckley, Phil Innes, Michael Laing, Rachael Stray, Marie Smith, and Peter Sutton

1 Apologies for Absence

Apologies for absence were received from M Forster, J Gillon, L Hall, S Helps, S Jacques, F Jassat, Dr Jonathan Smith and S White.

2 Substitute Members

There were the following substitutes: M Smith for L Hall; R Stray for S Jacques; L Buckley for J Gillon, S Lamb for M Forster and P Innes for S Helps.

3 Minutes of the meeting held 24 November 2021

The minutes of the meeting held on 24 November 2021 were agreed as a correct record and signed by the Chair.

4 Declarations of Interest

There were no declarations of interest.

5 Health and Social Care Integration, including Winter Pressure update

The Board received a verbal update from the Director of Integrated Community Services, Michael Laing on progress with Health and Social Care Integration and information on winter pressures (for copy see file of minutes).

The update included information relating to the statutory implementation date for the Integrated Care System being delayed three months until 1 July 2022, with CCGs therefore continuing to operate until the end of June.

Additional information related to the predicted surge in demand in response to COVID-19, Respiratory Syncytial Virus (RSV) and flu, and it was noted with regards to staffing pressures. Members noted the vaccination centre at County Hall for eligible staff would close this week.

Councillor R Bell asked with regards to what would happen with the staff from the vaccination centre, the Director of Integrated Community Services noted they would be redeployed elsewhere within the Trust in respect of administering COVID and flu vaccines.

The Chair asked as regards when there would be a fuller picture of what the ICS/ICB will look like and how Durham would fit into that as a place, including future funding allocations. The Director of Integrated Community Services advised that a fuller picture had not yet materialised, with the new Chief Executive having been recently appointed and the recruitment to the new Board would take some time. He added that there was no intention to make changes initially, giving an opportunity for Durham to comment on the future placed based working arrangements, with its long established existing partnerships and good working relationships at operational and strategic levels.

Resolved:

That the verbal update be noted.

6 Director of Public Health Annual Report

The Board received a report and presentation from the Director of Public Health, Amanda Healy on her Annual Report (for copy see file of minutes).

Members noted the report focussed on COVID-19 and the range of work in response to the pandemic and made reference to the 'Approach to Wellbeing', including how 'wellbeing principles' had helped the County Durham Together Community Hub adapt in response to the pandemic to meet the changing needs within our communities.

Members noted examples of progress against the recommendations that were included in the annual report:

Every child has the best start in life

- Health and Wellbeing Framework for schools and education settings
- Smokefree app promotion and rollout
- Breastfeeding friendly scheme

Mental Health at scale

Good jobs and places to live, learn and play

- Hot food takeaway policy implementation
- Housing and health initiatives

Healthy workforce

- Launch of the Employee Assistance Programme for small businesses and VCSEs to support staff wellbeing
- Continued Public Health messages

High quality drug and alcohol services

- Alcohol before 18 what's the harm campaign
- Establishment of drug and alcohol outreach services in local communities

Promoting positive behaviours

- Active 30, to help children become more active
- Smoking and alcohol campaigns e.g. smoke free homes

Better quality of life through integrated health and care services

- Flu vaccinations
- We are undefeatable programme pilot
- Macmillan's Joining the Dots programme

The Director of Public Health noted it would be the final year utilising the 'Taylor Family' who had been used to demonstrate the impact of health and wellbeing, and the positive impact of our work and initiatives. She noted that over the coming year the focus would remain on reducing health inequalities, which had widened as a result of the pandemic.

Councillor R Bell asked as regards any further information on the Fair Funding Review and how that would relate to Durham. The Director of Public Health noted colleagues from Finance were monitoring the situation with further information due in Spring.

She added that she was awaiting the grant funding letter for the upcoming year, noting individual funding for weight management and the drug and alcohol service, however this did not allow longer term planning.

Councillor Ted Henderson asked as regards the take up of the Employee Assistance Programme (EAP) across small and medium sized enterprises (SMEs) across the county and whether it was sustainable. The Public Health Strategic Manager, Michael Shannon noted the EAP was a free service improving people's general health and wellbeing. He explained that the highest number of website hits was in October 2021, with lower access via the telephone lines, and less take up for free counselling sessions. In terms of sustainability, he noted that the 'Healthy Business Framework' would be available to SMEs in terms of maximising good staff mental health and wellbeing.

The Director of Commissioning Strategy and Development (Primary Care), Joseph Chandy noted the development of mental health first-aiders with small businesses and noted that GPs surgeries were also small businesses. He noted the challenges they faced, including in helping to build resilience for their staff as a key area. He asked if it would be possible to link up and make such offers available to GP staff and also noted the Better Health at Work Scheme, albeit that may be a stretch for some GPs. The Director of Public Health mentioned the 'mindful employer' initiative and noted she would pick up the issue with the Director of Commissioning Strategy and Development (Primary Care).

Resolved:

That the report and presentation be noted.

7 Review of GP services in County Durham - progress against review recommendations

The Board received a joint report of the Corporate Director of Resources and Director of Commissioning Strategy and Development (Primary Care) in relation to progress against review recommendations from the Adults Wellbeing and Health Overview and Scrutiny Committee Review of GP Services in County Durham (for copy see file of minutes).

Councillor R Bell noted that it had been around 10 years since former Health Secretary Andrew Lansley had brought in reforms that created the CCGs to give primary care a larger voice within the NHS and asked as regards the impact on GPs would be in moving to the new ICS and whether it would be to the benefit or detriment of primary care.

The Director of Commissioning Strategy and Development (Primary Care) noted there were a lot of unknowns and noted that if one were to ask Durham GPs, they would note they had been fully supportive of the CCGs over the last nine years in helping to benefit their patient populations and the ongoing development of general practice. GPs were hoping that the benefits of CCGs in County Durham, in terms of local influence, decision-making and financial control is retained via place-based arrangements under the ICS.

The Vice-Chair, Dr Stewart Findlay noted that the Lansley changes had not been universally popular, however, for primary care they had worked well, in particular in Durham. He explained that there had been good support for primary care and noted the integration agenda had been advanced more than ever before, working closely with the Local Authority, Mental Health Trusts and Acute Trusts. He noted the development of joint pathways and the movement of a lot of work from secondary care to primary care, closer to patients' homes and often more cost effective. He added there was the ability to react quickly, evidenced by the successful vaccination programme, being able to mobilise within a matter of weeks. Dr Stewart Findlay noted the importance of retaining that clinical engagement going forward. He noted that, as with any change, there would be some embedding as people reorganised, and noted the importance of all working together.

The Director of Integrated Community Services noted that, operationally, due to the influence of GPs, CCGs had commissioned the Community Services Contract, nearly £80 million of services. He explained using the example of the Richardson Community Hospital which had influence from the social work team that was collocated and had input from local GPs, with that leading to better outcomes for patients.

The Chair asked as regards struggling to obtain a timely GP appointment, noting services such as 111, pharmacies and mobile apps which could help in terms of alleviating pressures. The Director of Commissioning Strategy and Development (Primary Care) noted he would encourage the use of technology in terms of reordering repeat prescriptions or to received test results in order to prevent multiple calls through GP telephone lines. He noted ongoing work in relation to GP telephone systems, following Government comments in relation to patient frustrations in contacting GPs.

He explained that GPs, as businesses, had often purchased their own telephone systems and noted some had moved to cloud bases systems, enabling their staff to be able to work from home, providing additional flexibility. Digital access was now part of the complement of services from GPs in order to meet the expectations of patients and provide choice during covid and moving forward.

Dr Stewart Findlay noted the ratio of reception staff to clinical staff may need to increase in order to deal with the number of calls. He noted that primary care was busier than ever before across the country, since recording began, and was significantly higher in the North East. He added Durham GPs were seeing more contacts that any other region, with more face to face consultation and more home visits, with less GPs as the number of GPs had fallen. He concluded by emphasising the good performance of GPs in Durham.

Resolved:

(a) To consider and comment on the progress made against the recommendations made within the OSC Committee's Review report into GP Services in County Durham;
(b) To Receive the report of the Director of Commissioning Strategy and Development (Primary Care), NHS County Durham in respect of NHS England guidance entitled "Improving Access for patients to Primary Care and Supporting General Practice and the associated winter access fund";
(c) To consider and comment on the guidance and offer any insight that will inform the County Durham response;
(d) To receive further reports and dialogue that respond to NHS England expectations.

8 County Durham Plan Health Impact Assessment (HIA)

The Board received a report and presentation of Corporate Director of Adult and Health Services relating to the County Durham Plan Health Impact Assessment (HIA), presented by the Public Health Strategic Manager (for copy see file of minutes).

Councillor R Bell asked as regards Policy 25, relating to s106 contributions. He noted that a question often raised by local residents related to the impact of large developments on local infrastructure such as schools and GPs.

He noted the issue had been raised in the Overview and Scrutiny Review of GP Services, with recommendation 6 advocating the use of s106 agreements and requested an update relating to Policy 25 and a Developer Contributions Supplementary Planning Document, expected to go to Cabinet in December, with consultation in the new year. He noted that this is a very important issue and queried the timetable. The Principal Overview and Scrutiny Officer, Stephen Gwillym noted recommendation 6 had referred to December 2021, into early 2022, with a number of Supplementary Planning Documents having been out for consultation. The Director of Integrated Community Services noted an example in terms of s106 agreements and securing services such as GPs.

Councillor T Henderson asked as regards how older people and people with special needs were being involved in the planning and design of any new housing. The Public Health Strategic Manager noted that was through Policy 15 setting out the needs of older persons or those with disabilities or special needs. He added that for developments of five units or more, the policy asks that two-thirds must be built to appropriate building regulations and house types, with level-access bungalows. He noted colleagues from Spatial Policy engaged with the Disability Partnership and the People's Parliament to seek the opinions and perspectives of those with the lived experience of the issues.

The Director of Public Health noted the work with colleagues from Planning and Assets in relation to s106 monies with the report to come through to Cabinet in due course, she anticipated prior to the end of the financial year.

The Chair asked as regards the impact of COVID-19 on hybrid working and how that would impact upon the County Durham Plan. The Public Health Strategic Manager noted it was too early to tell, with colleagues from Spatial Policy monitoring planning applications relating to office space to see how organisations across County Durham were responding to hybrid working.

Resolved:

(a) That the contents of the report be noted.
(b) That the Board note that the County Durham Plan Health Impact Assessment would be reviewed annually.

9 NHS Dentistry

The Board received a presentation from Stuart Youngman (Senior Primary Care Manager) and Tom Robson from Local Dental Network Chair relating to NHS General Dental Access (for copy see file of minutes).

Members noted a summary of key points included:

- All NHS dental practices are still operating at significant reduced capacity due to requirement to continue to adhere to national infection control guidance.
- It is therefore necessary for dental practices to triage patients who contact them to ensure that patients with the greatest clinical need, i.e. those requiring urgent dental care and vulnerable patients are prioritised, which likely means a delay for patients seeking non-clinically urgent and more routine dental care such as check ups.
- Progression to resume the full range of routine dental care is being risk-managed by individual practices.
- This position is likely to continue until at least end of March 2022.
- All opportunities are being explored to increase the clinical treatment capacity available.
- In the interim we are asking patients for their understanding and co-operation during this unprecedented and difficult time for the NHS.

Councillor R Bell noted it was an excellent presentation and asked that, given the Omicron variant, would there be further impact on dentistry provision and recovery over a longer period, and whether Government advice would take into account where Dentists had installed mitigating engineering, such as extraction. Stuart Youngman noted that guidance would come from national teams, closer to March. He added that he would hope that such measures would be taken into account and when given the opportunity to input to national forums they would do so, noting organisations such as the British Dental Association. Tom Robson noted the current position was informed by the introduction of additional resource, ventilation or high efficiency particulate filtration, and also current research on the actual risk of vapours to teams and patients. He added that had all informed the variation of the infection protection control measures, so that the approach today was very different to that a year ago, with patients treated in line with being either low respiratory risk or high respiratory risk. He noted expectation was for 95 to 100 percent of capacity from April 2022 onwards should nothing else change. Stuart Youngman reiterated that patient safety was top of the list, working within guidelines to reach a balance in terms of seeing patients.

Resolved:

That the presentation be noted.

10 Tobacco Control update

The Board received an update report of the Corporate Director of Adult and Health Services, presented by the Director of Public Health, relating to Tobacco Control (for copy see file of minutes).

Councillor T Henderson noted vaping was used as an alternative for those who are trying to quit smoking and asked what was being done to encourage young people who had never smoked to stay clear of nicotine altogether.
The Director of Public Health noted the biggest factor in discouraging young people from smoking was having parents that did not smoke. She added that vaping was much less harmful than smoking and therefore support to help adults stop smoking was important, as was tackling issues in relation to access to cigarettes.
She added there was the health and wellbeing framework within schools, with smoking being a key issue within that framework, and there was the 0-25 Service, returning to their previous public health work following the focus on the vaccination programme.

Resolved:

(a) That the contents of the report and support a renewed vigour and emphasis on tobacco control work to address the increase in smoking prevalence across the County be noted.
(b) That the Board endorse further opportunities to train Level 2 Stop Smoking Service providers (including social care and housing provider staff) to the recommended benchmark of National Centre for Smoking Cessation and Training (NCSCT) standards.
(c) That the Board recognise the need to maintain a priority focus on reducing smoking in pregnancy rates and address gaps in logging Smoking at Time of Delivery data within maternity services.

11 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, including
    - Response to new government guidelines
    - Vaccinations
    - Face coverings
    - Testing
    - Champions
    - Outbreak support

- Health harms and wellbeing services
    - Flu vaccines
    - Alcohol
    - International Men's Health week
    - Domestic Abuse
- External campaigns
    - Tobacco
    - Alcohol awareness
    - Mental Health
    - Safer Women At Night (SWAN)
    - Healthy Start
    - Healthy Easting / Physical Activity

Resolved:

That the presentation be noted.

12 Durham Safeguarding Adults Partnership (DSAP) Annual Report

The Board received a report from the Independent Chair of the Durham Safeguarding Adults Partnership (DSAP) setting out their Annual Report (for copy see file of minutes):

Resolved:

(a) That the content of the DSAP Annual Report be noted.
(b) That the scope of work undertaken during 2020/21 be noted.
(c) That the areas of priority focus for the DSAP for 2021/22 and the impact of the Covid-19 pandemic be noted.

13 Durham Safeguarding Children Partnership (DSCP) Annual Report

The Board received a report from the Independent Chair and Scrutineer of the Durham Safeguarding Children Partnership (DSCP) setting out their Annual Report, presented by the Corporate Director of Children and Young People's Services (for copy see file of minutes):

Councillor R Bell noted a number of tragic child neglect stories reported nationally and asked as regards the mechanisms by which learning for our services could be made from such cases.

The Corporate Director of Children and Young People's Services noted the process that operated across children's safeguarding nationally was set down in the Working Together Practice Guidance, where significant incidents could be subject to a local review or national review. He noted that there is a range of learning for the sector as a whole which is then captured through partnership's annual reports and shared with multi-agency partners.

Resolved:

(a) To note the content of the report.
(b) To accept the DSCP Annual Report for information as an overview of the work undertaken in 2020/21 and their priorities for action in 2021/22.

14 Ageing Well Health Needs Assessment

The Board received an update report of the Corporate Director of Adult and Health Services, presented by the Director of Public Health, relating to the Ageing Well Health Needs Assessment (for copy see file of minutes).

Resolved:

(a) That the Board endorse the approach to the Health Needs Assessment.
(b) To receive an update of the Health Needs Assessment at a future meeting.

15 Local Outbreak Control Plan update, including questions from members of the public and stakeholders

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

John Pearce left the meeting at 3.43pm

The Chair advised that the following responses to questions from members of the public and stakeholders would be published on the Council's website following the meeting. They are based on information and guidance available at the time of the meeting:

Michael Laing

1. The information is so confusing, where is the best place to get accurate, up to date and easy to understand information?

All national guidance on COVID-19 is published on the government website www.gov.uk/coronavirus

For Local information for County Durham go to www.durham.gov.uk/coronavirus

For NHS COVID-19 information use www.NHS/coronaviurs

From these three webpages you can access a wealth of guidance, vaccination, testing, local information, and health advice. All three have many linked pages providing more comprehensive information should you wish to do more detailed reading.

Dr Stewart Findley

2. How will scaling up the vaccine programme and any impact of Omicron affect other GP and health services?

We now know that a third booster is needed to protect people from the Omicron variant. It results in increased levels of antibodies and a much lower chance of hospitalisation and death.

As rates of Omicron rose we asked all vaccination sites to increase capacity over December. Booster vaccination was considered to be the highest priority activity to protect the public and the NHS.

This will have impacted on other work but to a lesser extent in primary care than it did earlier in 2021 as we now have a much greater capacity over large vaccination centres and community pharmacies.

It is always a difficult balance, but protecting against hospital admissions and increased numbers of very ill people in ITU beds will ultimately save lives and has to be our biggest priority.

Fortunately, the bulk of boosters have now been given and so the workload has decreased dramatically since Christmas.

However, we still have a lot of vaccine in the system, and I would urge anyone that has not been vaccinated to come forward now. Getting a jab in January will protect the individual and the NHS and it is possible that only those with a booster will be recognised as fully vaccinated in the future.

Amanda Healy

3. When should I isolate, and how long for?

You should self-isolate immediately if:

- You have COVID-19 symptoms;
- Or if you do not have COVID-19 symptoms but you have tested positive on an LFD test.
- Or you live in the same household as someone with COVID-19 and you are not fully vaccinated.

Let me deal with each one separately.

Firstly, if you have COVID-19 symptoms that is a high temperature; a new continuous cough; or you've lost your sense of smell or taste or it's changed. You should stay at home and self-isolate immediately. You should arrange to have a PCR test as soon as possible. If this PCR test result is positive, you must continue to self-isolate. Self-isolation lasts for 10 full days from the onset of symptoms. It is now possible to end self-isolation after 7 days, following 2 negative LFD tests taken 24 hours apart. The first LFD test should not be taken before the sixth day.

On to the second point. If you do not have COVID-19 symptoms, but you have tested positive on an LFD test, you must stay at home and self-isolate. At present you do not need to arrange a confirmatory PCR test, please just stay at home and self-isolate. In this instance self-isolation lasts for 10 full days from the positive test. As before, it is now possible to end self-isolation after 7 days, following 2 negative LFD tests taken 24 hours apart. The first LFD test should not be taken before the sixth day.

Moving to the third point, you must self-isolate if you live in the same household as someone with COVID-19 and you are not fully vaccinated. Fully vaccinated means you have had 2 doses of an approved vaccine such as Pfizer BioNTech, AstraZeneca or Spikevax (formerly Moderna).
You are also fully vaccinated if you have had one dose of the single-dose Janssen vaccine.

If you are not fully vaccinated in this scenario your self-isolation mirrors the positive case. That is 10 full days from either the onset of symptoms or from the test. As before, it is now possible to end self-isolation after 7 days, following 2 negative LFD tests taken 24 hours apart. The first LFD test should not be taken before the sixth day.

There are some other exemptions to self-isolation these are:

- if you are aged under 18 years, and you live in the same household as someone with COVID-19.

- Clinical trial participants: those who have or are taking part in an MHRA approved vaccine clinical trial.
- Adults who can evidence that they cannot be vaccinated for medical reasons.

Amanda Healy

4. What's the difference between LFT and PCR tests – why do you take LFT when asymptomatic / PCR when you have symptoms? Please can you explain.

Lateral flow testing is a fast and simple way to test people who do not have symptoms of COVID-19, but who may still be spreading the virus. The LFD test uses an established technology to detect a viral load in proteins (antigens) that are present when a person has COVID-19. The LFD can reliably be used to detect individuals with the virus but are not showing classic symptoms.

PCR tests are often seen as the 'gold standard' test for identifying clinical cases of infection because it requires laboratory analysis. PCR tests detect viral genetic material, this can then be used to detect mutations and possible variants of concern, not detected using the LFD test.

16 Exclusion of the Public

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 Paragraphs 1, 2 of Part 1 of Schedule 12A of the Act.

17 Pharmacy Applications

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.