

## **DURHAM COUNTY COUNCIL**

At a Meeting of **Health and Wellbeing Board** held in **Committee Room 2, County Hall, Durham** on **Tuesday 31 January 2023** at **9.30 am**

### **Present:**

**M Laing (in the Chair)**

### **Members of the Committee:**

Councillors R Bell and T Henderson and C Cunnington-Shore, R Farnham, A Healy, L Buckley, R Stray, S Lamb, Dr J Nadkarni

### **1 Apologies for Absence**

Apologies for absence were received from Councillor C Hood, D Gallagher, J Robinson, J Pearce, L Hall, P Scott, S Jacques, P Sutton and P Innes.

### **2 Substitute Members**

There were the following substitutes: R Stray for S Jacques; Dr J Nadkarni for P Scott and R Farnham for J Pearce.

### **3 Declarations of Interest**

There were no Declarations of Interest.

### **4 Minutes**

The minutes of the meeting held on 22 November 2022 were agreed as a correct record and signed by the Chair.

The Chair noted a change to the order of the reports, with Item 9 Carer Support Services – Contract Review to be taken as the next item.

## **5 Carer Support Services - Contract Review**

The Board received a report of the Senior Portfolio Lead, Integrated Commissioning, Neil Jarvis, together with a presentation from the Senior Portfolio Lead and the Chief Executive, Durham County Carers Support, Jenni Wood (for copy see file of minutes).

The Senior Portfolio Lead and Chief Executive, DCCS explained as regards the review of carers support services for adults, parents and young carers in County Durham and the background in terms of The Care Act 2014 and The Children and Families Act 2014 for adults and children respectively and their rights as carers. Members noted the figures in terms of numbers of carers and referrals to the service, the number of hours delivered by volunteer counsellors, and the various headline figures in terms of benefits and discount schemes.

The Senior Portfolio Lead explained as regards the survey of adult carers, with Durham seen to be above the national average result. He noted from 12 Local Authorities (LAs) in the region, 50 percent of responses were from County Durham and Members were asked to note the result would also reflect the impact of the pandemic on those carers.

The Senior Portfolio Lead noted that key findings included that carers and key stakeholders being very confident and satisfied with the current support model for carers, meeting the needs of adult, parent and young carers effectively. He noted as regards carer support services in health settings such as acute and community hospitals and that hospital discharge processes would help identify carers earlier in their caring role. He added that further support was needed to ensure carers could access services that were increasingly being provided digitally and online. The Board heard that the focused interventions on ensuring carers were provided with information on support at the earliest opportunity would continue. The Senior Portfolio Lead noted a need for an increased focus on support in secondary schools for young carers, as well as targeted support during key times of transition for young carers including going to college, university or into the workplace. He explained that the re-procurement of Carer Services would be progressed in early 2023.

The Chair thanked the Senior Portfolio Lead and Chief Executive, DCCS and asked the Board for their comments and questions.

L Buckley asked as regards links to work relating to health and social inequalities. The Senior Portfolio Lead noted the work with other services to target those inequalities, where a carer identifies within a service. L Buckley noted the information required for hospitals to be able to direct to the correct services within LAs and would speak with Officers as regards this.

The Chair noted that it was important that those in a caring role were able to understand that they were in fact in such a role. He explained, as an example, where an individual may attend an Accident and Emergency (A&E) Department on a number of occasions accompanying the person being cared for, however, at that point they had often been in a caring role for a period of time. The Senior Portfolio Lead noted that from the national census, there had been a two percent drop in the number identifying as carers, with a one percent reduction in County Durham. He noted that could be as a result of the pandemic and lockdowns, with people taking on caring roles without realising.

The Head of Children's Social Care, R Farnham asked if there was a sense we were reaching enough young carers, she noted the numbers referred to seemed low given the size of the County and asked if there was more we could do to reach those young people. The Senior Portfolio Lead noted the work ongoing in hospitals to try to identify and reach adult carers and within schools to try and reach young carers. He agreed as regards the size and scale of the county and that there was always more that could be done. The Head of Children's Social Care noted it was an issue that could also be picked up within prospectus for young people and young carers.

The Strategic Manager (Partnerships), A Petty asked if there was currently a waiting list in terms of accessing young carers support services. The Senior Portfolio Lead confirmed there was and noted there was a priority list, to be strengthened via the procurement process.

The Director of Public Health, A Healy asked if the levels of unmet need were known, and how that could be linked with the Joint Strategic Needs and Assets Assessment (JSNAA). She noted that our carers within the county were a great asset. The Senior Portfolio Lead noted the work of the Team, however, welcomed the link to the JSNAA. The Chair noted the help of carers represented excellent value for money as where a carer role breaks down the cost can be very high, noting an example being an adult with learning difficulties being cared for by older parents, where an older person becomes ill or infirm. He reiterated that investing in our carers in the county was a very good investment and would ask that the Board receive a further update in due course following the re-procurement process and that it could be useful for the Board if a carer came to share their experience.

**Resolved:**

- (i) That the report and presentation be noted.
- (ii) That an update is provided to the Board at a future meeting.

## 6 Health and Social Care Integration

The Board received an update presentation from the Corporate Director of Adult and Health Services, Jane Robinson, Director of Integrated Community Services, Michael Laing (in the Chair) and Strategic Manager (Partnerships) on progress relating to Health and Social Care Integration (for copy see file of minutes).

The Board received updates on the Better Care Fund (BCF) plan submission, national NHS planning guidance, guidance on Joint Committees, the integration programme, Adult Social Care Assurance.

*Councillor R Bell entered the meeting at 10.10am*

L Buckley thanked the Chair for the summary of the current position and noted it was an exciting time, though with some risks noting that national technical guidance had not yet been released. He noted the recent visit by the Prime Minister to the University Hospital of North Tees and delivering care to people in their own homes, the shift in resources needed in expanding community provision, whilst also expanding the number of beds.

The Director of Public Health noted 'place' was an important issue. She noted the challenge in terms of the Integrated Care Board (ICB) and explained she hoped to have clinical input to the Board, noting previous input from the Clinical Commissioning Groups (CCGs) in terms of the former Vice-Chair, Dr S Findlay and from a Durham GP Dr J Smith. She noted the need to push for the right infrastructure and have input locally via the Health and Wellbeing Board. The Chair agreed and noted that the addition of a GP to the workings of the Board was welcomed. The Strategic Manager (Partnerships) noted that a proactive approach could be for the Chair of the Board to write to the ICB to ask for a clinical representative for the Board.

The Chair noted that there was benefit to working across a wider regional approach through the ICB for example in tobacco control through the FRESH contract.

The Strategic Manager (Partnerships) updated the Board in terms of the development session held earlier in the month relating to the Joint Health and Wellbeing Strategy and the four priorities areas agreed: tobacco control; healthy weight; mental health resilience and wellbeing; and reducing alcohol harms. She added there were wider health determinants and work with other partnership boards and she noted statutory duties of the Board.

### **Resolved:**

- (i) That the presentation be noted.

- (ii) That the Chair of the Health and Wellbeing Board write, on behalf of the Board, to the North East and North Cumbria Integrated Care Board asking for a clinical representative to sit as a Member of the Health and Wellbeing Board.

## **7 County Durham and Darlington Local Pharmaceutical Committee**

The Board received a report and presentation from the Chief Officer, Community Pharmacy County Durham (CPCD) Greg Burke, and CPCD Member, Emma Morris outlining the role community pharmacies play in improving the health and wellbeing of the residents. (for copy see file of minutes).

Members of the Board noted there were 124 community pharmacies in County Durham, with 21 in Darlington, which contributed to the whole system approach to support people in managing their own health and wellbeing within their own communities, preventing unnecessary attendance at GPs, urgent care and A&E services. The Chief Officer, CPCD noted that there was pressure on all of the NHS and explained that community pharmacies were willing to help, however, needed the appropriate resources to do so.

Councillor R Bell noted his thanks to all the pharmacies across the County, their staff being conspicuous by their presence during the pandemic, for all their efforts and continuing hard work. He noted that pharmacies were similar to Dentists in terms of their funding and asked as regards cases where a prescription may be issued by a GP and getting the prescription dispensed by the GP rather than a pharmacy of the patients choosing. He noted this issue was particularly impactful on rural communities and where the opening hours of a pharmacy would be much greater than a GP Surgery. E Morris noted that it was a matter of patient choice, though an issue in some cases could be in terms of paper prescriptions rather than electronic. She noted it could be beneficial to speak to any specific GPs as regards having the prescription such that the patient has choice to collect from a pharmacy.

She noted that in the past, rural GPs were often the only option for dispensing medicine, however, times had moved on and that would not fit with all patients.

The Chief Officer, CPCD noted that in terms of funding for pharmacies, there were various elements, a national contract, as well as local funding from Public Health and LAs, and formerly CCGs, now the ICB. He noted recent funding relating to 'Pharmacy First' in relation to Urinary Tract Infections, under review in March 2023, which he hoped would be renewed.

The Director of Public Health noted the issues raised and as regards identifying gaps and asked if there was anything else pharmacies felt they needed. The Chief Officer, CPCD noted that recognising the hard work that community pharmacies undertook for their communities, as expressed by Councillor R Bell, was very important, as was prioritising what pharmacies could provide, within their capacity and workforce. He noted that there was an upcoming session with pharmacies, the first face-to-face meeting since prior to the pandemic, and noted that it would be important to recognise the work over that period. He noted elements that could help pharmacies could be additional training in any new services they may provide, and resources in terms of providing more than one private consultation room. The Chair noted that the role of community pharmacies during the COVID vaccination programme had been essential, and they could not be thanked enough for their work in that regard.

Dr J Nadkarni noted the growth in the services provided by community pharmacies and the advantages in terms of a lesser stigma in attending a pharmacy for an issue. She noted the comments as regards workforce, capacity and asked in what areas they felt were doing well and what area perhaps not so well. The Chief Officer, CPCD noted a current issue that was a drain on pharmacy workforce was staff training. He noted that perhaps an unintended consequence of this was leaving a gap in terms of pharmacy staff. He noted the positive reflection of pharmacy staff, having put their health at risk during the pandemic, and their continued dedication to their communities every day, in his opinion a massive success.

**Resolved:**

That the report and presentation be noted.

**8 Joint Strategic Needs and Assets Assessment (JSNAA) Health Impact Assessments (HIA) - County Durham Plan HIA**

The Board received a Joint Report the Corporate Director of Adult and Health Services and Director of Public Health on the annual review of the Health Impact Assessment (HIA) of the adopted County Durham Plan (CDP) 2020 (for copy see file of minutes).

*Councillor T Henderson entered the meeting at 10.40am*

The Board heard from the Public Health Strategic Manager, Michael Shannon and the Planning Team Leader, Spatial Planning, James Cook as regards the policies within the CDP and the most recent review of the HIA in January 2022.

L Buckley noted his first attendance at the Health and Wellbeing Board related to hot food takeaway guidance which demonstrated how the work of Public Health integrated with Planning to help enable healthy choices. The Public Health Strategic Manager noted from regional training events and sessions that Durham was very much ahead of the curve in terms of its HIA. The Director of Public Health noted there was a very good relationship between Public Health and colleagues from Planning and that public health were supportive of a general shift to more flexible use of town centres and helping businesses create a balanced, healthy environment.

**Resolved:**

- (i) That the findings of the annual review be noted.
- (ii) That the CDP HIA continues to be reviewed and reported annually to the Health and Wellbeing Board.

## **9 Safeguarding Annual Reports**

The Chair noted the two safeguarding reports would be presented with questions to follow both presentations.

### Durham Safeguarding Adults Partnership

The Board received a report from the Independent Chair of the Durham Safeguarding Adults Partnership (DSAP) setting out their Annual Report, presented by the Safeguarding Adults Board (SAB) Business Manager, Heidi Gibson (for copy see file of minutes).

### Durham Safeguarding Children Partnership

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 Strategic Manager Safeguarding and Professional Practice, Chris Ring (for copy see file of minutes).

S Lamb asked as regards assurance in terms of decision making and voice of the child, noting Care Quality Commission advice and criticism as regards single agency decision making. The Strategic Manager Safeguarding and Professional Practice noted that there was very good partner agency relationships and governance arrangements in place and there was always good attendance at any child protection conference. He added he had confidence in the support in place and joint decision making and noted challenge where single decision making had taken place before. He noted it was for agencies to check their processes in terms of sharing information.

S Lamb asked as regards evidence of all partners actively challenging and feeding into discussions. The Strategic Manager Safeguarding and Professional Practice noted that when looking at the journey of a child through a social care lens, he noted good judgement in how children and young people were triaged and provided with multi-agency support.

The Chair asked if there was anything the Health and Wellbeing Board could do help with the work of the DSAP and DSCP. The SAB Business Manager explained that from the Adults perspective there were already strong links with the Board, as well as with Public Health colleagues looking at data to be able to help support preventative work. She added that the work with commissioning and other partners provided good foundations.

The Strategic Manager Safeguarding and Professional Practice noted that Officers were awaiting the imminent Government response in relation to Independent Review of Children's Social Care. The Chair noted that it may be beneficial if the recommendations from that review were brought back to the Board.

The Strategic Manager (Partnerships) noted elements relating to safeguarding could be brought in within the refresh of the JSNAA.

Dr J Nadkarni asked as regards any closed or toxic culture. The SAB Business Manager noted that those types of culture existed in many places, and that as a forward thinking action, a 'closed culture' course had been developed, noting positive feedback received. She noted that in terms of monitoring and reporting, there were moves to 'be smarter' and work collectively in terms of preventative work. She added that agencies were asked to come into the Partnership to give assurance. The Chair asked as regards what information was in the public domain in that regard, the SAB Business Manager noted that some learning was in the public domain and added that national messages were needed. She explained there had been work locally as regards what partners could do, as well as discussions with colleagues nationally as regards how to take issues forward nationally.

**Resolved:**

- (i) That the Durham Safeguarding Adults Partnership Annual Report suite for 2021/2022 and progress made by the Partnership be noted.
- (ii) That the future work of the Durham Safeguarding Adults Partnership be noted.
- (iii) To note the content of the Durham Safeguarding Children Partnership cover report.
- (iv) To accept the Durham Safeguarding Children Partnership Annual Report for information, as an overview of the work undertaken in 2021/22 and their priorities for action in 2022/23.



*S Lamb left the meeting at 11.23am*

## **10 Mental Health Strategic Partnership Review, and Governance of Mental Health and Wellbeing Services across County Durham**

The Board received a Joint Report from the Corporate Director of Adult and Health Services and Director of Public Health on the Mental Health Strategic Partnership (MHSP) Review, and Governance of Mental Health and Wellbeing Services across County Durham, presented by the Public Health Strategic Manager, Jane Sunter (for copy see file of minutes).

The Public Health Strategic Manager noted the report set out an update on the five current workstreams and provided a new model for the strategic overview of the MHSP, reflecting on system-wide mental health and wellbeing approaches across the local population.

Councillor R Bell noted at a recent development session there had been a lot of thought as regards tackling lower-level mental health issues and asked how Elected Members and Health and Wellbeing Board Partners could promote that lower-level mental health support that was available in communities. The Public Health Strategic Manager noted that the Mental Health Alliance played a large part and noted that it was also important that mental health was everyone's business, in terms of self-care and self-support. The Director of Public Health noted that there had been a lot of work carried out in relation to mental health during the COVID pandemic, especially in breaking down the stigma. She noted that it was 'time to talk day' next week and presented an opportunity for people to start a conversation. She noted the locally developed 'Now You're Talking' men's mental health campaign and 'How are you really doing?' training. The Chair noted that the work undertaken by rural farmers in supporting their mental health was an excellent example of communities coming together to help each other.

### **Resolved:**

- (i) That the contents of the report be noted.
- (ii) That the progress of the current five MHSP workstreams be noted.
- (iii) That the Board endorse the restructure of the MHSP to reflect the lifecourse (Starting Well, Living Well and Ageing Well) with a refreshed membership to ensure new organisational delivery structures and programmes of work are appropriately reflected.
- (iv) That the Board support the establishment of a formal Lived Experience Advisory Group to support, share and co-produce County Durham's mental health strategy moving forwards.

## **10a Community Mental Health Transformation Programme**

The Board received a presentation of the Associate Director MH/LD Partnerships and Strategy, Jo Murray on Delivering the Community Mental Health Transformation in County Durham, delivered by Dr J Nadkarni (for copy, see file of minutes).

Dr J Nadkarni explained the programme helped to deliver on the NHS long-term plan to enable adults with Serious Mental Illness (SMI's) of all ages to access evidence based treatment and support using a collaborative approach to build on strengths and support choice.

She explained as the investments that were proposed, national roadmap, local place-based approach and timescales in relation to rollout across the County.

Councillor R Bell noted that the presentation was very interesting and asked as regards the reporting channels for the work. Dr J Nadkarni noted it was primarily via its Steering Group, with most leads and specialists providing feedback. The Chair noted that information and feedback as regards the roll out to Dales centres for Local Members would be useful.

### **Resolved:**

That the presentation be noted.

## **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). The Board noted that questions could be directed to the Director of Public Health should any members require additional information on the key campaigns.

### **Resolved:**

That the information contained within the presentation be noted.

## **12 Any Other Business**

The Chair noted that it would be the last meeting attended by the Strategic Manager (Partnerships), A Petty in her current role as she was leaving the Local Authority to take up a new role as Chief of Staff at the Durham Office of the Police and Crime Commissioner.

He thanked her on behalf of the Board for all her hard work and dedication in supporting the Board and wished her every success in her new position.

### **13 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 Paragraph 3 of Part 1 of Schedule 12A of the Act.

### **14 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.