

## **DURHAM COUNTY COUNCIL**

At a Meeting of **Health and Wellbeing Board** held in **Committee Room 2, County Hall, Durham** on **Wednesday 22 March 2023** at **9.30 am**

**Present:**

**Councillor C Hood (Chair)**

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

Councillors R Bell and T Henderson, and S Burns, D Gardner, A Healy, M Laing (Vice-Chair), S Lamb, E Mireku, J Parry, A Petty, M Stenton, R Stray and P Sutton.

### **1 Apologies for Absence**

Apologies for absence were received from L Buckley, C Cunnington Shore, D Gallagher, P Innes, S Jacques, J Pearce, J Robinson and L Taylor.

### **2 Substitute Members**

There were the following substitute Members: S Burns, M Stenton, R Stray, E Mireku, D Gardner and J Parry.

### **3 Declarations of Interest**

There were no Declarations of Interest.

### **4 Minutes of the meeting held 31 January 2023**

The minutes of the meeting held 31 January 2023 were agreed as a correct record.

The Interim Strategic Manager - Partnerships, J Bradbrook noted the addition of Dr James Carlton as a representative from the Integrated Care Board (ICB), following a letter from the Chair to the ICB asking for a clinical representative for the Health and Wellbeing Board. She also noted that the Government response to the Independent Review of Children's Social Care 'stable homes built on love' has now been published.

It was explained that an action plan was being developed in response, which will be discussed further at Children and Young People's Overview and Scrutiny Committee and the Corporate Parenting Panel.

## **5 Health and Social Care Integration**

### **5a Health and Social Care Integration**

The Board received an update presentation from the Head of Integrated Commissioning, Sarah Burns and the Director of Integrated Community Services, Michael Laing on progress relating to Health and Social Care Integration (for copy see file of minutes).

The Board received updates relating to: Integrated Care Board (ICB) and Integrated Care Partnership (ICP) meetings; Hewitt Review; Better health and wellbeing for all, Integrated Care Partnership Strategy launched, with a Durham local plan in development; Healthier and Fairer Group with £13.1 funding; matched funding for Fresh and Balance; Winter pressures, with £27m discharge funding; transformed ambulance handover delays; Ofgem and Priority Services Register, with the ICB Chief Executive, Sam Allen working on this; specialised commissioning delegation; evaluation of the Urinary Tract Infection (UTI) scheme, with a 40 percent reduction in antibiotic use; and 10,000 GP appointments avoided from July-January, saving over £390,000 across the North East and North Cumbria.

The Director of Integrated Community Services noted progress locally in terms of integration, with a number of joint posts, including Jennifer Illingworth as Programme Director - Children & Young People's Integrated Services, County Durham Care Partnership (CDCP). He noted as regards a number of project groups in terms of Adult Mental Health and restructure in terms of the County Durham Care Partnership. He added as regards the ICB and their model for a Joint Committee, noting the progress in County Durham and the Better Care Fund.

The Head of Integrated Commissioning noted many challenges, including those relating to industrial action by Nurses and Junior Doctors. She noted the increasing use of up-to-date data to help support in time of pressures, with the Local Accident and Emergency Delay Group meeting twice weekly, with Sue Jacques chairing. She noted the focus was on managing pressures and added that longer term delays in respect of mental health and learning difficulties would be looked at a future meeting.

The Board noted the success in terms of COVID vaccinations for the over 75 year olds, and the 70 to 74 age group.

It was explained that there had been a reduction in the uptake of COVID and flu vaccinations in the North East, due to factors including a perceived decreased risk and vaccine fatigue, with Public Health to help in terms of vaccine campaigns.

The Head of Integrated Commissioning noted a number of challenges, including: a need to reduce ICB running costs by 30 percent, with some efficiencies already made in terms of the merge, noting work ongoing to minimise any impact in County Durham; issues of quality, noting Care Quality Commission (CQC) reports on the North East Ambulance Services (NEAS) and South Tyneside and Sunderland NHS Foundation Trust (STSFT) having been published and a Section 29a Warning Notice being issued to Newcastle hospitals. Other challenges included: System Oversight Framework (SOF meetings) with trusts who have triggered on performance and financial challenges over a number of years, with efficiency gap and issues with the funding formula. The Head of Integrated Commissioning noted a number of opportunities including: collaboration across wider areas; healthier and fairer; digital transformation; innovation; system learning and improvement in terms of discharge, mental health and children and young people; implementing the Fuller Stocktake; Healthwatch investment; and CQC Integrated Care System Inspection.

## **5b Healthier and Fairer Advisory Group**

The Director of Public Health, Amanda Healy gave an overview of the first meeting of the Healthier and Fairer Advisory Group, noting the work that had been built upon from the Prevention Board, and the work at a regional level to add value to what happened at place. She explained that the Healthier and Fairer Advisory Group had been established as a whole system means of supporting the ICP aim of better health and wellbeing for all our people and communities. It was explained the Advisory Group was jointly chaired by the ICB Executive Medical Director Neil O'Brien, and Chair of the Association of Directors of Public Health North East Network (Amanda Healy) and that the group drew its membership from a wide range of system partners across the health, care, public health, research, and the voluntary, community and social enterprise (VCSE) community, and that the Advisory Group reported into the ICB Executive.

The Director of Public Health noted the Advisory Group oversaw the delivery of a programme of work that encompasses prevention, healthcare inequalities, and the NHS contribution to social and economic inequalities.

The Board were given an overview of the governance arrangements and workstream structure, with local Directors of Public Health heading up each workstream area and it was noted not to duplicate work, with the Health and Wellbeing being the statutory Board. The Director of Public Health noted that at the first meeting of the Advisory Group there had been the usual first steps including agreement of terms of reference for the Advisory Group, the workstream groups, along with governance and reporting arrangements and declarations of interest. She noted there had been an overview of the Healthy and Fairer programme that built upon an established history of collaboration across partners within the prevention agenda. She explained there was a review of programme finances provided for delivery of the programme and discussion regarding long-term funding strategy. She noted there had been a review of the NHS planning requirements and forthcoming submissions, including the ICB Joint Forward Plan. It was added there had been updates from the three workstreams as they established their individual workplans. Members noted the Advisory Group had also looked at the recent NHS Healthcare Inequalities stocktake submission and also the paper on vaccine inequalities programme, detailing projects across all North East and North Cumbria Local Authorities and ICB-wide projects. It was noted the next meeting of the Advisory Group would be in April and the Health and Wellbeing Board would be kept up to date with regular updates, noting issues such as Mental Health and Suicide at a future meeting.

Councillor R Bell asked as regards the 30 percent savings for the ICB in the long term, noting he understood short-term savings are coming together, however, asked as regards any transition funding. The Head of Integrated Commissioning noted that the target was for 2024/25 and noted that there had been a challenge in terms of waiting for things to happen then all the changes having 'gone live'. She noted that the ICB Chief Executive was working on a running cost exercise, looking at a longer term running model, with back office savings, for example no longer having 13 separate auditors and rationalisation of estates, could help yield savings rather than reducing staff, however, there would be some impact. Councillor R Bell noted that it appeared to be as much a time challenge as it was a funding challenge.

Dominic Gardner, Director of Operations, Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) noted that the report into governance at West Lane Hospital had been published, and a response from the TEWV had also been published as regards changes that would be made. He noted how deeply sorry the Trust was and noted that updates would be provided as appropriate.

**Resolved:**

That the update presentations be noted.

## **6 Joint Strategic Needs and Assets Assessment - Veterans Health Needs Assessment**

The Board received a report and presentation from the Director of Public Health and Public Health Strategic Manager, Kirsty Wilkinson on the Joint Strategic Needs and Assets Assessment – Veterans Health Needs Assessment (for copy see file of minutes).

The Public Health Strategic Manager explained as regards what a Health Needs Assessment (HNA) was and how this would be tailored for those leaving the armed forces. She added the prevalence of veterans within the County Durham population being 5.2 percent, higher than the North East level of 5.0 percent and a national level of 3.8 percent. The Board were given information as regards the findings from the Assessment, across six themes: Theme 1: Data; Theme 2: Health Issues – physical, mental and social; Theme 3: Access to Health Care; Theme 4: Access to support for individuals; Theme 5: Support for the armed forces community; and Theme 6: Emerging issues. The Board noted the recommendations within the Assessment and recommendations for the Board to consider.

Councillor R Bell asked how and where training could be accessed to upskill the workforce in terms of the Armed Forces Act and the needs of our veterans. The Public Health Strategic Manager noted there were levels of training, from awareness raising, which DCC has accessed so they are aware of armed forces issues at a lower level. She added that there was a higher level training from Health Education England for those in Health and Social Care, and training on the Armed Forces Covenant specific for Housing staff and those working in Social Care. She noted that it would be ensured that the relevant Officers were given the right training for them.

Councillor T Henderson asked whether it was felt that there was assurance that all relevant organisations around the Health and Wellbeing Board were able to respond to the recommendations within the Veterans' HNA, and if not, what more the Health and Wellbeing Board could do. The Public Health Strategic Manager explained that there was assurance for the Board in terms of the Armed Forces Forum, with them developing a three year Action Plan. So noted that all involved had a duty under the Armed Forces Act 2021, and that the recommendations had been developed with veterans, noting e-training that could be available.

Peter Sutton asked as regards the role of organisations as employers, noting different levels of accreditation, bronze, silver, gold and asked if that was something that could be signed up for.

The Public Health Strategic Manager noted that for the County Council it was picked up within the Armed Forces Covenant, with the Council having gold status, however, there were other organisations around the table. Peter Sutton noted that it may be a recommendation for organisations to commit to such accreditation. The Director of Integrated Community Services noted that the Council had a guaranteed interview scheme, Peter Sutton noted this was also the case for STSFT. The Director of Integrated Community Services explained that there had been a great deal of training with the Social Work Team within the Council, looking at the needs of older persons, linking to support from the Royal British Legion and Sailors' Association.

Dominic Gardner explained that employment was known to be important to both physical and mental health and noted that it therefore was important to direct veterans to support. The Director or Public Health noted that there were good commitments from organisations and asked if the Head of Integrated Commissioning could look to take forward with Dr James Carlton in terms of GPs, noting that a number of ex-service personnel were not registered with a GP. The Head of Integrated Commissioning noted that Dr James Carlton was a veteran himself and was sure he would help drive the agenda.

Andrea Petty noted that as the County Council had achieved the Gold accreditation, it may be useful if details were shared on how it was achieved. The Head of Partnerships and Community Engagement, Gordon Elliott noted he chaired the Armed Forces Forum and could share information as regards the Gold Award. Andrea Petty asked as regards links in terms of the criminal justice system and veterans and with the Council and Armed Forces Forum. The Public Health Strategic Manager noted issues in terms of data, noting that there was a need to collect and use the data to help enable those to access services.

The Chair noted the Gold status of the Council in this regard and noted that often the Council did not promote its achievements. It was agreed that veterans would be approached in relation to attendance at a future HWB when an update was provided in relation to the Veteran's HNA, so they can share their experiences directly with HWB members.

**Resolved:**

- (a) That the contents of the Veterans HNA be noted.
- (b) That the recommendations within the HNA be agreed by the Board.
- (c) That the development of an action plan, via the Armed Forces Forum, to implement the recommendations from the HNA be agreed.
- (d) That an annual update on the implementation of the recommendations is presented to the Board.

## **7 Draft Joint Local Health and Wellbeing Strategy 2023-28**

The Board received a report on the Draft Joint Local Health and Wellbeing Strategy 2023-28 (JLHWS), presented by the Interim Strategic Manager - Partnerships (for copy see file of minutes).

The Interim Strategic Manager – Partnerships reminded Members of the two development sessions held as regards the JLHWS which agreed we would have fewer priority areas of focus, and a streamlined strategy which is easy to understand. It was explained there were four priority areas: making smoking history; enabling healthy weight for all; improving mental health, resilience and wellbeing; and reducing alcohol harms. Work around these areas will be supported by the development and delivery of action plans by partnerships/alliances that are sub groups of the HWB.

The JLHWS will also include the importance of the wider determinants of health and access to quality healthcare in Durham. It was noted the final JLHWS would be presented to the Board at its meeting in May.

Councillor T Henderson asked as regards plans in terms of communicating priorities with other partnerships and residents. The Partnerships Team Manager noted that it had been shared widely in terms of partners, including Investing in Children, Armed Forces Forum, Town and Parish Councils, Area Action Partnerships, and with the County Durham Together Community Champions. Andrea Petty noted that the sub-groups work with other local groups and the Council and partners worked with those that used the services.

### **Resolved:**

That the draft Joint Local Health and Wellbeing Strategy 2023-28 be put for wider public consultation, as outlined in paragraph 33 of the report.

## **8 Tobacco Control**

The Board received a report on Tobacco Control presented by the Public Health Advanced Practitioner, Katie Bewick (for copy see file of minutes).

The Public Health Advanced Practitioner noted that smoking prevalence in County Durham was estimated to be 16.2 percent, which was higher than the regional and national prevalence. She noted that in reducing prevalence there was a focus on key priority groups including pregnant smokers, routine and manual workers and people with severe mental illness. She explained that in 2021/22, County Durham had the highest rate amongst North East local authorities, with 1 in 6 pregnant mothers smoking at the time of delivery.

It was explained that smoking prevalence rates were higher in adults with a registered severe mental illness, than the general population.

It was noted that in County Durham 31 percent of the population have a registered severe mental illness compared to the population prevalence of 14.3 percent and therefore it was a key priority group to support to stop smoking. She explained that the number of smokers in routine and manual occupations had risen over the last three years and work was taking place to reduce demand and the supply of illegal tobacco products, increasing price and addressing the supply of tobacco to children. The Board noted that a vaping communications toolkit had been developed to ensure there were clear, consistent communications across the North East and this would be followed up locally with a specific virtual event on 30 March, which would focus on vaping, with members of the Board invited to attend.

Councillor R Bell noted that the target as regards five percent, was very ambitious and asked, when looking at groups such as those with mental health issues, smoking while pregnant, and manual workers if there was any information on why rates were higher in those groups. The Public Health Advanced Practitioner noted that the targets were not just for County Durham, they were national and noted that many of the issues were linked to health inequalities and other issues in addition to smoking. It was noted there were stop smoking communications and service available, including ASH (Action on Smoking and Health), with guidance for Local Authorities and help to be able to embed at place.

Peter Sutton noted the disparity in prevalence, as set out in the table within the report and asked if there was anything County Durham could learn from North Tyneside, or whether the issue was simply linked to deprivation. The Public Health Advanced Practitioner noted arrangements that were in place as regards standardising across their Foundation Trust rather than local 'stop smoking services'. The Chair asked if higher prevalence in manual workers was linked to the ability to gain extra breaks as a smoker. The Public Health Advanced Practitioner noted that there was a clear link to deprivation, less income, social housing, health inequalities.

Dominic Gardner noted that TEWV had been 'smoke free' since 2016 and noted that those with severe mental health issues typically died 10-15 years early than those without and noted that it was difficult to tackle at the in-patient stage and therefore it may be more useful to tackle within the community. The Public Health Advanced Practitioner noted that many routes needed to be looked at.



The Programme Director - Children & Young People's Integrated Services, CDCP noted that looking at tackling smoking during pregnancy, it was useful to look to prevent smoking at an earlier point, therefore working in schools to stop girls from starting smoking. The Public Health Advanced Practitioner explained that there was briefing advice in schools and colleges, including branching out into other areas, such as reproductive health, contraception and fertility advice. She added it was a workstream within the Tobacco and Alcohol Health Working Group.

Rachael Stray noted a pilot scheme relating smoking when pregnant at the CDDFT, and a scheme in Manchester that had taken place. She added that there was information out on ward and with maternity specific work too, with Midwives carrying CO<sub>2</sub> readings for example. She noted that CDDFT was committed to reducing those health inequalities.

Andrea Petty noted that messaging was important not only in terms of health, but also linked to poverty, and that further information on the messaging would be useful for the Board. The Public Health Advanced Practitioner noted the work of Fresh. The Head of Integrated Commissioning noted that the 'continuity of care' pilot had made a big difference and noted that the relationship between midwives and pregnant women was very important, with Rachael Stray noting a hybrid model at CDDFT.

### **Resolved:**

- (a) That the contents of the report and support a renewed emphasis on tobacco control work to address the smoking prevalence across the County be noted.
- (b) That the Board continue to support the work of the Tobacco Control Alliance to deliver on its actions, which include the recommendations from the Khan Report.
- (c) To champion Tobacco Control to become everyone's business.
- (d) To champion stop smoking advice and support to become a core part of all council directorates including, but not limited to, social care and housing.
- (e) To support with the vaping agenda, ensuring that there is consistent communication and language used about vaping, using the ADPH communications guidance, ensuring that all communications are approved in advance by the Director of Public Health.

## **9 Oral Health Promotion Strategy**

The Board received a report and presentation from the Director of Public Health and Public Health Strategic Manager, Michelle Baldwin on the Oral Health Promotion Strategy (for copy see file of minutes).

The Public Health Strategic Manager gave information in respect of the context and key points, including in terms of those most vulnerable to poor oral health. She gave information on key actions for children, adults and vulnerable groups.

Councillor R Bell noted the link to deprivation and poor oral health was evident and asked whether it was anticipated that cost of living pressures was having further impact on families who may not be able to prioritise purchasing dental products. The Public Health Strategic Manager noted there was work with the Child Poverty Steering Group, noting that while the cost may only be £1 to £2, this was an issue for some families. She explained as regards work with CDDFT in providing information and working within hubs to make every contact count, to help show what products were available and at what cost. She added that information as regards food was also very important, with messaging as regards reducing the amount of sugar consumed. Councillor R Bell agreed as regards messaging about sugary drinks and snacking in between meals.

Peter Sutton asked as regards access to Dentists and what percentage in County Durham did not have access. The Public Health Strategic Manager noted she understood around 90 percent did not access NHS routine treatment, the Head of Integrated Commissioning noted that Healthwatch had undertaken research on the matter and a link could be circulated to the Board. Peter Sutton asked if there was an NHS England target, the Head of Integrated Commissioning noted that the issue was delegated to ICBs. The Director of Public Health noted that dental services were scrutinised via the Adult, Wellbeing and Health Overview and Scrutiny Committee and noted the huge amount of work they had undertaken and added that the issue of fluoridation now sat with the Secretary of State for Health and Social Care adding that County Durham could be one of the first consulted by the Secretary of State on fluoridation.

Councillor T Henderson noted finding an NHS Dentist was very difficult, especially in his local area, Barnard Castle, with no service at the Richardson Hospital and one practise within Barnard Castle, who was not taking on any NHS patients. He noted the issues and travel required for those in rural communities and asked how we could help. The Public Health Strategic Manager noted that she did not have details on that specifically, however, noted that it was recognised there were additional challenges for Public Health, the Board and partners. She noted that the prevention agenda and promotion of oral health was very important and the impact of COVID on the issue was not yet understood. Councillor T Henderson recalled that nurses had previously attended schools to speak to children and demonstrate how to brush their teeth.

The Public Health Strategic Manager noted work by Health Visitors in this regards, to embed good practises with parents and carers before children reached school age. She noted that there were packs for families that could not afford toothbrushes.

The Head of Integrated Commissioning noted the information that had been shared at Adults, Wellbeing and Heath Overview and Scrutiny Committee in terms of statistics from NHS England and explained that there was work ongoing in terms of recruitment. She noted that she agreed with the Public Health Strategic Manager in that prevention was key and to ensure that it was in the ICB delivery plan.

The Chair noted that dental disease in older people could contribute to problems with eating and weight loss and asked how we ensured that the oral health promotion strategy covered the whole life course. The Public Health Strategic Manager noted that making every contact count was important and work with Public Health and colleagues to see at each opportunity oral health was promoted and early intervention was made.

Councillor R Bell noted keeping teeth clean was one element of oral health, however, another area was gum health and asked how both could be assured. Martyn Stenton noted that the Children and Young People's Service worked with families via the Family Hubs in this regard, and in terms of the Youth Justice System, where there was regular dental and optician checks for those in the system. He noted that the issue could be one that highlighted a case of neglect, helping to identify safeguarding issues.

The Director of Public Health noted that there were connections between strategies and sugar was an issue in maintaining a healthy weight and added that all elements to help prevent dental disease, such as work in respect of highlighting the issues associated with energy drinks, were important. She added that links to oral health should be considered within other areas relating to health and it was important for the Health and Wellbeing Board to continue to support and highlight this.

**Resolved:**

- (a) That the content of the report be noted.
- (b) That the statutory requirements placed on the Local Authority and its partners is acknowledged.
- (c) That the implementation of the County Durham Oral Health promotion Strategy 2023-2028 be agreed.

## 10 Community Engagement Review

The Board received a report on the Community Engagement Review, presented by the Head of Partnerships and Community Engagement (for copy see file of minutes).

The Head of Partnerships and Community Engagement explained that Cabinet had agreed at their meeting in June 2021 a range of changes around community engagement and recognised the need to explore further enhancements. He noted that in June 2022, ERS Consultants were commissioned to undertake a review of community engagement and Area Action Partnerships (AAPs). The Board were informed of the findings of ERS Consultants, including noting that the existing model of community engagement offered a number of positives to communities and wider partners. It was noted there were four main themes: model; boundaries; funding; and community development. It was noted that the model would look to build upon Task and Finish Groups, themed and renamed as 'community networks', and open to all rather than just a core membership. It was noted that in terms of boundaries and numbers of networks, there had been three recommendations, based upon keeping the existing boundaries, though splitting the East Durham AAP area into two or three, align with electoral boundaries post Electoral Boundary Review and have seven 'community networks', or align with the 13 NHS Primary Care Network Boundaries, though with 14 'networks', splitting the Derwentside PCN area into two. The Head of Partnerships and Community Engagement noted the options put forward in terms of potential funding, including a 'community chest' to allow for small grants of up to £300, larger 'strategic grants' over a four year period to replace area grants, and a simplified approach in terms of Members' Neighbourhood Budgets. It was explained that consultation on the recommendations and proposed model would be undertaken during March – April, with the model presented to Cabinet in June for implementation thereafter.

The Director of Integrated Community Services noted the boundary options set out in paragraph 28 of the report, the Head of Partnerships and Community Engagement noted they were to: remain effectively as the AAP boundaries, except splitting East Durham AAP; to follow revised Electoral Boundaries after the next election, or aligned to the 13 NHS Primary Care Network Boundaries, though with 14 'networks', splitting the Derwentside PCN area into two.

Councillor R Bell asked how partners could help feed into the consultation, taking into account the health perspective. The Director of Integrated Community Services noted that he and the Head of Integrated Commissioning were working on Neighbourhood Teams and therefore he felt they could be made co-terminus.

It was noted that the comments made by the Board today would be fed into the review and the Head of Partnerships and Community Engagement asked Health and Wellbeing Board Members to respond to the consultation on the website if they had any further comments.

**Resolved:**

- (a) That the findings and recommendations of ERS consultants' final report, in particular the proposal for the funding proposals to be approved by the thematic groups of the County Durham Partnership be noted.
- (b) That the approach to a public county wide consultation 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.