

DURHAM COUNTY COUNCIL

At a Meeting of **Health and Wellbeing Board** held in **Committee Room 2, County Hall, Durham** on **Monday 22 January 2024** at **9.30 am**

Present:

Councillor C Hood (Chair)

Members of the Committee:

Councillor R Bell and J Robinson, J Pearce, A Healy, M Laing (Vice-Chair), M Graham, P Sutton, J Todd (substitute), A Petty, K Carruthers, Prof C Clarke, K Burrows and S Burns

1 Apologies for Absence

Apologies for absence were received from Councillor T Henderson and L Hall, Dr J Carlton, D Gallagher, S Jacques, L Robertson, L Taylor, C Cunnington Shore and F Jassat.

2 Substitute Members

There were the following Substitute Members: G Curry for S Jacques; J Todd for L Taylor; S Burns for D Gallagher.

3 Declarations of Interest

There were no Declarations of Interest.

4 Minutes

The minutes of the meeting held 22 November 2023 were agreed as a correct record and signed by the Chair.

The Interim Strategic Manager – Partnerships, Julie Bradbrook noted that since the last meeting, a motion had been passed at Full Council, seconded by Councillor C Hood as Chair of the Health and Wellbeing Board and Portfolio Holder for Adult and Health Services, in relation to the Director of Public Health responding on behalf of the Council in respect of the Government’s consultation, supporting the age of sale proposal for tobacco, and on vaping, proposing that evidence based measures to tighten the promotion, packaging, branding, pricing of vapes to reduce appeal to children and young people are taken.

The Director of Public Health, Amanda Healy noted that the results of the ‘Stopping the Start’ consultation would be published later in the month and added that it was important to maintain the focus on the issues such as increasing the age of sale and work to combat illegal vape sales.

The Health and Wellbeing Board agreed to write to MPs outlining the work taking place and seeking their continued support.

5 Mental Health Strategic Partnership

The Board received a report and update presentation from the Corporate Director of Adult and Health Services and Director of Public Health, presented by the Public Health Strategic Manager, Jane Sunter, Public Health Advanced Practitioner, Yusef Meah and the Associate Director - MH/LD Partnerships and Strategy, Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), Jo Murray on the Mental Health Strategic Partnership (MHSP) Plan (for copy see file of minutes).

The Public Health Strategic Manager noted that the MHSP Plan had been reported at the Health and Wellbeing Board previously, and that the plan had been agreed by the MHSP Board. As part of an interactive poll, Members of the Board were asked to think of a word that came to mind when thinking about a time they felt their life was at a low, responses included: bereavement, divorce, stress, anxious, sadness, menopause, lonely, financial pressure, and family pressure. The Board were asked to think of a word that came to mind when thinking about what things helped in terms of mental health resilience, responses included: family, exercise, friends, nature, purpose, holidays, fitness and walking. The Public Health Advanced Practitioner thanked the Board for their responses and noted that it was important to understand the impact of low-level mental health challenges and what in our lives helped to build resilience and strength, and to provide opportunities to help contribute to others health and wellbeing.

The Public Health Strategic Manager explained that this exercise helped to illustrate that broader population mental health and wellbeing is not just about services for those with severe mental health issues. She explained the importance of data in helping to identify issues, noting the use of a Mental Health Dashboard, using Power BI, and reminded Members of the five priority areas: children and young people; suicide prevention; urgent care; dementia; and the resilient communities group. The Public Health Strategic Manager noted that Mental Health Strategic Partners had co-produced delivery plans, and that an issue that had been highlighted was that of the benefits of physical activity on mental health.

The Associate Director - MH/LD Partnerships and Strategy, TEWV noted that she was the Co-Chair of the Strategic Board and explained as regards Community Mental Health Transformation work, including ensuring there was 'no wrong door' and that interventions were needs based. She explained that the main issues that could lead to mental health issues remained similar to previously reported, namely: relationship breakdown; bereavement; financial issues; and housing issues. She noted that there were many challenges, with mental health being a complex issue, and it was important that training in 'making every contact count' in respect of mental health issues was across all sectors and that expectations were managed. She concluded by noting that the call to action was: 'We will work together to make County Durham a place where Mental Health is a priority for all'.

The Chair thanked the Officers and asked the Board for their comments and questions.

P Sutton noted recent articles that had noted a trend in the UK, in contrast to wider Europe, that low-level mental health was often treated with medication, rather than looking at approaches to build resilience and asked if there was anything to consider from those articles and other approaches. The Associate Director - MH/LD Partnerships and Strategy, TEWV noted that prescribing was part of the long-term work of the ICBs and that options other than medication would be looked at. She noted public expectation in terms of prescribing of medication, and explained as regards local work to recruit a pharmacist to work between primary and secondary care She added that it may be useful to measure prescribing of medications, P Sutton agreed it could be useful in order to see any shift of the dial. The Public Health Strategic Manager noted the work of the Mental Health Alliance in conversation with the community and voluntary sector (CVS), in relation to bereavement services, relationship and financial support, to help look at the underlying causes that could lead to mental health issues. She added that 'Wellbeing for Life' was a service that offered opportunities to help improve behaviours, including self-help, as was not just for more severe mental health issues.

The Director of Public Health noted that it was not just about the services the NHS, Council and partners offered, it was linked to other health and wellbeing priorities, including healthy weight, smoking and alcohol, and how the strategies tackling those issues would also help in tackling low-level mental health issues. She explained that it had been noted that mental health in general had declined since the pandemic and noted the very good work being carried out in schools. She put the question, was the work at the right level and noted we would need to understand how the interface with other partners would work and to look at mental health at scale.

J Todd noted that where there were mental health teams within schools, TEWV had noted less referrals to them. He noted that it was for the Health and Wellbeing Board to consider universalism in terms of broader wellbeing and for psychological therapy to be seen as core work for the Board.

The Corporate Director of Children and Young People's Services, J Pearce noted that there was a balance and move to a diagnosis approach, but with an offer at scale in terms of mental health of children and young people. He noted the impact of the pandemic on children and young people in terms of interaction with others, and that the impact was not necessarily a clinical mental health issue, but a system or societal issue. He added that the Mental Health Teams within school had small resources and therefore there was a need for a push at a national level for greater resources as they have proven to be very effective in diverting and preventing mental health issues at a higher level.

Councillor R Bell asked as regards what support was available in schools to support children and young people's mental health, and whether the support was the same within Local Authority controlled schools and Academies. The Public Health Strategic Manager noted there were a number of approaches within schools in terms of maintaining the resilience of young people, as well as support within local communities. She noted a range of offers included anti-stigma work, the 0-25 Family Health Service with their Emotional Resilience Nurses, as well as Community Champions. She explained that it was important to get mental health on the agenda of all senior management within schools and that process was being reviewed. The Public Health Strategic Manager noted that resilience in the local community was also important, with support for children and young people, as well as for parents. She reiterated that co-production and helping to bolster autonomy within communities was important. She added that it was also important to explain that low levels of stress and anxiety were normal, and to therefore help increase resilience through activities that individuals and families could undertake.

A Petty noted a lot of ongoing work in relation to 'Right Care, Right Person', and a reduction in demand upon Police time. The Associate Director - MH/LD Partnerships and Strategy, TEWV noted that it was important to get it right in that regard, looking at any impact upon urgent care. She noted the national programme and focus, with Durham Constabulary taking a pragmatic and cautious approach that was greatly welcomed. She reminded the Board of the very good partnership with the Police and this and the excellent s136 response times were a solid start in this regard. A Petty noted that it would be useful if this element was separate on any charts to ensure it was captured. The Associate Director - MH/LD Partnerships and Strategy, TEWV noted that it was included within workplans. The Corporate Director of Children and Young People's Services noted there was a very positive approach in Durham and noted that at a recent LGA Roundtable event that there had been significant system impact, and some had noted a shift to the Ambulance Service where there had been Police efficiencies. He noted it was therefore very important on how this issue was taken forward and to look at the data very carefully to balance any negative impacts in balancing Police efficiency and system impact.

Prof. C Clarke noted that the University worked very closely with health colleagues in respect of student's mental health, with around 20,000 students within the city area. She noted work had stepped up in terms of the support offered, with significant investment, and a 'no wrong door' approach from September 2023. She noted the work of the University with the Council and that the University, as a large employer, also worked to look at the impact of mental health on staff. She noted that while there was a great volume of research at the University, for example in terms of dementia care, she was not sure if the reporting lines to spread that information were as good as they could be.

The Head of Integrated Commissioning, Sarah Burns noted that County Durham, and the wider North East, had high prescribing levels and explained that the largest percentage of funding to the CVS was for first stage interventions. She noted that she, with the Director of Integrated Community Services and Associate Director - MH/LD Partnerships and Strategy looked locally at the six Integrated Neighbourhood Teams within County Durham, with a first meeting with Teams being to look at mental health information sharing and how to understand needs within our population. It was noted as regards the primary care network and research from the University and noted Integrated Neighbourhood Teams would be effective, but would need investment in terms of prevention, with CVS partners also being important in terms of prevention.

Resolved:

- (i) That the report be noted;

- (ii) That the progress of the development of the MHSP Plan was considered and noted;
- (iii) That the Health and Wellbeing Board endorse the new Mental Health Strategic Plan.

6 Adult Social Care Assessment Framework - Self-Assessment

The Board received an update report from the Corporate Director of Adult and Health Services, Jane Robinson on the Adult Social Care Assessment Framework – Self Assessment (for copy see file of minutes).

The Corporate Director of Adult and Health Services noted it had been 12 years since the last Adult Social Care Assessment and noted a self-assessment process was used to give a truthful and accurate picture. She thanked all that had given their feedback via surveys. The Board noted that the key headlines included:

- the collaborative approach to understand the market position,
- joint management arrangements across health and social care,
- transitions from child to adulthood,
- the relationship with Public Health objectives,
- the strong relationship with the voluntary and community sector,
- the importance of workforce development, support, and staff engagement.

The Corporate Director of Adult and Health Services noted that there was still more to do and drew attention to the strengths and areas for improvement for four key areas: leadership; providing services; working with people; and ensuring safety, as set out within paragraph 28 of the report.

The Chair thanked the Corporate Director of Adult and Health Services and asked if there had been any change since the three pilots last year in terms of inspections. The Corporate Director of Adult and Health Services noted that it was rumoured the next three pilots would be announced, however, no information had come forward at this point, she added it was usually three Local Authorities every two weeks.

Resolved:

That the report be noted.

7 Inclusive Economic Strategy Delivery Plan

The Board received an update report from the Head of Economic Development, presented by the Regeneration Policy Team Leader, Glenn Martin on the Inclusive Economic Strategy (IES) Deliver Plan (for copy see file of minutes).

The Regeneration Policy Team Leader reminded the Board that the process in terms of the IES had begun around two years ago, and that a lot had changed in that time. He noted the consultation that had taken place during lockdown with 'The Big e-Conversation', with the impact of health on the economy brought into focus due to the pandemic.

In respect of the Economic Statement, the Regeneration Policy Team Leader noted that it was at an early stage, with elements including looking at the impact of long-term sickness on the economy sometime known as 'hidden unemployment'. He explained that in April 2022 there had been over 3,000 responses to the consultation. He noted that East Durham College had helped with the consultation, in encouraging responses from young people, which in addition to the good response from residents and businesses represented a good sample of responses.

The Regeneration Policy Team Leader noted that in terms of the Economic Partnership, it had been very clear that there had been a lack of opportunities and connectivity, especially for young people. He noted that the draft strategy had stated 'more and better jobs' and referred to 'five Ps': People; Productivity; Places; Promotion: and Planet, with all to be delivered through Partnership. He noted that it had been encouraging to see mental health of their staff emerge as a key priority for many businesses. He explained that, with the backdrop of reducing resources for Local Authorities, there was a need for a partnership approach, with links to other agencies and organisations. He noted there had been a number of thematic groups, based upon the 'five Ps', with an addition group looking at Innovation.

The Regeneration Policy Team Leader explained that there had been 160 activities identified, not just for the Local Authority, but also including partners, and there was reference to funding, including the UK Shared Prosperity Fund (SPF). He noted the Delivery Plan was for the next few years, rather than across the whole of the Economic Strategy, to reflect the changes that would impact in the next few years, the national and local elections and national spending reviews. He noted that one of the main issues would be funding moving forward.

The Regeneration Policy Team Leader explained that there had been engagement with health colleagues at an early stage and very good working relationships had been established. He noted that the Delivery Plan had been adopted by the Economic Partnership in October 2023, and by the Council in November 2023.

The Board noted the integration with Durham Insight, and it was explained that there would be a need to see an improvement across all of the county to be able to say the strategy was working.

The Regeneration Policy Team Leader noted that in respect to wellbeing, activities and key areas included: Durham Enable; Supported Employment Scheme; skills development, including literacy, numeracy and digital skills; support for those with learning disabilities; 'Better Health at Work'; 'Health on the High Street'; 'B-Corps'; business enterprise support scheme; housing strategy; public transport; broadband delivery; life science; and the quality of our local environment and nature. He added that a Delivery Group had been set up and would meet in February 2024 to establish leads and look at funding, with the Public Health Strategic Manager, Michael Shannon representing Public Health. He noted that additional colleagues would be brought in as needed and the Group would oversee delivery of the Strategy and Investment Plan as well as considering the impact of the devolution agenda.

The Chair thanked the Regeneration Policy Team Leader and asked for comments and questions.

Councillor R Bell asked how we would ensure that those that were not technically inclined did not get left behind with digital infrastructure and the growing digital economy. He also asked if there was any data on the impact of hybrid working on the mental health and wellbeing for Council employees, and the wider workforce. The Regeneration Policy Team Leader noted that in relation to digital connectivity, the Digital Durham website offer support, including digital skills courses, which could be accessed at the Council's libraries for free across the county. He noted that there were discount offers in terms of ICT equipment with support both individuals and for businesses. He added there was also support from the CVS and links to short courses available via our local colleges. He noted other resources included employability schemes and the skills improvement plan.

In respect of the mental health impact of hybrid working, he noted that information from the Council's HR Department had not yet been received, however, was in the process of being collated.

He noted that the 2021 Census data for County Durham it had been noted that 24 percent of people were working from home, lower than Newcastle at around 30 percent and a national average of around just over 50 percent, therefore the level of working from home appeared to be significantly lower in County Durham and the North East, perhaps as a result of the larger proportion of manufacturing jobs in our area. He added Office for National Statistics (ONS) data for February 2022 stated that 47 percent of people had reported their mental health and wellbeing had improved, with only 17 percent stating it had deteriorated. He concluded by explain that it was important to note issues that could arise from long periods of working from home, such as increased social anxiety, eye problems and musculoskeletal issues.

A Petty noted that those that had been through the criminal justice system often found it difficult to secure employment, and harder still to finding meaningful employment that helped in respect of mental health and wellbeing. The Regeneration Policy Team Leader noted that was a known issue and he would be happy to speak to A Petty to pick up on the related issues.

The Vice-Chair, M Laing noted paragraph 14 of the report referred to the Strategy contribution to Health and Wellbeing outcomes and noted that the phrase often used was 'give us 10,000 good jobs'. He asked as regards transport, as even with new jobs being created, if we were unable to get people to those jobs, then the positive impact would be lessened. The Regeneration Policy Team Leader noted there were a lot of transport plans and documents, including Bus Service Improvement Plans, and it was a balance to include specific references within a report, although there were some. He noted that regional transport was a huge issue, and another issue was that the majority of services had been privatised in the past. He noted other discussions, such as 15-minute towns and cities, although the focus at the moment was on the economy. He added there were five key strategic sites, Aykley Heads, Forrest Park, Jade, Integra 61 and NETPark, as well as additional industrial estates at Peterlee, Consett and Stanley, however, some communities did not have those sites 'on their doorstep'.

M Graham left the meeting at 10.45am

The Director of Public Health noted that it was very positive that the IES was now at the delivery stage. She noted the importance of establishing strong links with employers that were the 'anchor institutes' within our county. She asked how ambitious we were in terms of the work with our larger partner organisations. Prof C Clarke noted that there was a lot of work with the University, especially in the area of life sciences innovations, and noted she would be happy to liaise with any colleagues from the Local Authority as appropriate.

The Regeneration Policy Team Leader thanked Prof C Clarke and noted that it was important to work as close as possible with our large partners, such as Durham University.

K Burrows praised the inclusive approach that was being taken by the Economic Partnership, noting that more and more she finds that people are already aware of issues that may impact them and are already working together, a very positive sign. She added that the role and importance of the CVS must not be understated, in terms of both the positive impact upon our economy in County Durham, but also on the mental health and wellbeing of our residents. She added that their contribution, relative to the modest levels of investment required, was huge, a good example being social prescribing, helping to create jobs in local communities.

The Vice-Chair, M Laing noted that at the next development session for the Board, workforce was the topic, adding that as 70 percent of NHS Trust staff worked within County Durham and asked would whether the health and social care sector was larger than manufacturing in terms of jobs and the economy. The Regeneration Policy Team Leader noted that they were both of a similar level and of great importance to our economy.

Resolved:

- (i) That the adopted Inclusive Economic Strategy and accompanying Delivery Plan be noted.
- (ii) That the Health and Wellbeing Board considered the activities identified in the Delivery Plan and commented upon activities that may not have been captured.
- (iii) That the Health and Wellbeing Board continue to support the implementation and development of the Delivery Plan.

8 Pharmaceutical Needs Assessment Update

The Board received an update report and presentation from the Director of Public Health on the Pharmaceutical Needs Assessment (PNA) 2022-2025 (for copy see file of minutes).

The Director of Public Health noted the combination of the Community Pharmacy County Durham and Community Pharmacy Sunderland to create the Community Pharmacy North-East Central, with Greg Burke as the Chief Officer, and noted that the PNA ran for three years, up to 2025. It was explained as regards the work of community pharmacies, noting the reduction from 100 hours to 75 hours and the impact this had especially in the context of pharmacies taking on additional roles.

She added the NENCICB noted that currently they felt there was enough capacity and the pharmacies we had be of a high quality, it was approaching a 'tipping point' and therefore any future closures or changes to pharmacies would need to be looked at in-depth. She noted new services being offered via pharmacies included blood pressure checks, contraception, flu-vaccines amongst other roles that helped to take the pressure off GPs and Accident and Emergency. She noted that funding was a challenge and emphasised that it was critical to support our local pharmacies as they understood our local communities.

G Burke noted that some services provided by local pharmacies were classed as essential and therefore mandatory, with some advanced services being optional. He noted that the coverage in County Durham was very good and that Pharmacy Services North East (PSNE) Limited had been established across five Local Pharmacy Committees to help streamline commissioning of services and provide a single point of contact for pharmacies within the area. He noted recent developments included the National Think Pharmacy First Services and relaunches of the national hypertension and contraception services. The Board reviewed a video highlighting how local pharmacies would transform to be a key doorway into the NHS, offering a wider range of services and more clinical care and management of long-term conditions, working collaboratively to provide better value for the NHS and public.

Councillor R Bell noted the vision was very positive and asked how we would better promote the offer of our community pharmacies with local residents. G Burke noted that there was a lot of work to do in both promoting the services offered, as well as managing expectations. He noted national campaigns relating to annual vaccines, relaunch of the blood pressure testing and contraception services, as well as pharmacy finders and the Think Pharmacies First. He noted that Healthwatch would be invited to attend meetings in respect of many issues, including on the issue of communications.

Councillor R Bell noted issues relating to funding and noted that some parts of the NHS seemed to 'pick up the slack' and asked as regards any replication or repetition of services. G Burke noted that this was an issue for Community Pharmacy England to raise with Government, noting that £645 million had been noted as new funding, but noted that this was for additional services on top of the 'day job' of providing those essential pharmacy services. Councillor R Bell noted that he felt it was very important that those actually carrying out the work were those receiving the funding. The Head of Integrated Commissioning noted that the relevant GP data was not collected nationally, however, at the County Durham level it was collected, and it was noted that County Durham offered the highest number of GP appointments.

She added that in relation to 111 calls, more patients were diverted from Accident and Emergency that anywhere in the country. She added this had an impact and the challenge was the high number of GP appointments, and a review of overflow hubs was ongoing.

J Todd noted there could be a push from GPs to pharmacies, with a proportion of the follow up to include pharmacies as an alternative. He asked if there needed to be formal levers in place as regards this. G Burke noted recent input from GPs in terms of planning services, such as the COVID-19 and flu vaccines. He noted that while some media reporting was negative, the position remained positive with there being an appetite within the marketplace for the provision of pharmacy services. He noted that the performance and positive impact of local pharmacies during the pandemic had been a benefit to both partners and patients.

Resolved:

That report and presentation be noted.

J Todd left the meeting at 11.10am

9 Carers Plan on Page - Adult Carers, Parent Carers and Young Adult Carers

The Board received an update report and presentation from the Strategic Commissioning Manager, Sarah Douglas on the Carers Plan on Page - Adult Carers, Parent Carers and Young Adult Carers (for copy see file of minutes).

The Corporate Director of Adult and Health Services thanked the Strategic Commissioning Manager and all the carers involved in producing the plans on a page, noting that while it was useful preparation for any Care Quality Commission assurance visit, it was also important to have such in place for our carers in County Durham. K Burrows thanked the Strategic Commissioning Manager and noted that it was so very important to amplify the voices and noted the contribution of the CVS within this area.

Resolved:

- (i) That the report and Carers Plan on a Page be noted.
- (ii) That the Health and Wellbeing accept updates on the work to support unpaid carers in County Durham as required.

J Robinson left the meeting at 11.22am

10 Durham Safeguarding Children Partnership Annual Report

The Chair noted the report was attached to the agenda papers for Board Members' information.

Resolved:

That the report be noted.

11 Durham Safeguarding Adults Partnership Annual Report

The Chair noted the report was attached to the agenda papers for Board Members' information.

Resolved:

That the report be noted.

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 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.