

DURHAM COUNTY COUNCIL

At a Meeting of **Health and Wellbeing Board** held in **Committee Room 2, County Hall, Durham** on **Friday 24 January 2025** at **9.30 am**

Present:

Councillor C Hood (Chair)

Members of the Committee:

Councillor T Henderson and Assistant Chief Constable R Allen, K Burrows, S Burns, Deputy Chief Fire Officer K Carruthers, Prof. C Clarke, C Cunnington-Shore, M Edwards, M Graham, A Healy, V Mitchell, M Stenton, J Todd and M Wynne

1 Apologies for Absence

Apologies for absence were received from Councillor R Bell and Chief Constable R Bacon, L Buckley, Dr J Carlton, D Dwarakanath, S Jacques, F Jassat, M Kelleher, M Laing and J Pearce.

2 Substitute Members

There were the following Substitute Members:
Assistant Chief Constable R Allen for Chief Constable R Bacon; S Burns for L Buckley; M Wynne for D Dwarakanath; M Edwards for M Kelleher; and M Stenton for J Pearce.

3 Declarations of Interest

There were no Declarations of Interest.

4 Minutes of the meeting held on 20 November 2024

The minutes of the meeting held on 20 November 2024 were agreed as a correct record and signed by the Chair.

5 Mental Health, Wellbeing and Resilience

The Board received a report and update presentation from the Interim Corporate Director of Adult and Health Services and Director of Public Health, presented by a number of speakers from the Council and partners, the Strategic Commissioning Manager, Sarah Douglas; the Chief Executive of the Pioneering Care Partnership, Carol Gaskarth; the Public Health Advanced Practitioner, Yusef Meah; Public Health Strategic Manager, Kirsty Wilkinson; and the Associate Director - MH/LD Partnerships and Strategy, Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and County Durham Care Partnership (CDCP), Jo Murray (for copy see file of minutes).

The Director of Public Health, A Healy reminded members that Mental Health, Wellbeing and Resilience was a top priority for the Health and Wellbeing Board and noted the strength in working with the voluntary and community sector (VCS) in County Durham to deliver services. She added many organisations were in attendance at County Hall today, providing an opportunity for the Board to speak directly to those involved.

The Public Health Advanced Practitioner, Y Meah posed a series of questions to the Board relating to typical myths associated with mental health, namely: medication is the only effective treatment for mental illness – false; talking about mental health can help to reduce stigma – true; mental health can change over time depending on life circumstances – true; good mental health means never feeling sad, anxious or stressed – false.

He explained as the different approaches in terms of reducing the stigma around mental health, methods to help those experiencing mental health issues and actions one could take to help build resilience in terms of one's mental health.

The Public Health Advanced Practitioner reminded the Board that the Joint Local Health and Wellbeing Strategy (JLHWS) had six key priorities: improving the mental health of children and young people; suicide prevention; developing robust system responses for urgent and emergency mental health care; develop and implement a consistent dementia strategy; resilient communities; deliver and embed new transformed models of care for adults with serious mental health issues.

The Public Health Strategic Manager, K Wilkinson explained she was the Lead for Children and Young People's (CYP) Mental Health and Resilience since last year, and was also Chair of the CYP's Mental Health Partnership.

She noted that nationally there was one in five CYP with a mental health condition, following COVID-19, being one in nine prior to the pandemic.

She referred to figures for County Durham, noting 2,658 school pupils with social emotional or mental health needs; around 270 hospital admissions relating to self-harm of those aged 10 to 24; and 153 hospital admissions from people aged under 18 years old due to a mental health condition. She explained that the majority of CYP in County Durham thrived and therefore it was important that work to help CYP ensured that they were able to continue to do so, and there were services in place to help those that were struggling. The Board watched a video created by young people as part of the iThrive, a service designed to support CYP to access mental health services in Durham and Tees Valley.

The Public Health Strategic Manager noted progress that had been made, including in relation to bringing together clinical and non-clinical work, Mental Health Support Teams in schools and early help and family hubs. She explained that challenges included: coordination across the whole system; evidencing impact and outcomes; and equity of support across all areas of County Durham. She noted that the next steps in this area were to review the priorities for the CYP mental health, including governance structures, and for a social marketing campaign, based upon Five Ways to Wellbeing, developed with and for CYP and parents and carers. She noted the importance of measuring the impact of work on CYP mental health.

The Public Health Strategic Manager referred the Board to slides relating to suicide prevention, highlighting the statistics for County Durham, with a pooled rate of deaths by suicide being 16.4 per 100,000 population over a three-year average across 2021-23. She explained that this represented 74 deaths by suicide per year in County Durham, the ninth highest level in the country. The Board watched another video, with a gentleman sharing his lived experience and help he had received and his subsequent work to help others, running a men's mental health group in Chester-le-Street and joining 'If You Care, Share'.

The Public Health Strategic Manager explained as regards progress in relation to suicide prevention, including suicide prevention improvements at high frequency locations and a communication toolkit for Elected Members so they may be proactive in their communities and also be prepared to provide support. She explained there were challenges, including in relation to: suicide prevention measures at another high frequency/high profile locations; social media and the nature of information dissemination; looking at near misses; and linking up conversations about suicide prevention across Integrated Neighbourhood Teams, Primary Care Network, Community Mental Health Transformation, and Area Action Partnerships (AAPs).

She noted that there were many positive actions taking place, looking at and including: the 'Making Suicide Everyone's Business' conference, 18 February 2025; suicide prevention social marketing campaign; redevelopment of the Suicide Prevention Alliance Action Plan; systematic roll out of Applied Suicide Intervention Skills Training (ASIST), and other suicide prevention training; research to support suicide prevention; and the role of art and culture in suicide prevention.

The Associate Director, TEWV, J Murray noted the work of Urgent Care in terms of providing care for those experiencing mental health issues, adding that those with a mental health issue were more likely to be admitted to hospital than those without. She noted that one in 65 adults in County Durham had a diagnosis of depression in 2023/24, the same as the national level, equating to 1.5 percent. She explained that around 1.03 percent of people in County Durham had a diagnosed mental health disorder, higher than the regional and national levels of 0.99 and 0.96 percent respectively. She referred the Board to graphs setting out statistics linking the issue to deprivation and comparing North East Local Authority areas.

The Associate Director, TEWV explained that progress had been made in many areas, including the 111 helpline, option two dedicated for crisis mental health support, Right Care, Right Person (RCRP) at Phase 2 involving more work with community partners, as well as a reduction in use of restrictive interventions and work on alternatives to crisis developing, building on 'Happiness Hubs'. She explained there were many challenges, including in managing demand on the service as a whole; continuing to manage demand for inpatient admission whilst avoiding out of area admission wherever possible; and in developing and agreeing appropriate discharge support for people with particularly complex needs.

In terms of next steps, the Board noted there would be work in continuing to embed 111 option two; in developing plans for alternative to crisis provision across County Durham; to take forward work associated with national inpatient quality transformation programme and culture of care and continued work with partners to develop the market to support people with the most complex needs.

The Associate Director, TEWV referred to the ongoing work in relation to the transformed models of care for people with serious mental illness. She explained as regards examples of work with the Seaham Safe Harbour Hub and 'no wrong door' policy. The Board noted video referring to the work of GPs in Seaham, the Mental Health Wellbeing Alliance and Mental Health Transformation in County Durham.

The Associate Director, TEWV explained that challenges included: sustaining complex system change across multiple partners; embedding cultural change across the system; and evidencing impact to help change mindsets. She noted next steps would include a stocktake of progress in each local area to agree next immediate priorities for action as well as continued focus on communication of new models to communities and across partner organisations. She added that there would be continued work with Integrated Care Board (ICB) to develop sustainable contracting models for VCS partners.

J Todd entered the meeting at 10.10am

The Strategic Commissioning Manager, Sarah Douglas informed the Board as regards the work in relation to the Integrated Dementia Action Plan, with the five themes of: preventing well; diagnosing well; supporting well; living well and dying well. The Board were given a case study around 'sundowning' and the progress being made in the County. The Strategic Commissioning Manager explained as regards challenges that included: a continued rise in presentations; capacity in services across the system to meet increased levels of need; ongoing funding for three specialist dementia posts and extension of the Cognitive Stimulation Therapy (CST) pilot beyond 2024/25; and dementia training offer for a large workforce across health and social care. The Board noted next steps included: finalisation of draft Integrated Dementia Action Plan and move into implementation phase; development of commissioning intentions for 2025/26 based on gaps/pressures identified in the workplan refresh; continuing to support accelerated roll out of Technology Enabled Care (TEC) to our care homes; and continuing to work closely with primary care and VCS to maximise local support for people with dementia and their families.

The Chief Executive of the Pioneering Care Partnership (PCP), C Gaskarth explained as regards the Resilient Communities Group, noting the work was less data driven than some other areas of work, adopting a test and learn approach. She added that a pilot scheme at Upper Teesdale Agricultural Support Services (UTASS) had one coordinator and 25 volunteers who had worked with 44 people supporting those that were not able to leave their homes. She noted results from the pilot would be back in March, and highlighted that the ability to provide such very local support, from well respected community organisations was important. She noted that progress could be shared with the Board in due course.

The Chief Executive, PCP noted that the 'stamp it out' campaign in tackling discrimination in respect of mental health issues. She noted the support for employees and the VCS and explained that it had originally been driven by adult mental health, however, was now broadened out to encompass resilience.

She explained next steps included developing an effective approach to co-production and to work with communities to test approaches to improve mental wellbeing and general community resilience.

The Public Health Advanced Practitioner, Y Meah explained as regards the Big Arts Projects, an initiative across County Durham to use culture and arts to promote good mental health, wellbeing and resilience. He noted that £140,000 had been allocated, £10,000 per each AAP area, with match funding of £76,000. He explained there had been 30 projects supported, 1,000 people involved including 700 CYP and around 3,500 beneficiaries. It was added that an example of the activities was work at Bullion Hall, Chester-le-Street, with the AAP noting that it had been one of the best projects undertaken.

The Public Health Advanced Practitioner explained that there were a number of different resources available to those across the County including 'Rainbow Resources', which provided details of support services available, as well as information for Councillors and community leaders and the campaigns through the Durham Mental Health Alliance, such as 'Now You're Talking' and the upcoming 'Time to Talk' day.

The Board took the opportunity to speak with VCS organisations that provided support services in relation to mental health.

The Public Health Advanced Practitioner asked the Board a number of questions: what do we need that we don't have; what do we need to better understand; and what can your organisation do to improve the wellbeing and mental health of the population.

V Mitchell explained that from an acute care organisation perspective there was a lot of brilliant mental health work being undertaken, however, it was how that was coordinated with acute health, including when looking at contracts, and to compare with acute presentation and make that link.

The Chair noted the stigma associated with talking about mental health, especially with men. He added that people can be wary of being labelled with a mental health condition and that can create a barrier in terms of those seeking support. The Public Health Advanced Practitioner noted initiatives, such as 'Better Health at Work', within employers to support their staff, however, he agreed it could be a challenge.

S Burns noted that it was key for people to be able to talk more, and when developing support services, it was important not to simply develop for those individuals, but to develop services with them.

She added that colocation of services could be beneficial, with sharing of experience and knowledge helping in many situations, including VCS organisations in with statutory bodies.

The Public Health Advanced Practitioner noted that a forum had been established for lived experience leads, which was important to enable people to come together and share experiences.

The Director of Public Health noted there was a huge breadth and depth of work being undertaken and the importance of ensuring people were aware of the different programmes that were operating to avoid any duplication. She noted there was a wealth of experience within the workforce of our organisations, and that it important to be able to share and develop those skills, extending those to other businesses. She highlighted the success of 'Stamp It Out' and 'Now You're Talking' and noted it would be important to maximise their impact, and therefore it would be necessary to look at how to scale those campaigns.

Councillor T Henderson noted the work undertaken in respect of suicide prevention and men's mental health and the stigma many men feel in being able to talk about their issues. He added that it was important to try and provide help as early as possible, to prevent issues building up and impacting mental health further.

M Graham thanked the Officers and all the VCS representatives for their time, he added it was valuable to see all the activities and support that was on offer. He noted he agreed with the Director of Public Health that looking to our workforce and their skills was important, having clear career progression to ensure good people were encouraged and retained in area of work over the long term. He asked as regards what work was undertaken within schools, noting that a lot of the pressures in terms of acute services may be preventable if CYP were able to be given tools to help them in terms of mental health and resilience. He agreed with Councillor T Henderson and noted that helping to get boys talking about their mental health would then be positive as they moved into adulthood.

The Public Health Strategic Manager explained there was good work carried out within our schools, however, it would be important to aim for greater consistency across all schools, including academies. She added that Public Health helped support schools and noted that many school had a Mental Health Lead. She agreed that work with CYP was important to help address potential issues before they move into adulthood.

K Burrows noted it was brilliant to see VCS organisations at the heart of a lot of the good work that was being carried out in relation to mental health.

She noted that challenges included colocation, as mentioned, and also in understanding the differences in how small VCS organisations worked in comparison to large public sector organisations. She added that it was important to recognise the power and value of the VCS, however, it may not be possible to measure impact in the same way as clinical outcomes. She emphasised that it was how the organisations worked together that was key, and that it was important to secure investment in VCS organisations to help our communities' resilience.

Prof. C Clarke noted work carried out by Durham University with older people suffering with dementia. She noted that it was an area which was changing in terms of looking at those individuals that may not meet the level for a dementia diagnosis, however they could be suffering from 'cognitive frailty'. She added that these could sometimes relate to a physical ailment which then in turn had an impact upon mental capacity. She noted that the question was how to reach those people, and to identify those physical/cognitive frailties that could impact upon an individual's ability to remain in their own home. The Associate Director, TEWV noted she had recently spoke with clinical leads as regards those types of frailties and having a joined-up approach. She added that early conversations were taking place and data would be important to help reduce the impact on those individuals. S Burns noted that it would be useful to develop links with Neighbourhood Teams and especially with our care homes, and thanked Prof. C Clarke for the information.

M Edwards noted from work with Care Connect that an issue that can impact mental health in older people was loneliness. The Associate Director, TEWV noted the work of AGE UK with the over 50s to try and prevent people becoming socially isolated and promote befriending services.

A Petty noted that an important element was to understand that leaders within organisations could also be impacted by mental health issues. The Public Health Advanced Practitioner agreed it was important for organisations to let everyone know what support was available and how to access it.

The Public Health Advanced Practitioner noted that the next steps included a review of the ambitions for mental health, looking at what it would take to reach these ambitions and for a system wide review of governance structures around mental health, including commissioned services. He added that there was the work in relation to the CYP's Health Needs Assessment and the adoption of iThrive model for adults. He noted as regards work that could help in terms of protective factors, with the promotion of Five Ways to Wellbeing for adults and CYP. He added that it was also important to be aware of additional risk factors, with continued focus on the wider determinants of poor mental health such as poverty and housing.

He concluded by noting that it was also important to be able to measure our successes to understand how we were making a difference through the support services being provided with both quantitative and qualitative data.

Resolved:

That the report, presentation and workshop elements be noted.

6 Durham Safeguarding Children Partnership (DSCP) Update

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

Resolved:

That the report be noted.

7 Durham Safeguarding Adults Partnership (DSAP) Update

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

Resolved:

That the report be noted.

8 Durham County Council Housing Allocation Policy

The Partnerships Team Manager, Julie Bradbrook noted ongoing consultation in relation to Durham County Council's Housing Allocations Policy, with information to be circulated to the Board in that regard.

9 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.

10 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.