

DURHAM COUNTY COUNCIL

At a Meeting of **Health and Wellbeing Board** held in Committee Room 1A, County Hall, Durham on **Friday 21 June 2013 at 9.00 am**

Present:

Members of the Board:

Councillors L Hovvels, O Johnson and M Nicholls and Nicola Bailey, John Bedlington, Dr Stewart Findlay, Graeme Greig (representing Anna Lynch), Carol Harries, Sue Jacques, Paul Newton (representing Martin Barkley), Neil O'Brien (representing Dr Kate Bidwell), Rachael Shimmin and Peter Tindall (representing Alan Foster)

Also in Attendance:

Councillors B Armstrong and R Todd.

1 Election of Chairman

Resolved:

That Councillor L Hovvels of Durham County Council be elected Chairman of the Board for the ensuing year.

Councillor L Hovvels in the Chair

2 Appointment of Vice-Chairman

Resolved:

That of Dr S Findlay be appointed Vice-Chairman of the Board for the ensuing year.

3 Apologies for Absence

Apologies for absence were received from M Barkley, Dr K Bidwell, A Foster, A Lynch and Dr D Roy.

4 Substitute Members

G Greig for A Lynch, N O'Brien for Dr K Bidwell, P Tindall for A Foster and P Newton for M Barkley.

5 Code of Conduct

The Board received a presentation from the Governance Solicitor, Durham County Council, informing them about the Code of Conduct that they must follow (for copy see file of Minutes). Members of the Board were asked to complete a Register of Interest form and return to Democratic Services.

6 Declarations of Interest

Mr J Bedlington declared an interest as a governor of Newcastle Upon Tyne NHS Trust.

7 Joint Health & Wellbeing Strategy Delivery Plan

The Board considered a report of the Head of Planning and Service Strategy, Children and Adults Services regarding the Joint Health and Wellbeing Strategy delivery plan 2013-2017 (for copy see file of Minutes).

The Board were informed that consultation had taken place with the Shadow Board and members of the public. The Shadow Board had given approval in November 2012 setting out the strategic objectives within the Strategy. Governance arrangements were being utilised where appropriate in terms of lead responsibility for specific areas of work.

The Corporate Director, Children and Adults Services commented that a performance monitoring report would be presented in November 2013 to the Board.

Resolved:-

- (i) That the JHWS delivery plan be agreed.
- (ii) That a performance monitoring report to be presented to the Health and Wellbeing Board in November 2013 be agreed.

8 Disabled Children's Charter for Health and Wellbeing Boards

The Board considered a report of the Head of Planning and Service Strategy, Children and Adults Services that provided details of the Disabled Children's Charter for Health and Wellbeing Boards and to evidence how the County Durham Health and Wellbeing Board meet the needs of disabled children, young people and their families and any areas for further development (for copy see file of Minutes).

The Board were informed that the County Council had signed up to a previous Charter and by signing up to the new Charter it showed a continued commitment. Further areas of development were highlighted.

Resolved:-

- (i) That the contents of the report be noted.
- (ii) That signing up to the Disabled Children's Charter for Health and Wellbeing Boards, noting the further developments highlighted within the report, be approved.
- (iii) That a response to Tadworth Children's Trust and Every Disabled Child Matters be agreed with the Chairman.

9 Durham Dales, Easington and Sedgefield Clinical Commissioning Group Local Priorities 2013/14

The Board considered a report of the Chief Clinical Officer, Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG) regarding quality premium indicators for 2013/14 (for copy see file of Minutes).

Mr J Wrann, Commissioning Manager – Service Planning and Reform, North of England Commissioning Support informed members that following the Shadow Board in March, 3 local quality premium indicators were selected:-

- Under 75 mortality rate from cancer
- Health related quality of life for people with long term conditions
- Emergency admissions for children with a lower respiratory tract infection.

Mr Wrann highlighted how important it was for CCGs to have continual engagement with NHS England and as such NHS England had concern over the second indicator highlighted above due to the high level of variance over time.

The final submissions were agreed as follows:-

- Reducing under 75 mortality rate from cancer
- Reducing unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s
- Reducing emergency admissions for children with a lower respiratory tract infection

Resolved:-

- (i) That the report be noted.
- (ii) That to support DDES CCG in the selection of their local premium priorities be agreed.

10 Integration Pioneer Project

The Board considered a joint report of Corporate Director, Children and Adults Services and the Chief Operating Officer, North Durham Clinical Commissioning Group (ND CCG) about the Integration Pioneer Project (for copy see file of Minutes).

The Corporate Director, Children and Adults Services explained that this was an opportunity to apply as part of a pilot programme with health and social care working together in a co-ordinated way. It was explained that the redesign of intermediate care services would benefit the community. The Chief Operating Officer, ND CCG added that work had already begun in this area and the CCGs were committed to create a model equally applicable to everybody, giving everyone the same benefits.

Members of the Board were informed that progress would be reported at future meetings.

Resolved:-

- (i) That the application process be supported.
- (ii) That to be involved in the ongoing development of becoming a pioneer of health and social care integration be agreed.

(iii) That further reports on progress to be accepted.

11 Policy Update

The Board considered a report of the Strategic Manager – Policy, Planning and Partnerships, Children and Adults Services that gave an overview of key policy developments since March 2013 (for copy see file of Minutes).

Areas that were highlighted included:-

Draft Care Bill, Transforming Care: A national response to Winterbourne View Hospital and Joint Partner Statement, Adult Social Care Outcomes Framework 2013 to 2014, Integrated Care, Public Health England's priorities for 2013 to 2014, NHS CCGs – payments in respect of quality Regulation 2013, DDES CCG Prospectus and North Durham CCG Prospectus, Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, Pharmaceutical Needs Assessments and Health and Wellbeing Improvement Support.

Resolved:-

- (i) That the report be noted.
- (ii) That the CCH prospectus documents for North Durham and DDES CCG be endorsed.

12 Review of Sustainable Community Strategy

The Board considered a report of Head of Partnerships and Community Engagement that gave an update on how work was progressing with the renewal of the Sustainable Community Strategy (SCS) and to identify cross thematic priorities across the County Durham Partnership (CDP) (for copy see file of Minutes).

The Head of Planning and Service Strategy, Children and Adults Services explained that the SCS was a 20 year overarching document for County Durham that was subject to a 3 year renewal programme, last approved in March 2010. The CDP had re-affirmed the Altogether Better Vision and 5 key priorities. Mr Appleton informed the Board that the SCS gives partners an opportunity to add value to cross cutting themes and requested that relevant priorities be identified and fed into the renewal process for the SCS.

Mr Greig informed the Board that there was a shared understanding and development element of the work required. He pointed out that there were more accidents involving children in deprived areas and that 20 mph limits had proved to be successful in some areas in reducing the number of accidents.

The Corporate Director, Children and Adults Services said that a Task and Finish Group had been established that were looking to recruit representatives, with Anna Lynch as Chair. She added that young people have said they do not feel safe because of parked cars and the speed of cars.

The Chairman said that the voluntary sector played a big role in terms of having access to external funding and in turn impacts on what we are trying to achieve together. The Head of Planning and Service Strategy added that good projects working on prevention are taking place with Area Action Partnerships (AAPs). The Chief Clinical Officer said that from CCG perspective they have been going out and talking with the voluntary sector and asking how we can help them. The Corporate Director, Children and Adults Services concluded that there would be regular reports to the Board showing a combination of work with the AAPs focusing on Health and Wellbeing. This would be extended to the Children's Trust and Safe Durham Partnership.

Resolved:-

- (i) That the approach for the review of the SCS be agreed.
- (ii) That further updates be agreed as appropriate.

13 Alcohol Harm Reduction Strategy 2012-15

The Board considered a report of the Consultant in Public Health, Children and Adults Services detailing the strategic aims and objectives of the Alcohol Harm Reduction Strategy 2012-15 and plans for 2013/14 (for copy see file of Minutes).

The Alcohol Harm Reduction Co-ordinator informed the Board that the strategy was about people making informed decisions and helping with prevention, control and treatment. The priorities for 2013/14 were highlighted.

Members of the Board commented that there had been a culture change with regards to alcohol consumption in that people drank at home, people had pre-drinks at home and young people drank to get drunk. They agreed that joined up working delivering a consistent approach and engaging with people was the way forward.

Resolved:-

- (i) That the report be noted.
- (ii) That receiving updates on the implementation of the Strategy be agreed.

14 Securing Quality in Health Services

The Board considered a report of the Project Director, Securing Quality in Health Services, Darlington Clinical Commissioning Group giving an update on the Acute Services Quality Legacy Project (ASQL) (for copy see file of Minutes).

The Shadow Board had received a report on the project in September 2012 and the overall objective was to enhance the commissioning of acute hospital services by reaching a consensus on the key clinical quality standards in acute hospital care that should be commissioned by CCGs. Five CCGs agreed to take this forward with Darlington to lead.

The key messages and recommendations from the Acute Services Quality Legacy Project were highlighted.

Dr Findlay commented that the whole medical profession was changing with more and more consultants working longer hours. Dr Guy agreed and said that 24/7 working would transform the way the system had to work. The Corporate Director, Children and Adults Services added that there needed to be a good line of sight in this area of work and that implications for the future needed to be understood going forward.

The Project Director concluded that there would be a feasibility analysis taking place over the summer in relation to implementation of the standards to be included in contracts.

Resolved:-

- (i) That the report be noted.
- (ii) That further reports be received as the project progresses.

15 Monitoring Provider Quality in the NHS

The Board considered a joint report of the Director of Clinical Quality and Primary Care Development, Durham Dales, Easington and Sedgefield Clinical Commissioning Group, the Director of Quality and Safety, North Durham Clinical Commissioning Group and the Medical Director, NHS England, Darlington and Tees Area Team giving an overview on how the new NHS architecture supports the monitoring of provider quality (for copy see file of Minutes).

Dr Guy explained that there was a five point plan in place to revolutionise the care that people receive from the NHS:-

- Preventing problems
- Detecting problems quickly
- Taking action promptly
- Ensuring robust accountability
- Ensuring staff are trained and motivated

The Corporate Director, Children and Adults Services said that this was a helpful report and showed a shared understanding on how quality will be monitored in the NHS. It was noted that there was a positive and proactive relationship in relation to safeguarding adults between the Council and CCGs.

Resolved:-

That the report be noted.

16 Providing Safe and High Quality Care leading up to the Opening of a New Hospital

The Board considered a joint report of the Chief Clinical Officer, Durham Dales, Easington and Sedgefield Clinical Commissioning Group and the Chief Executive, North Tees and Hartlepool NHS Foundation Trust about the consultation taking place in relation to providing safe and high quality care leading up to the opening of a new hospital in the North Tees area (for copy see file of Minutes).

The Associate Director of Strategic Planning, North Tees and Hartlepool NHS Foundation Trust informed the Board that concerns had been raised by doctors at North Tees and Hartlepool NHS Foundation Trust that services could not continue to be provided safely until the new hospital opens in 2017, while meeting rising standards in care. Public consultation events had been held and key issues relating to transport were being explored.

The Chairman said that Members would be fully engaged and informed due to a Joint Health Scrutiny Committee being established.

Resolved:-

- (i) That the report be noted.
- (ii) That further reports be accepted as the project progresses.

17 Update on Winterbourne Review Concordat Implementation

The Board considered a report of the Strategic Commissioning Manager, Children and Adults Services giving an update on progress made in relation to Winterbourne View Concordat (for copy see file of Minutes).

The Corporate Director, Children and Adults Services informed the Board that work was well underway between the local authority and the NHS to deliver and implement the key milestones. The deadline for the 'Stocktake' to be signed off was 5 July and responsibility would need to be delegated to Durham County Council's Chief Executive, Chairman of Health & Wellbeing Board and a CCG representative. It was important for the Board to have a detailed understanding of the stocktake and it was highlighted that 10 service users had been identified as part of this work and that plans will be developed for each individual to enable their return to suitable local services by June 2014.

Resolved:-

- (i) That the update be received and shared with relevant staff and Stakeholders.
- (ii) That the 'Stocktake' return for the Department of Health to be agreed by named signatories from DCC (Chief Executive), CCG representative and the Chair of the Health and Wellbeing Board be noted.
- (iii) That further updates including a detailed implementation plan at a future meeting in November 2013 be received.

18 Review of NHS Community Services

The Board considered a joint report of the Chief Finance and Operating Officer, Durham Dales, Easington and Sedgefield Clinical Commissioning Group and Chief Operating Officer, North Durham Clinical Commissioning Group that provided a high level summary update on the development of the Health and Wellbeing Board and Clinical Programme Board subgroup for Community Services and Care Closer to Home (for copy see file of Minutes).

Mr O'Brien, representing Dr Bidwell, summarised the progress made so far and highlighted the next steps. He advised that the first meeting of the Community Services and Care Closer to Home Group took place on 12 June 2013. Dr Findlay added that it is important to work in an integrated way in relation to primary care, community care and social care.

Resolved:-

That the report be noted and the Board receive future updates.

19 Any Other Business

The Chairman agreed that the following item was of sufficient urgency to warrant consideration:-

Healthwatch – Mr Bedlington explained that this was a new organisation developed in the County. He had visited 31 community groups with further meetings planned until September 2013. A free phone number had been set up and 58 queries had been received so far. He was regularly attending meetings with voluntary and statutory bodies and wanted to publicise that Healthwatch was a public voice.

The Chairman thanked Mr Bedlington for his update and hoped that this meeting would help strengthen the partnership.

20 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 item of business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 3 of Schedule 12A to the said Act.

21 Minutes of the Shadow Health and Wellbeing Board held on 6 March 2013

The minutes of the Shadow Health and Wellbeing Board held on 6 March 2013 were agreed as a correct record and noted by the Board.

22 Pharmacy Relocation Application

The Board considered a report of the Director of Public Health, Children and Adults Services, Durham County Council about a Pharmacy relocation application (for copy see file of Minutes).

Resolved:-

That the recommendations contained within the report be approved.

23 Any Other Business

The Chairman agreed that the following item was of sufficient urgency to warrant consideration:-

The Board were given further information relating to Monitoring Provider Quality in the NHS further to an External Quality Review being undertaken.