

## **DURHAM COUNTY COUNCIL**

At a Meeting of **Health and Wellbeing Board** held in Committee Room 2, County Hall, Durham on **Wednesday 11 March 2015 at 9.30 am**

### **Present:**

**Councillor L Hovvels (Chairman)**

### **Members of the Board:**

Councillors O Johnson and M Nicholls, and N Bailey, J Chandy, Dr S Findlay, A Foster, S Jacques, A Lynch, J Mashiter, Dr D Smart, P Newton and P Appleton.

### **Also in attendance:**

Councillor R Todd

#### **1 Apologies for Absence**

Apologies for absence were received from M Barkley, C Harries and R Shimmin.

The Chairman welcomed everyone to the meeting and introduced Chris Alan, Consultant in Public Health, who was shadowing her in her role.

#### **2 Substitute Members**

P Newton for M Barkley and P Appleton for R Shimmin.

#### **3 Declarations of Interest**

Dr S Findlay and J Chandy declared an interest in Item 14 Cardiovascular Disease (CVD) Prevention Strategic Framework for County Durham.

#### **4 Minutes**

The Minutes of the meeting held on 28 January 2015 were confirmed by the Board as a correct record and signed by the Chairman.

The Chair of Healthwatch County Durham referred to Item 14 and asked the Board to note that the verbal figures referred to were just one area of work they covered. She confirmed that Healthwatch County Durham had engaged with over 1200 people and had carried out signposting and advising activities during the period discussed.

## **5 County Durham Implementation Plan of the "No Health without Mental Health" National Strategy**

The Board considered a report of the Chief Operating Officer, North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Group that gave an update on the Mental Health Implementation Plan for County Durham (for copy see file of Minutes).

The Chief Operating Officer advised the Board that a new No Health without Mental Health Implementation Group had been introduced to support the delivery of the plan and would oversee the work. The priorities have been aligned to the Mental Health Partnership Board and groups under this structure. The Action Plan had been updated and the Implementation Group would monitor this area of work.

The Chairman said that this was a good news story and the Head of Planning and Service Strategy CAS DCC confirmed that this was a really important document and fully supported it. He added that it had been highlighted in the Local Government Association Peer Challenge. The Police and Crime Commissioner expressed his full support and informed the Board that this aligned with areas in the Police and Crime Plan.

### **Resolved:**

- (i) That the contents of the report, particularly the progress against the action plan be received and noted.
- (ii) That the changes be noted and the proposed governance structure be agreed.

## **6 Mental Health Crisis Care Concordat Local Action Plan**

The Board considered a report of the Chief Operating Officer, North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Group that presented the Mental Health Crisis Care Concordat local action plan and outlined the process of agreement for the action plan prior to publication (for copy see file of Minutes).

The Chief Operating Officer explained that a multi-agency task and finish group had been established to take forward the development of the local action plan. She went on to highlight the key priorities, the timescales for agreement and advised that North East Ambulance Service (NEAS) NHS Foundation Trust had developed a regional Mental Health Crisis Care Concordat Action Plan that sits alongside the County Durham and Darlington local plan.

The Deputy Chief Constable of Durham Constabulary welcomed the development of the Crisis Care Concordat action plan and was grateful for the support received and progress made. He questioned whether the response in the action plan from NEAS was robust enough to meet the ambitions of the Crisis Care Concordat. He said that the report highlighted areas of concern for the police, including the 30 minute response time for NEAS.

The Chief Operating Officer accepted the comments made and agreed to take the comments back to NEAS. The Director of Operations, Durham and Darlington, Tees Esk & Wear Valleys NHS Foundation Trust assured the Board that robust conversations had taken place within the group. The Chair of Healthwatch County Durham said that both Darlington and County Durham Healthwatch had been involved in the group and were happy to support the plan.

**Resolved:**

- (i) That the County Durham and Darlington Mental Health Crisis Care Concordat action plan be agreed.
- (ii) That the North East Ambulance Service (NEAS) regional Mental Health Crisis Care Concordat Action Plan, which supports the local action plan be noted.

## **7 Considerations and Implications of the Care Act 2014**

The Committee noted a report of the Head of Adult Care, Children and Adults Services, Durham County Council regarding considerations and implications of the Care Act 2014 (for copy see file of Minutes).

The Strategic Manager, Care Act 2014 Implementation, CAS DCC gave a presentation on the overview of the Act, the wellbeing principle and focused on the key areas with relevance to the Board, including:-

- Preventing, reducing or delaying needs
- Information and advice to include choice and availability for NHS services
- Assessment, Care and Support Planning
- Personal Budgets
- Integration, Co-operation and Partnerships
- Continuity of Care
- Safeguarding Adults Board
- System risks/issues

The Strategic Manager concluded that the central theme of wellbeing will meet with the priorities set out in the Joint Health and Wellbeing Strategy, aligns with the aspirations of the Health & Wellbeing partners and will reinforce the priorities established within the strategy with a link to the Better Care Fund.

The Head of Planning and Service Strategy, CAS DCC advised that good inter-agency work would enable engagement with the public and would be a channel for other partners tying in with the Wellbeing for Life service. In terms of finance for new statutory responsibilities he stressed how important it would be for local authorities to receive the right funding as the changes had significant implications. The authority were waiting for estimates for financial models but they varied significantly at present.

**Resolved:**

- (i) That the content of the forthcoming presentation at the HWB meeting on 11<sup>th</sup> March be noted.

- (ii) That the Safeguarding Adults Board will become a statutory function in April 2015 be noted.
- (iii) That to receive a further update in relation to the implementation of the Care Act at a future meeting be agreed.

## **8 Local Safeguarding Children Board Annual Report**

The Board considered a report of the Independent Chair of the Durham Local Safeguarding Children Board (LSCB) which provided information in respect of the Annual Report of the County Durham Local Safeguarding Children Board (LCSB) setting out the work of multi-agency partners to ensure effective arrangements were in place to safeguard and protect vulnerable children and young people from abuse and neglect. The report set out achievements in 2013/14 and priorities and challenges for 2014/15 (for copy see file of Minutes).

The Strategic Manager, Safeguarding Children's Services, Children and Adults Services DCC advised of the current challenges and statistics. He referred to a key board priority of child sexual exploitation and the training given to staff to help identify these issues. A report would be brought back to the Board later in the year with progress on 2014/15.

The Head of Planning and Service Strategy, CAS DCC suggested that it would be helpful if specific areas be put to the Board to provide assurance around safeguarding activities. He suggested that the impact of parental mental health and child protection would be useful areas for the LSCB to map and then put specific questions to the Board. The Head of Planning and Service Strategy added that dialogue was very important and the two Boards should provide challenge to each other.

The Strategic Manager advised that the Chair sees the LSCB having a challenging function and would be happy to take the comments back.

### **Resolved:**

- (i) That the content of the report to ensure it remains sighted on the LSCB's effectiveness and interfaces be noted.
- (ii) That the range of work that has taken place to safeguard children in county Durham, and the continued challenges, developments and achievements in this critical area of work be noted.

## **9 Safeguarding Adults Board Annual Report**

The Board considered a report of the Safeguarding and Practice Development Manager, Children and Adults Services which provided information about the current position of the County Durham Safeguarding Adults Board (SAB) achievements on 2013/14 and plans for 2014/15 (for copy see file of Minutes).

The Safeguarding and Practice Development Manager, Children and Adults Services DCC advised of the current challenges and statistics. He highlighted the

key achievements and added that the appointment of an Independent Chair had helped to strengthen the agenda, links and opportunities for joint working.

Councillor M Nicholls commended everyone involved with the report and praised the tremendous work carried out by the board. He reported that training events for safeguarding had exceeded 5000 and awareness had increased as a result. Results of the user survey found that 75% of people felt safer following the safeguarding process.

The Head of Planning and Service Strategy, CAS DCC said that this was an interesting report and specific reference had been made to the Health & Wellbeing Board as the system leaders. He picked up on the point that information sharing was not as prominent an issue in the Safeguarding Adults Board as it was with Local Safeguarding Children Board. The Safeguarding and Practice Development Manager explained that there are information sharing arrangements in integrated health and social care teams and consent and capacity for adults was much clearer than for children.

**Resolved:**

- (i) That the content of the report to ensure it remains sighted on the SAB's effectiveness and interfaces be noted.
- (ii) That the achievements during 2013/14 and the progress of actions during 2014/15 be noted.

**10 Learning Disability Joint Health and Social Care Self-Assessment Framework**

The Board considered a joint report of the Head of Commissioning, Children and Adults Services, Durham County Council and Chief Operating Officer, North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups that gave an update on the 2013 Joint Health and Social Care Learning Disability Self-Assessment Framework (SAF) and outlined the steps being taken to complete the 2014/15 Learning Disability SAF (for copy see file of Minutes).

The Strategic Commissioning Manager, Learning Disabilities/Mental Health highlighted the priorities that were fed into the self-assessment framework and he assured the Board that activity was underway to address any shortfalls.

Councillor M Nicholls added that this was an important piece of work with real life expectations. An Improving Health Group had been set up to look at health inequalities and clinical issues. There would be more focus on improving health outcomes and improving take up on health checks. He said that the action plan would ensure that these areas are developed.

**Resolved:-**

- (i) That the report for information be received.
- (ii) That the ongoing work taking place be noted.
- (iii) That further update reports regarding progress on SAF implementation be received.

## **11 Winterbourne View / Transforming Care Agenda Update**

The Board considered a joint report of the Head of Commissioning, Children and Adults Services, Durham County Council and Chief Operating Officer, North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups that gave an update on progress in relation to the Winterbourne View/ Transforming Care Agenda (for copy see file of Minutes).

Councillor M Nicholls said that reviews had a clear purpose and we need to ensure a discharge plan was in place for each individual. He advised that the action plan would be followed and that the CCGs would transform the programme of care. More pressures would be faced with S117 hospital discharges and the Better Care Fund.

The Director of Operations, Durham and Darlington, TEWW assured the Board that a small number of treatment beds were available and had been reviewed by the CQC with excellent feedback received. He said that we need complex solutions to complex problems and often found that people who had been discharged return quickly to the unit. They were committed to helping people live in their own homes within the community.

The Chief Clinical Officer, DDES CCG said that there was a significant risk to the health economy as the health and social care needs were very complex. NHS England's responsibility would move to the CCG and funding for people to be transferred would be expensive.

The Chief Operating Officer, North Durham and DDES CCG agreed that some cases were complex with patients being stuck between CCGs. The issue was being explored about how to fund and how to shift care from hospital to community settings.

The Strategic Commissioning Manager, Learning Disabilities/Mental Health said that CCGs in the region would work to deliver the programme of care and agreed that a systematic approach was required with a focus on the individual.

### **Resolved:**

- (i) That the update and requirement for continuing leadership and robust partnership working be received and noted.
- (ii) That the possible significant funding pressures regarding hospital discharge and the development of community based services be noted.
- (iii) That further updates on the "Transforming Care: Next Steps" agenda as work progresses be received.

## **12 Refresh of the Joint Health and Wellbeing Strategy 2015-18**

The Board considered a report of the Head of Planning and Service Strategy, Children and Adult Services which presented the refresh of the Joint Health and Wellbeing Strategy 2015-18 (for copy see file of Minutes).

The Head of Planning and Service Strategy advised that there had been extensive consultation carried out around the strategy and that a full refresh of the document was circulated with the papers.

The Chief Executive, County Durham and Darlington NHS Foundation Trust (FT) expressed her support for the document.

**Resolved:**

- (i) That the JHWS 2015/18 be agreed.
- (ii) That the JHWS Delivery Plan is presented to the July Health and Wellbeing Board meeting be agreed.

**13 County Durham & Darlington NHS Foundation Trust Clinical & Quality Strategy - Right First Time, Every Time**

The Board received a report and presentation from the Chief Executive and Clinical Director of Service Transformation of County Durham and Darlington NHS FT that provided an update on the Emerging Clinical Strategy (for copy of report and presentation see file of Minutes).

The Chief Executive and Clinical Director of Service Transformation, County Durham and Darlington NHS FT, gave a detailed presentation about 'Right First Time, Every Time' clinical strategy and highlighted the following areas:-

- Vision for Services – Right person, Right place, Right time, Everytime, 24/7
- Breakthrough Areas –
  - Transforming Unscheduled Care
  - Integration and Care Closer to Home
  - Centres for Excellence
- Engagement with staff and stakeholders
- Board position to deliver a range of services from two acute sites
- Strategic Priority
- Capital Plans
- Workforce – to attract and recruit clinical staff
- Next steps – completion of capital business cases, reconfiguration to achieve priorities around unscheduled care and engagement

The Chief Clinical Officer, DDES CCG said that CCGs had been discussing this for some time and although there are differences in the CCG areas based on local need, there was a common drive to do more in the community.

Following a question from Councillor M Nicholls about transforming unscheduled care, the Chief Executive, County Durham and Darlington NHS FT reported that the number of medical beds in emergency care had increased and that elective care would see people choosing where to have their surgery.

The Chief Clinical Officer, DDES CCG said that they would be concentrating on winter unscheduled care and that any changes would need to be delivered within the financial envelope available.

The Chief Executive of North Tees and Hartlepool NHS Foundation Trust referred to the three main site proposals and asked if they would be consulted on as a package or in phases. The Chief Executive, County Durham and Darlington NHS FT explained that the maternity review would be picked up by SeQIHS (Securing Quality in Health Services) and that some areas of consultation would be wrapped up this way. Overall, they hoped to deliver as a package and in as few phases as possible. Dialogue would be taking places with Overview and Scrutiny Committees on the wider consultation arrangements.

The Head of Planning and Service Strategy outlined that a report will be provided to a future Health and Wellbeing Board in regard to Integrated Care/Care Closer to Home from the BCF Programme Manager, which will include key milestones with an overview of vision, strategy and plan to take forward this work.

**Resolved:**

That the content of this report and receive further updates periodically be noted.

**14 Cardiovascular Disease (CVD) Prevention Strategic Framework for County Durham**

The Committee received a report from the Director of Public Health County Durham that set out the principles, supporting evidence and priorities for a cardiovascular disease (CVD) prevention strategic framework (for copy see file of Minutes).

The Director of Public Health County Durham explained that the framework was about preventing the disease including heart attacks, heart disease and strokes. Public Health were advising on how to change lifestyle and improve health overall that would help combat these factors. CVD prevalence for deprived and affluent communities were predicted to rise by 2020. This was due to a number of contributory factors including an increase in older people and an improved survival rate.

The Committee were advised that the key messages from the report were about how to build on the progress made so far and to continue to prevent early deaths from CVD whilst reducing health inequalities.

The Chief Clinical Officer, DDES CCG said however primary care had been effective with the DDES rates brought down to the England average, despite having areas of deprivation.

The Director of Primary Care, Partnerships and Engagement, DDES supported Public Health and their enthusiasm for take up of the Check4Life service. He added that DDES were actively promoting the service in all GP practices.

**Resolved:-**

- (i) That the CVD prevention strategic framework be endorsed.
- (ii) That the strategic priority to give a much greater emphasis to population and community based initiatives as part of an integrated approach to CVD prevention be endorsed.
- (iii) That the action plan be noted.



(iv) That the linkage with other strategies and action plans be noted.

## **15 Wellbeing for Life Service Update**

The Committee received a report from the Director of Public Health County Durham that provided an update on both the adult and children's elements of the Wellbeing for Life approach (for copy see file of Minutes).

### **Resolved:-**

- (i) That the report be received and that the new service is on target to be fully operational by the 1st April 2015 be noted.
- (ii) That a further report on the children and young people's element will return to a future meeting, be noted.

## **16 Oral Health in County Durham**

The Committee received a report from the Director of Public Health County Durham that gave an update on national recommendations regarding improving the oral health of local population, County Durham's current oral health status and what is currently being delivered to improve oral health and consideration of future developments (for copy see file of Minutes).

The Director of Public Health explained how poor oral health could affect someone's general wellbeing and health. She advised that the most common hospital admissions for children aged between five and nine years old was due to tooth decay. She highlighted the National Institute for Health and Care Excellence (NICE) guidance and recommendations.

The Board were informed that there was significant variation in wards within the County in relation to children's oral health.

In relation to fluoridisation, the Director of Public Health advised that Derwentside has artificially fluoridated water and a meeting will take place in April to look at the potential to roll this out.

The Chief Clinical Officer, DDES CCG said that there had been long term problems in the Dales and re-iterated the need to protect children and pay attention to their dental hygiene. He expressed how important it was to have fluoride in water.

The Head of Planning and Service Strategy, CAS DCC said that inequalities around the County need to be eliminated and targeted work focused around communities to improve the oral health needs to be carried out.

The Chief Operating Officer, North Durham and DDES CCGs said that clinicians were pushing the introduction of fluoridisation as it was evidenced based that it did work at reducing problems in oral health. The Director of Public Health County Durham said some areas overlapped and discussions would need to take place with neighbouring local authorities.

**Resolved:-**

- (i) That the contents of the report be noted.
- (ii) That the development of a County Durham oral health strategy underpinned by an up to date oral health needs assessment be noted.
- (iii) That the strategy will be cross referenced to relevant frameworks / strategies, be noted.
- (iv) That PHE will support partners to develop the strategy and ensuing action plan be noted.

**17 Any other business**

The Chairman updated the Board about the Local Government Association Peer Challenge that took place from 24 – 27 February 2015. Feedback had been given at a session on 27 February 2015 with a report to follow. She thanked all of the partners for their input and engagement throughout the process. She found the whole experience to be very positive and advised that the report would be circulated once received.

Councillor M Nicholls also thanked everyone who had taken part.

**18 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 item of business on the grounds that it involves the likely disclosure of exempt information as defined in paragraphs 1 & 2 of Schedule 12A to the said Act.

**19 Pharmacy Applications**

The Board considered a report of the Director of Public Health County Durham, Children and Adults Services, Durham County Council which provided a summary of Pharmacy Relocation Applications received from NHS England in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 since the last formal meeting of the Board in January 2015 (for copy see file of Minutes).

**Resolved:**

That the Board note the Pharmacy Relocation Applications received.