

## **DURHAM COUNTY COUNCIL**

At a Meeting of **Health and Wellbeing Board** held in Committee Room 2, County Hall, Durham on **Thursday 14 May 2015 at 9.30 am**

### **Present:**

**Councillor L Hovvels (Chairman)**

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

Councillors M Nicholls and T Smith, and J Chandy, Dr S Findlay, A Lynch, C Harries, J Mashiter, R Shimmin, Dr D Smart, E Lovell and P Newton.

### **Also in attendance:**

Councillor J Allen

The Chairman informed the Board that Dr Mike Lavender, Public Health Consultant was currently in Nepal as part of an earthquake recovery programme. He would be working with Save the Children and Childreach Nepal. He is knowledgeable about the rural village geography, both these are skills in high demand given the recent earthquakes. The Board wished him their best wishes in the work he was carrying out.

### **1 Apologies for Absence**

Apologies for absence were received from N Bailey, M Barkley, A Foster, S Jacques and Councillor O Johnson

### **2 Substitute Members**

Councillor T Smith for Councillor O Johnson, P Newton for M Barkley and E Lovell for S Jacques.

### **3 Declarations of Interest**

Mr J Chandy declared an interest in Item No. 17.

### **4 Minutes**

The Minutes of the meeting held on 11 March 2015 were confirmed by the Board as a correct record and signed by the Chairman.

With reference to Item No. 16, the Director of Public Health County Durham reported that the minute should read fluoridation and not fluoridisation. She advised that she was taking forward this issue with colleagues in the Tees area and would require a joint approach.

## **5 Update Report on the Outcome of the Children's Centre Review**

The Board considered a report of the Head of Children's Services, Children and Adults Services, Durham County Council that gave an update on the outcome of the Council's Cabinet on 18 March 2015 relating to the Review of Children's Centres in County Durham (for copy see file of Minutes).

The Associate Director of Marketing & Communications, County Durham and Darlington NHS Foundation Trust (CDDFT), said that he had received feedback from mothers who use the breastfeeding clinics within the Children's Centres. As new mothers were encouraged to take up breastfeeding to give their children the best start in life, he asked what would happen to those services. The Head of Children's Services confirmed that there had been full consultation on the changes and services would change and would be more accessible for local people. The Head of Children's Services emphasised the need to plan out the timetables so the communities are aware of the activities taking place.

The Chief Clinical Officer, Durham, Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG) added that this would be an opportunity to make services more available by integrating the services within primary care settings. He went on to say that the CCG had inherited premises from the former Primary Care Trust and encouraged partners to contact CCG Finance Directors if they wished to make use of the available venues.

The Chairman said that it was important that the right outcome was achieved for children, young people and their families and that a better model would be delivered moving forward.

### **Resolved:**

That the report be noted.

## **6 Children's Services Update**

The Board considered a report of the Head of Children's Services, Children and Adults Services, Durham County Council that provided an update on the national and local developments in relation to children's social care services (for copy see file of Minutes).

The Chairman thanked the Head of Children's Services for her report and congratulated the service on the successful Innovation Fund bids.

The Chief Clinical Officer DDES CCG referred to Child Sexual Exploitation (CSE) and work with GPs, and asked if it was as integrated as it could be. The Head of Children's Services explained that all partners are working together. She added that proactive information sharing was an area that needing addressing as well as the need to spot early signs of exploitation e.g. unexplained injuries or access to early contraception.

Councillor T Smith asked how neglect was defined and if there were specific guidelines. The Head of Children's Services explained that there were national definitions but that neglect is where there are impacts on a child's health and wellbeing. She emphasised that it was important to get the message across that people needed to ask for 'early help' which does not necessarily mean they will progress to a statutory care plan.

The Corporate Director of Children and Adults Services, Durham County Council (DCC) said that it was important to develop services around 'early help' to support families. GPs are also key as many of the families will be known to practices.

**Resolved:**

- (i) That the report be noted.
- (ii) That further updates in relation to the transformation of Children's Services on a six monthly basis be received.

**7 Guidance for the Operationalisation of the Better Care Fund in 2015-16**

The Board considered a report of the Integration Programme Manager – Joint Funded, Children and Adults Services, Durham County Council and Clinical Commissioning Groups that updated on the requirements and recommendations set out in the Better Care Fund (BCF) Operationalisation Guidance released on the 20<sup>th</sup> March 2015 (for copy see file of Minutes).

The Corporate Director of Children and Adults Services, DCC said that concern had been expressed nationally and locally about targets as many foundation trusts had seen volume increases over the winter period. There are monitoring arrangements imposed on local systems for the BCF through NHS England.

The Chief Clinical Officer DDES said that the target set for County Durham was challenging but noted that Darlington and Tees had seen reductions.

**Resolved:**

- (i) That the report be noted.
- (ii) That the agreement of the quarterly BCF performance report for submission to NHS England to the Corporate Director, Children and Adult Services, Durham County Council, the Chief Clinical Officer's ND and DDES CCG and the Chief Operating Officer, DDES CCG's be delegated in consultation with the Chair of the Health and Wellbeing Board.

**8 Clinical Commissioning Group Planning Progress Update and Final Commissioning Intentions 2015-16**

The Board considered a joint report of the Chief Operating Officer, North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups and Chief Clinical Officer, Durham Dales, Easington and Sedgefield Clinical Commissioning Group that updated on progress of the refresh of North Durham Clinical Commissioning Group (ND CCG) and Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG) two year operational plans (for copy see file of Minutes).

The Clinical Chair of North Durham CCG advised that a shared approach across both CCGs had been taken and that quality premium indicators chosen were challenging to achieve.

The Associate Director of Marketing & Communications CDDFT advised that the outcomes of the Securing Quality in Health Services (SeQIHS) project would be available from September and would be influential in taking forward secondary care services.

The Head of Planning and Service Strategy CAS DCC said that it was important to work together to ensure that strategies were aligned to provide a whole system approach and that the performance indicators would be included in the Health and Wellbeing Boards performance framework.

**Resolved:**

- (i) That the report be noted.
- (ii) That the final CCG commissioning intentions 2015/16 be noted.
- (iii) That the CCG Quality Premium Indicators be agreed.

**9 Health Premium Incentive Scheme 2014-15**

The Board considered a report of the Director of Public Health County Durham, Children and Adults Services, Durham County Council that provided an update on the Health Premium Incentive Scheme for public health 2014-15 (for copy see file of Minutes).

The Director of Public Health County Durham stated that the performance indicators under this scheme would be challenging to achieve.

**Resolved:**

- (i) That the progress and pilot phase of the Health Premium Incentive Scheme be noted.
- (ii) That the submitted local indicator as per paragraph 9, be noted.
- (iii) That the uncertainty regarding incentive payment value be noted.
- (iv) That the delayed timescale for payment be noted.
- (v) That the Director of Public Health, County Durham would contact Public Health England to seek clarity on the methodology of the Health Premium Incentive Scheme 2014-15 be noted.

**10 Approach to Reducing Diabetes in County Durham - National Diabetes Prevention Programme Demonstrator Site and CCGs' Diabetes Service Developments**

The Board considered a joint report of the Director of Public Health County Durham and Chief Operating Officer, North Durham and Durham Dales, Easington and Sedgfield Clinical Commissioning Groups that highlighted the initiative launched by NHS England in collaboration with Public Health England and Diabetes UK "to be the first country to implement at scale a national evidence-based diabetes prevention programme" as part of the NHS Five Year Forward View. Durham

County Council public health service was invited to register an expression of interest and has subsequently been chosen as one of seven demonstrator sites for this programme. The report also highlighted the impact and costs of diabetes to the Clinical Commissioning Groups (CCGs) and the development being progressed to establish a new diabetes service model (for copy see file of Minutes).

The Chief Clinical Officer DDES CCG highlighted that the cost of diabetes would increase considerably and, as it was preventable for some patients, a better way of supporting people to manage their condition was required. He highlighted that the cost of diabetes medication varied considerably, with no substantial difference in outcomes. He added that providers were working together to look at a new model of community based care to support people in the community without the need for secondary care interventions.

The Director of Primary Care, Development and Engagement, DDES CCG advised that the uptake was co-dependant on take of the Checks4Life programme. Work was underway with Public Health to engage general practices that were not hit hitting their targets. New commissioning arrangements were being looked at and motivation techniques were being created for newly diagnosed type 2 patients to encourage change.

Councillor Smith asked how we target lifestyle changes and asked if we had statistics on those who had changed their lifestyle e.g. success stories. The Director of Primary Care, Development and Engagement said that they signpost patients to make the right choices and use other services to correctly direct patients to the help they needed. The Chief Clinical Officer said that their focus was on prevention and recognised that it was a huge challenge to change behaviour.

The Director of Public Health County Durham advised that children and young people were a key priority. Programmes were in place to tackle childhood obesity and DDES CCG were testing different ways in which to work with partners including GPs, schools and dentists. Progress would be reported to a future meeting.

The Head of Planning and Service Strategy queried if we were sending a strong enough message about diabetes. He said that social marketing could mirror the messages sent out such as those used for smoking and domestic violence. The Director of Public Health County Durham said that they did need specific social marketing and that perhaps a collaborative message from the region could be developed. The Corporate Director of Children and Adults Services suggested that the Board write to Public Health England about a national campaign.

Councillor Nicholls said that he had seen the effects of diabetes and agreed that people should be taught about the serious consequences of losing limbs and the other health problems associated with it.

**Resolved:**

- (i) That the selection of the Durham County Council public health service commissioned Check4Life and Just Beat It programme as one of seven demonstrator sites for the development of the National Diabetes Prevention Programme be noted.

- (ii) That the future intention is to procure a diabetes prevention programme across England be noted.
- (iii) That local delivery forms part of the Check4Life programme in County Durham be noted.
- (iv) That the preliminary findings from the check4Life and Just Beat it programmes and their implications be noted.
- (v) That the strategy group established by the CCGs to develop a diabetes service model be noted.

## **11 County Durham Dual Needs Strategy**

The Board considered a report of the Director of Public Health County Durham, Durham County Council to provide the Health and Wellbeing Board with the refreshed copy of the County Durham Dual Needs Strategy for endorsement. This strategy builds on the existing strategy but has now been updated to account for the changes from the Health and Social Care Act 2012 (for copy see file of Minutes).

The Director of Operations, Durham and Darlington, TEWV commended the strategy as it would give people with complex needs the support they needed.

### **Resolved:**

- (i) That the Refreshed Dual Needs Strategy be endorsed.
- (ii) That to receive the first year action plan and update reports on delivery of the strategy at future meetings be agreed.
- (iii) That the joint commissioning opportunities to ensure the needs of those with dual needs are met be noted.

## **12 Feedback from County Durham's Health and Wellbeing Peer Challenge**

That Board considered a report of the Strategic Manager – Policy, Planning & Partnerships, Children and Adults Services, Durham County Council that provided an update on the Local Government Association's (LGA) Health and Wellbeing Peer Challenge in County Durham (for copy see file of Minutes).

It was explained that there were four areas of best practice the LGA wanted to share with the Sector in relation to community engagement, Area Action Partnerships, the voice of the child and the relationship with Scrutiny.

The Corporate Director of Children and Adults Services said that it was testament to all of the hard work undertaken by the Board over the last couple of years.

The Chairman once again thanked all involved in this piece of work.

### **Resolved:**

That the feedback on the Health and Wellbeing Peer Challenge and the development of an action plan to be considered at the Development Session in July 2015 be noted.

### **13 Healthwatch County Durham - Update**

The Board considered a report of the Chair, Healthwatch County Durham that gave an update on the organisation, activities and outcomes of Healthwatch County Durham during the period October 2014 to March 2015 (for copy see file of Minutes).

The Chair of Healthwatch highlighted the strands of work and priorities. Engagement activities had seen a move away from drop in sessions in libraries and had been successful in leisure centres and hospitals where engagement with patients could take place.

The Healthwatch England special inquiry into unsafe discharge from hospital was highlighted and would form a strong focus locally. The Chair invited partners to engage with Healthwatch to take this forward.

The Associate Director of Marketing & Communications, County Durham and Darlington NHS Foundation Trust said that he would welcome the opportunity to talk to Healthwatch in relation to the Trust's discharge policy.

The Corporate Director of Children and Adults Services said that there was a broader issue for public health and engagement was different depending on age groups. She welcomed the opportunity to bring together best practice and by working collaboratively.

The Director of Public Health advised that Healthwatch may be able to access European Health funding for technology solutions to support better engagement including the use of social media.

The Head of Planning and Service Strategy added that it was worth pursuing by working together. It was also agreed that it would be of benefit to do this through the County Durham Partnership where all agencies could look at best practice and gaps in practice.

The Chair of Healthwatch concluded that she would be happy to take this work forward with partners.

**Resolved:**

- (i) That the activities and outcomes of Healthwatch County Durham's work in gathering views, advising people and speaking up for health and social care service users be noted.
- (ii) That Healthwatch County Durham Community Interest Company is now operating as an independent social enterprise be noted.

### **14 Health and Wellbeing - Area Action Partnership Links**

The Board considered a report of the Area Action Partnership Coordinator, Assistant Chief Executive's office, Durham County Council that provided an update in relation to the work taking place to enhance the interface between Area Action Partnerships (AAPs) and the Health and Wellbeing Board to improve the alignment

of AAP developments and investments and the Board's priorities (for copy see file of Minutes).

The Strategic Manager – Policy, Planning & Partnerships, CAS DCC reported that there had been a lot of good partnership working with AAPs and the Corporate Director of Children and Adult Services suggested that partners take back details to their own organisations about what is happening at a local level.

The Director of Public Health County Durham said that AAPs were a major vehicle to be utilised as they had an extensive reach within the local community. She referred to the community based approach in terms of diabetes and thanked the AAP for the support provided.

**Resolved:**

- (i) That the work that is taking place be noted.
- (ii) That the improved alignment of work of the AAP's to the Health and Wellbeing Board be noted.
- (iii) That work will progress through the Community Wellbeing Partnership.
- (iv) That the AAP/public health supported projects in 2014/15.

**15 Any Other Business**

The Strategic Manager – Policy, Planning & Partnerships, Children and Adults Services, Durham County Council advised the Board that the 'Big Tent' event would take place on the afternoon of the 4 November 2015. It was hoped to engage a key note speaker to the event and workshops would take place discussing for example, diabetes and housing. Any suggestions about the day should be fed back to the Strategic Manager.

**16 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.

**17 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 March 2015 (for copy see file of Minutes).

**Resolved:**

That the Board note the Pharmacy Relocation Applications received.