

## **DURHAM COUNTY COUNCIL**

At a Meeting of **Health and Wellbeing Board** held in Committee Room 2, County Hall, Durham on **Tuesday 3 November 2015 at 9.30 am**

### **Present:**

**Councillor L Hovvels (Chairman)**

### **Members of the Committee:**

Councillors J Allen and O Johnson

### **Apologies:**

Apologies for absence were received from Councillors N Bailey, Dr S Findlay, A Foster and S Jacques

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#### **2 Substitute Members**

There were no substitute members.

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

The Chairman declared an interest in Item No. 17.

#### **4 Minutes**

The Minutes of the meeting held on 23 July 2015 were confirmed by the Board as a correct record and signed by the Chairman.

#### **5 Better Care Fund Update**

The Board considered a report of the Strategic Programme Manager – Care Act Implementation and Integration, Children and Adults Services, Durham County Council that gave an update on the key performance indicators established within the Better Care Fund (BCF), including the requirements of the Better Care Fund Quarter 1 2015/16 return for County Durham, which has already been reported to NHS England (for copy see file of Minutes).

The Corporate Director, Children and Adults Services, DCC highlighted the importance of also monitoring the number of residential and nursing bed days purchased for older people as the long term trend is a downward one.

**Resolved:**

- (i) That the report be noted.
- (ii) That further updates in relation to the Better Care Fund be received.

**6 Care Act and Adult Social Care Transformation Update**

The Board considered a report of the Corporate Director, Children and Adults Services, Durham County Council that provided an update on the local and national developments in relation to the implementation of the Care Act 2014 and the transformation of Adult Care services, focussing on changes to deliver Phase 1; the new care and support duties from 1<sup>st</sup> April 2015. The report also provided an update on the recent announcement by Government to postpone the Phase 2 reforms until 2020 which were due to come into effect from 1<sup>st</sup> April 2016, which includes the cap on care costs and appeals system (for copy see file of Minutes).

**Resolved:**

- (i) That the report be noted.
- (ii) That further updates in relation to Adult Social Care transformation be received.

**7 Learning Disability FastTrack Programme / Transforming Care: Next Steps Update**

The Board considered a report of the Senior Commissioning Manager, Joint Commissioning and Continuing Health Care and Joint Commissioning Manager, North of England Commissioning Support that gave an update on progress regarding the North East and Cumbria Fast Track programme (for copy see file of Minutes).

The Senior Commissioning Manager advised that the North East have a higher than average number of beds and had been selected as a fast track area. Joint working between CCGs and the local authority are taking place and a regional plan had been developed, as well as local plans. There were three parts to the regional plan – Early Intervention, Crisis Resolution, and Workforce. Beneath the Regional Plan separate localities have submitted their own plan. The Durham plan is to be delivered in partnership with Darlington and focuses upon the development of accommodation based services as an alternative to hospital admission.

The workforce element of the plan aims to encourage robust leadership across all sectors and Positive Behaviour Support (PBS) as the approach for managing challenging behaviours.

A view was expressed by a member of the Board that some independent sector providers charge premiums for care and as such should be responsible for their own leadership programmes.

The Senior Commissioning Manager went on to advise that it was proposed to invest in enhanced community support services and would include more of a 24/7 cover.

The Head of Adult Care, Children and Adults Services, DCC informed the Board that the details around funding were yet to be worked through. She added that she would continue to make representations about the understanding around costings and the challenging timescales. She advised that the principles were sound but that it would take time to get it right and that there were risks associated with a quick turnaround.

The Chief Executive of Tees, Esk and Wear Valleys NHS Foundation Trust agreed that people with learning disabilities, autism and challenging behaviour should lead as full a life as possible within the community. He also recognised that there would be significant cost pressures on the NHS and local government. The national Clinical Director has provided evidence that shows that proportionately people with learning disabilities were up to 400% higher in the North East than in other parts of the country and a high percentage of those individuals had a mental health need. He advised that TEWV supported the programme but had significant anxieties and emphasised the specific needs of individuals and the financial risks.

The Head of Adult Care, DCC advised that there was a risk register and re-iterated that there were challenges around the programme. She confirmed that the changes were about giving people a better quality of life but that the transformation needs to be implemented carefully and funded adequately.

In relation to the timescale, the Corporate Director of Children and Adult Services asked if NHS England were conscious of some of the risks and the rapid escalation of the work that needs to be carried out. The Associate Director of Clinical Networks and the Clinical Senate, NHS England advised that the Regional Clinical Director was ensuring that people were made aware of the changes. He would take a strong message back to the NHS England Board.

The Director of Primary Care Development and Engagement, DDES CCG said that the CCG fully support the programme especially where changes are affected locally, with primary care at the centre. The Senior Commissioning Manager informed the Board that specific needs of cohorts would be reported locally to each CCG.

In relation to the individuals identified, the Senior Commissioning Manager informed the Board that numbers were fluid and can change with people being admitted and discharged. In terms of projections, she advised that children were being supported at an early stage with care provided in the community, where possible. She went on to explain that the plan would need to be amended from a 5 year to 3 year plan in terms of the timescale to implement changes.

The Senior Commissioning Manager informed the Board that the Regional Scrutiny Committee were looking at the implications of the changes and she said that she would give an update at a future meeting.

The Chairman thanked the Senior Commissioning Manager for her report.

**Resolved:**

- (i) That the plan, in particular the Durham and Darlington Locality Plan which was embedded in the North East and Cumbria Fast Track plan be supported and agreed.
- (ii) That the North East & Cumbria Fast Track - proposed trajectories attached at Appendix 5 be noted.
- (iii) That regular updates on County Durham's progress in relation to Fast Track implementation be received.

## **8 Altogether Active - A Physical Activity Framework for County Durham**

The Board considered a report of the Corporate Director, Neighbourhood Services, Durham County Council that gave an update of the progress towards the development of a new strategic framework for physical activity. The report sought support for the next steps in the process to launch a consultative version of the framework at the forthcoming Big Tent Engagement Event on 4<sup>th</sup> November 2015 (for copy see file of Minutes).

The Chairman said that this was an exciting development and had come a long way but added that the messages needed to be simple. The Head of Planning and Service Strategy agreed that it was important to join up services.

The Director of Public Health County Durham said that copies of the strategy would be available at the Big Tent event.

**Resolved:**

- (i) That the progress in the development of a physical activity framework for County Durham 'Altogether Active' be noted and supported.
- (ii) That the consultative draft of the framework following its launch on the 4<sup>th</sup> November at the 'Big Tent' engagement event be formally responded to.

## **9 County Durham and Darlington Urgent Care Strategy 2015-20**

The Board considered a report of the Chief Clinical Officer, Durham Dales, Easington and Sedgefield Clinical Commissioning Group that asked for endorsement of the County Durham and Darlington Urgent Care Strategy 2015-20 (for copy see file of Minutes).

The Head of Planning and Service Strategy outlined that an easy read version of the Urgent Care Strategy and an extract of key points and how they fit in with other relevant strategies would be welcomed.

The Director of Primary Care Development and Engagement, DDES said that he would take the comments back and explained that patients and the public have been consulted. He advised that the executive summary explains the changes nationally. The Clinical Chair, North Durham CCG added that the main aspects relating to Securing Quality in Health Services (SeQIHS) were to ensure that urgent and non-life threatening care are available in and out of hospital.

The Corporate Director of Children and Adults Services, DCC suggested developing relevant metrics in relation to the eight high impact interventions.

The Corporate Director Children and Adults Services DCC asked if there would be an overarching communication strategy and if so, if a timeline was available. The Director of Primary Care Development and Engagement, DDES advised that each CCG will be working on any proposed changes to urgent care services. The Clinical Chair, North Durham CCG added that there were differences locally and each Patient Reference Group would be involved.

**Resolved:**

- (i) That the County Durham and Darlington Urgent Care Strategy 2015-20 be endorsed.
- (ii) That the governance and implementation of the Urgent Care Strategy will be through the System Resilience Group be noted.

**10 Winter Plan and System Resilience Update**

The Board considered a report of the Chief Clinical Officer, Durham Dales, Easington and Sedgefield Clinical Commissioning Group that provided an update on winter planning and resilience and to outline the processes that the County Durham and Darlington Systems Resilience Group are following to provide assurance and monitor the delivery of approved resilience schemes (for copy see file of Minutes).

The Corporate Director of Children and Adults Services, DCC referred to the summary in Appendix 4 of the list of providers and resilience schemes and said that it was a positive approach and a useful overview.

The Director of Public Health County Durham, DCC outlined that the Council Cold Weather Plan would be aligned with this broader work.

**Resolved:**

That the report be noted.

**11 County Durham Transformation Plan for Children and Young People's Mental Health, Emotional Wellbeing and Resilience 2015 - 2020**

The Board considered a report of the Director of Public Health County Durham, Children and Adults Services, Durham County Council that provided the County Durham Transformation Plan for Children and Young People's Mental Health, Emotional Wellbeing and Resilience for agreement (for copy see file of Minutes).

The Head of Planning and Service Strategy, DCC said that there had been significant stakeholder input and as it was such a large document he asked that care be taken when communicating it with young people. The Director of Public Health County Durham, DCC advised that the use of social media in the first year of the Strategy would be used when communicating the key messages to young people.

The Chief Executive of Tees, Esk and Wear Valleys NHS Foundation Trust commended the plan and highlighted the difference in spend for people who access Child and Adolescent Mental Health Services (CAMHS) and have a learning disability in DDES and North Durham CCGs. The Director of Public Health County Durham provided assurance that the plan was evidence based and the comprehensive action plan would ensure that outcomes are improved for children and young people. The Director of Public Health County Durham, DCC also highlighted the increase in spend for services for young people who have eating disorders.

The Chairman asked for a further update in 6 months.

**Resolved:**

- (i) That the work that has taken place to develop the County Durham Transformation Plan for Children and Young People's Mental Health, Emotional Wellbeing and Resilience be noted.
- (ii) That the County Durham Transformation Plan for Children and Young People's Mental Health, Emotional Wellbeing and Resilience be agreed.

## **12 NHS Health Checks**

The Board considered a report of the Director of Public Health County Durham, Children and Adults Services, Durham County Council that summarised the findings from the review of the first five years of the NHS Health Check programme; to provide an update on the changes introduced since 2013; ensure that the health check programme commissioned by Durham County Council public health team fulfils the local authority's statutory requirements and to provide a commentary on the current performance of the programme (for copy see file of Minutes).

The Director of Primary Care Development and Engagement, DDES endorsed the work carried out and all of the progress that continues to be made. He said that DDES CCG had been involved from an early stage looking at redeveloping the programme in terms of less bureaucracy, data entry and materials to hand out. A software programme was developed to make the information pack easy to read and understand. They had worked closely with Dr Mike Lavendar, Public Health, to sell the idea to GP surgeries. There was still a lot of work to do and it was recognised that there was a difference in take up in each CCG area. It was also recognised this is an area of work GP Federations could work on collectively.

**Resolved:-**

- (i) That the findings from the evaluation of the first five years of the Health Check programme highlighted in this report and detailed in the attached report at Appendix 2 be noted.
- (ii) That the statutory responsibilities for the local authority with regard to the NHS Health Check programme be noted.
- (iii) That the developments introduced since 2014 to address the weaknesses identified by the five year review and to ensure that the local authority meets its statutory requirements be noted.

- (iv) That the current performance of the programme and the variance between practices be noted.
- (v) That the further developments planned to improve the quality of health checks, to increase the coverage of the programme and to reduce the wide variation in coverage between GP practices be noted.

### **13 Health and Wellbeing of Gypsy Roma Traveller (GRT) Communities**

The Board considered a report of the Director of Public Health County Durham, Children and Adults Services, Durham County Council that gave an update on the background to the GRT health work and the progress being made following a health needs assessment, the work was a priority in the Health and Wellbeing Strategy (for copy see file of Minutes).

Councillor J Allen recognised the hard work carried out by wardens working with the Gypsy Roma Traveller Communities and how they try to engage people, including the hard to reach. She welcomed the report.

The Director of Primary Care Development and Engagement, DDES CCG asked if health checks were being carried out and the Director of Public Health County Durham advised that most of the Gypsy Roma Traveller communities would be registered with a GP.

The Chairman said that sometimes services would need to be taken to the GRT communities to help to capture their needs. She informed the Board that some Macmillan nurses travelled to Appleby Fair this year to raise awareness of cancer.

**Resolved:**

- (i) That the background to the GRT health work programme be noted.
- (ii) That progress being made, be considered.
- (iii) That the risks to the sustainability of the work be noted.
- (iv) That the evaluation will provide an updated position on the health needs of the GRT community be noted.

### **14 Joint Health & Wellbeing Strategy 2nd Quarter 2015-16 Performance Report**

The Board considered a report of the Head of Planning and Service Strategy, Children and Adults Services that described the progress being made against the priorities and outcomes set within the County Durham Joint Health & Wellbeing Strategy (JHWS) 2015-16 (for copy see file of Minutes).

**Resolved:**

That the contents of the report and the progress made in relation to the CQC quality premium indicators be noted

### **15 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.

## **16 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 July 2015 (for copy see file of Minutes).

### **Resolved:**

That the Board note the Pharmacy Relocation Applications received.

## **17 Any other business**

The Director of Primary Care Development and Engagement, DDES CCG advised that units of planning were currently based through DDES, North Durham and Darlington however, guidance had been received that would extend the unit of planning to a bigger footprint. This is likely to include Durham, Darlington and Tees Valley.

### **Resolved:**

That the update be noted and that further information be brought to the board when available.