

## **DURHAM COUNTY COUNCIL**

At a Meeting of **Health and Wellbeing Board** held in Committee Room 2, County Hall, Durham on **Wednesday 26 July 2017 at 9.30 am**

### **Present:**

**Councillor L Hovvels (Chairman)**

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

Councillor O Gunn and P Appleton, Dr S Findlay, A Foster, C Harries, A Healy, B Jackson, L Jeavons, S Lamb, P Scott and M Whellans

The Chairman congratulated County Durham and Darlington NHS Foundation Trust and Harrogate and District NHS Foundation Trust for both receiving recognition for the amount of work they are doing to encourage the take up and maintenance of breastfeeding. Both Trusts have successfully achieving re-accreditation at a high level by the Unicef Baby Friendly Initiative.

### **1 Apologies for Absence**

Apologies for absence were received from N Bailey, S Jacques, C Martin, A Reiss, J Robinson, Dr D Smart and Dr J Smith

### **2 Substitute Members**

P Appleton for J Robinson and P Scott for C Martin

### **3 Declarations of Interest**

There were no declarations of interest.

### **4 Minutes**

The minutes of the meeting held on 22 June 2017 were agreed as a correct record and signed by the Chairman.

### **5 Thematic Review of County Durham and Darlington Child Death Overview Panel**

The Board considered a report of the Chair of the Child Death Overview Panel (CDOP) County Durham and Darlington, with an analysis of emerging themes identified by the CDOP following a review of all child deaths in County Durham and Darlington where there were modifiable factors that could have contributed to the child's death (for copy see file of Minutes).

The Chair of CDOP explained that the panel review all deaths of children who reside in County Durham and Darlington and look for any modifiable factors which are then reported to the Local Safeguarding Children Board. He advised that two thematic reviews had been carried out and there were two recurrent themes found; Cardiotocography (CTG) interpretation and the escalation policy.

The Chairman welcomed the findings of the report and asked what could be done differently. The Chair of CDOP said that STPs would need to pick this issue up and respond to the findings. He had met with the Chair of the LSCB and the Chair of the Clinical Network to discuss the progress of maternity services, and had also written to NHS England to ensure this issue was raised regionally and nationally. He had also met with the Coroner to make him aware of the issues. He advised the Board that Gill Findley, Director of Nursing and Vice Chair of the LSCB is actively involved in the development of the STP plans and is aware of the outcomes of the CDOP thematic review.

Councillor Gunn suggested that the Healthy Child Programme Board should also consider the report and its findings.

The Chief Executive of North Tees and Hartlepool NHS Foundation Trust found the report and its findings very timely and said it would be considered by the appropriate STP workstream. He said that increasing maternity cover to 24 hours was a key priority but this would mean thinking about putting services on fewer sites to help this issue. He asked if any cultural issues had been uncovered during the review, between midwives and consultants working together.

The Chair of CDOP explained that they relied on documents provided from the Trusts and external notes of existing reviews. This picked up some cultural and leadership issues including miscommunications between midwives and junior doctors.

In response to a question from the Head of Children's Public Health Nursing, Harrogate & District NHS Foundation Trust the CDOP Chair explained that there had been assurance that the action plan had addressed training and the buddy system.

The Chief Clinical Officer, DDES CCG said that it was a helpful report and put into perspective the case for change in terms of hospital reconfiguration. It was acknowledged that residents are passionate about their local services and were reluctant to see change however as the report shows doing nothing could affect lives.

Referring to change, the Director of Corporate Affairs/Trust Secretary, City Hospitals Sunderland NHS Foundation Trust said that during a recent consultation about maternity proposals for hospital reconfiguration in Sunderland and South Tyneside, residents were very passionate about keeping the services they currently have, although this CDOP review supported the view that there should be a reconfiguration to provide safe and effective services to mothers and babies. The Board acknowledged that messages to the public should be clear that this is about saving lives.

The Head of Planning and Service Strategy said that there was strong support from the Board for the report and suggested that a letter be written to STP leads in relation to support for the paper.

The Chairman thanked the Chair of CDOP for sharing his report and findings.

**Resolved:**

- (i) That the findings of the CDOP Thematic Review be noted.
- (ii) That the learning points identified by the thematic reviews when considering plans for maternity and paediatric services be taken into account.

**6 Sustainability and Transformation Plans Update Report: Northumberland, Tyne and Wear and North Durham and Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby Draft Sustainability and Transformation Plans**

The Board received a report of the Chief Operating Officer, North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups and the Chief Clinical Officer, Durham Dales, Easington and Sedgefield Clinical Commissioning Group that gave an update on the two local Sustainability and Transformation Plans (STPs): Northumberland, Tyne and Wear and North Durham Draft Sustainability and Transformation Plan (NTWND STP) and the Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby Draft Sustainability and Transformation Plan (DDTHRW STP) (for copy see file of Minutes).

The Chief Clinical Officer informed the Board that in order to make services safer for all patients going forward there was a need for them to be reconfigured. He explained that talks were ongoing to bring the Northern STPs together as one and support was sought from local authorities. A CCG joint committee would cover the 13 workstreams of the STPs.

The Chief Executive of North Tees and Hartlepool NHS FT and the Southern STP lead reassured the board that the external consultation had been extensive on service changes. He further commented that the link to the North East with Cumbria was with cancer and specialist services provided in Newcastle and although joining up the three STPs would benefit Cumbria it would not detract resources away from the rest of the North East.

The Chairman asked that Members were updated as and when further consultation events were arranged in order to promote attendance from County Durham residents.

The Director of Corporate Affairs/Trust Secretary, City Hospitals Sunderland NHS FT said that she would circulate some dates for the Sunderland and South Tyneside hospital reconfiguration events which were planned for September.

Councillor Gunn asked what was being done to encourage attendance at future events and the Chief Clinical Officer, DDES CCG explained that they were advertising and encouraging people to come along.

Councillor Gunn informed the Board that a STP presentation had been gratefully received at the last Children and Families Partnership meeting and said that the main points for clarity were to explain who did what and to have a clearer transition from children to adults' services and to have more community and voluntary sector involvement.

The Director of Public Health said that the main issue was changing the hearts and minds of people as the public see the hospital as the pinnacle of care. She said that the communication around any change needs to be clear. The Chief Executive of North Tees and Hartlepool NHS FT and the Southern STP lead said that there was a video clip about what is being done in the community and how to spread this message across the patch to gain the confidence of people. He said that messages needed to be clearer on what was available and where.

Councillor Gunn said that one of the messages received when talking about health care was the availability of transport and that this needs to be addressed. The Chief Clinical Officer reported that only 5% of health care took place in hospital and he agreed that transport was one of the biggest issues to deal with.

**Resolved:**

- (i) That the progress updates for both STPs be received.
- (ii) That to receive further joint updates to future Health and Wellbeing Board meetings be agreed.

## **7 Sustainability and Transformation Plans - Prevention Workstream Update**

The Board received a report of the Director of Public Health County Durham, Adult and Health Services, Durham County Council that provided an update on progress made by the North East Prevention Workstream (for copy see file of Minutes).

The Director of Public Health gave a detailed presentation on the progress that highlighted the following (for copy see file of Minutes):-

- Rationale for the group
- Health & Wealth – closing the gap for the North East
- Where does the NECA health and care funding go
- Understanding Health, Care and Funding
- How we are going to achieve this – priorities
- Progress and challenges
- Attendees of the group
- Interdependencies
- What do mean by tobacco free NHS
- Other areas of progress

The Director of Integration said that there was a major importance for people to stay healthier for longer. The Director of Public Health added that they were securing prevention work which should reduce the demand on services.

The Chief Executive of North Tees and Hartlepool NHS FT and the Southern STP lead supported the work being done and said that there was a clinical consensus that this was needed. He said that the public needed to become engaged in prevention and discussions were needed on resources. He suggested that there needs to be a resources shift with more money being spent on prevention and less on specialist services as there was not enough funding available.

Councillor Gunn welcomed the report and the potential to work in a regional way. She looked forward to seeing how this would impact on the people of County Durham.

**Resolved:**

- (i) That details of the progress made by the Prevention Workstream and the positive way in which the Prevention Workstream is working across the north east to give the opportunity to better work at scale and at pace be received.
- (ii) That to receive a more comprehensive report to a future meeting and how it will impact on population health in County Durham be agreed.

**8 Better Care Fund Quarter 4 Performance 2016/17**

The Board considered a report of the Strategic Programme Manager Care Act Implementation and Integration, Adult and Health Services, Durham County Council that provided an update on the Better Care Fund (BCF) Q4 2016/17 benchmarking and analysis of non-elective admissions data (for copy see file of Minutes).

The Strategic Programme Manager advised that three out of the six key/local metric were showing positive performance. Permanent admission of older people to residential or nursing care narrowly missed the target for quarter 4. The average age for people going into care was 86.6, much later in life than previously. Positive performance was highlighted for the percentage of older people still at home 91 days after discharge and delayed transfer of care.

The Board were informed that non-elective admissions for children had impacted on the non-achievement of the target.

The Head of Children's Public Health Nursing, Harrogate & District NHS FT said that work needs to be carried out to look at the data as children were being classed as having an admission but that this was not necessarily the real figure. The Director of Integration suggested that a deep dive by North East Commissioning Support should be carried out as the figures were unintentionally misleading. She went on to say that children who had gone from being assessed to being admitted needed to be identified. The Head of Planning and Service Strategy agreed that the deep dive would be useful as it was important that related payments were not impacted due to recording issues.

**Resolved:**

- (i) That the contents of this report be noted.

- (ii) That the Healthy Child Programme Board undertake an in-depth analysis of non-elective emergency admission as part of their work programme be requested.
- (iii) That to receive further updates in relation to BCF quarterly performance be agreed.

## **9 Joint Health and Wellbeing Strategy 2016-19 Performance Report**

The Board considered a report of the Head of Planning and Service Strategy, Durham County Council that described the progress being made against the priorities and outcomes set within the County Durham Joint Health and Wellbeing Strategy (JHWS) 2016-19 (for copy see file of Minutes).

Referring to the indicator of falls and injuries in the over 65's, the Chairman asked what was being done to improve these incidents. The Head of Planning and Service Strategy said that a lot of work had been carried out in terms of providing the right equipment including inflatable underwear however he agreed that the figures were a cause for concern. The Director of Integration said that there were connections between falls and hip fractures and she suggested that a deep dive be carried out on this area of work.

CAMHS was also highlighted as an area for a deep dive. Although performance had improved in relation to waiting times, it was felt important to look at the effectiveness of the service.

### **Resolved:**

- (i) That the performance highlights and areas for improvements identified throughout the report be noted.
- (ii) That the falls and hip fractures, and CAMHS reports that will be presented to the board at forthcoming meetings be noted.
- (iii) That performance against the 2016/17 Quality Premium Indicators be noted.

## **10 Public Health England Alcohol Evidence Review**

The Board received a presentation and report of Director of Public Health County Durham, Durham County Council on the findings of Public Health England's (PHE) alcohol evidence review (for copy see file of Minutes).

Sue Taylor, Partnerships Manager at Balance gave a presentation that highlighted the following:-

- Background to the PHE Alcohol Evidence Review
- Methodology used
- Areas covered
- Findings: Consumption and harm
- North East position
- Policies – taxation and price
- Findings:
  - Regulating marketing
  - Availability

- Information/education
- Managing the drinking environment
- Drink-driving
- Brief interventions and treatment
- Summary
- Engagement

The Partnerships Manager outlined that a decision was expected soon in relation to Minimum Unit Pricing in Scotland and this was being followed with interest.

Councillor Gunn asked if there were any other measures being introduced locally. The Partnerships Manager explained that there was a lot of good work taking place in Newcastle City Centre and Durham City Centre especially as busy city centres attracted larger groups of people e.g. stag and hen parties.

It was agreed that a workshop would be set up with the Health and Wellbeing Board, Children and Families Partnerships and Safe Durham Partnership in relation to alcohol as a cross-cutting issue. The Director of Public Health County Durham will take the lead on this workshop with support from the Strategic Manager, Policy, Planning and Partnerships.

**Resolved:**

That the report and presentation be noted.

**11 Foetal Alcohol Spectrum Disorder Update**

The Board considered a report of the Director of Public Health County Durham, Durham County Council that provided an update on the Foetal Alcohol Spectrum Disorder Task and Finish Group in County Durham (for copy see file of Minutes).

The Director of Public Health County Durham advised that the Task and Finish Group had initiated an action plan and would continue to ensure that progress was made.

**Resolved:**

- (i) That the content of this report be considered.
- (ii) That the areas for completion on the FASD Action Plan (appendix 2) be noted.

**12 County Durham Youth Offending Service Health Needs Assessment and New Model of Health Provision 2017/19**

The Board received a report of the Strategic Manager, County Durham Youth Offending Service that presented the Executive Summary and Health Needs Assessment (HNA) of Young People who Offend 2016/17, including key findings and recommendations, attached at Appendix 2 (for copy see file of Minutes).

The Strategic Manager, County Durham Youth Offending Service thanked colleagues in Public Health for their support. She advised that the cohort of young people was much more complex in term of their needs.

The Public Health portfolio lead said that the Executive Summary had been shared with CCG colleagues, and she advised that an action plan had been developed and a new model had been introduced.

The Strategic Manager informed the Board that the full health needs assessment would be published following the meeting. She referred to the Youth Justice Board's interest in the work undertaken and they had indicated that they would like to use Durham as an example of good practice. She added that there would be the opportunity to look at mental health in the youth justice system and this area of work would be led by the CCG. The service had the evidence base and work was underway with the Director of Nursing to look at this issue.

Councillor Gunn welcomed the report and congratulated the service on the excellent work carried out and for the awards and ceremonies received. She added that the report reflected how to reduce re-offending and how to affect the lives of the young person.

The Director of Public Health County Durham said that it was good to see that the Health Needs Assessment followed through to make changes to services and that it would be useful to use this approach more.

**Resolved:**

- (i) That the new model of health provision in CDYOS be received for information.
- (ii) That an update in due course be received.
- (iii) That the implications of such a collaborative approach for the wider system, especially for vulnerable groups be considered.
- (iv) That the current commissioning responsibilities to ensure sustainability be considered.
- (v) That the work be referred to the Healthy Child Programme Board.

**13 Health and Wellbeing Board Big Tent Engagement Event 2017**

The Board received a report of the Strategic Manager Policy, Planning and Partnerships, Transformation and Partnerships, Durham County Council that presented details of the Big Tent Engagement Event 2017 (for copy see file of Minutes).

The Strategic Manager Policy, Planning and Partnerships, Transformation and Partnerships advised that two keynote speakers would be focused on tobacco and dementia. Workshops would take place and the priorities for the Board would be discussed.

**Resolved:**

- (i) That the agenda for the Big Tent Event 2017 (Appendix 2) be agreed.
- (ii) That the workshops and the two key note speakers for the event be agreed.
- (iii) That any comments on proposed organisations/groups to be invited to the Big Tent Event (Appendix 3) be considered.

## **14 Sugar Smart Programme**

The Board considered a report of Director of Public Health County Durham, Adult and Health Services, Durham County Council that provided an update from the Sugar Smart programme in preparation for a countywide launch (for copy see file of Minutes).

The Chairman said that all partners had signed up to this campaign and that it was important for everyone to play their part and lead by example.

### **Resolved:**

- (i) That the launch of the Sugar Smart initiative be supported.
- (ii) That all partner organisations of the HWB to make a pledge based on the sugar smart action plan which will support achieving the goal to reduce sugar consumption in County Durham over the next 12 months. Possible pledges include: increasing the volume of sugar free drinks available, reduce the portion size of sugary products, provide healthier choices as the default choice i.e. in a meal deal, and remove the promotion of high sugar products.
- (iii) That to receive updates on progress to retain oversight of developments as appropriate be agreed.

## **15 Safeguarding Adults Board Annual Report 2016-17**

The Board considered a report of the Independent Chair of Durham Safeguarding Adults Board (SAB) which presented the Annual Report for 2016/2017, and in doing so provided information on the current position of the County Durham Safeguarding Adults Board and outlined achievements during 2016/17, and plans for 2017/18 (for copy see file of Minutes).

The Independent Chair informed the Board that they would be looking at more complex cases in the year ahead with a multi-agency approach.

### **Resolved:**

That the Annual Report be received and the ongoing developments achieved be noted.

## **16 Durham Local Safeguarding Children Board Annual Report 2016-17**

The Board considered a report of the Independent Chair of the Durham Local Safeguarding Children Board (LSCB) which presented the Annual Report 2016/2017 (for copy see file of Minutes).

The Independent Chair highlighted the LSCB priorities for 2017-2020 and the achievements in 2016/2017, including the training of taxi drivers to look out for signs of child sexual exploitation and reporting it to the Police. A range of tackling neglect toolkits had also been developed and rolled out.

The Head of Planning and Service Strategy informed the Board of a serious case review that had highlighted a significant issue around 'did not attend' appointments.

Alert systems for GPs were being explored and it was suggested to bring this shared objective back to the Board with further details.

The Independent Chair was aware that children had been struck off GP registers after two did not attend appointments. She believed this to be a national issue but was concerned that the child should not be penalised for this.

The Chairman noted the pro-active work undertaken and that the work was travelling in the right direction.

**Resolved:**

That the annual report be received.

**17 Any Other Business**

The Chairman agreed that the following item of business was urgent enough to warrant consideration:-

The Head of Planning and Service Strategy presented a briefing note on the Better Care Fund 2017-19 plan sign off requirements by the Board, constituent authorities and CCGs prior to submission on 11 September 2017 (for copy see file of Minutes).

**Resolved:**

- (i) That the sign off of the final BCF plan 2017/19 be delegated to the Corporate Director, Adult and Health Services, Durham County Council, the Chief Clinical Officer, DDES CCG and the Chief Operating Officer, ND and DDES CCG's in consultation with the Chair of the Health and Wellbeing Board.
- (ii) That to receive the final BCF plan at the Health and Wellbeing Board meeting on the 25th September 2017 be agreed.

**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 paragraph 3 of Part 1 of the Local Government Act 1972.

**19 Pharmacy Applications**

The Board considered a report of the Director of Public Health County Durham which provided a summary of a Pharmacy Relocation Application 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 June 2017 (for copy see file of Minutes).

**Resolved:**

That the report be noted.

**20 Any other business**

Peter Appleton, Head of Planning and Service Strategy informed the Board that this was his last meeting and gave thanks for the support he had received. He said that it had been great being involved in a tough agenda and wished the board good luck for the future.

The Chairman placed on record her thanks and appreciation to Peter who was due to retire after 43 years of service with the County Council. He had helped shape the Board and had been instrumental in its set up.