

DURHAM COUNTY COUNCIL

At a Meeting of **Health and Wellbeing Board** held in County Hall, Durham on **Wednesday 4 July 2018 at 9.30 am**

Present:

Councillor L Hovvels (Chairman)

Members of the Board:

Councillor O Gunn and D Brown, R Chillery, Dr S Findley, A Healy, B Jackson, S Jacques, L Jeavons, G O'Neill, P Scott, S Pett, A Reiss and Dr D Smart

1 Apologies for Absence

Apologies for absence were received from Councillor J Allen and N Bailey, J Gillon, S Lamb, C Martin, J Robinson, Dr J Smith and M Whellans

2 Substitute Members

G O'Neill for M Whellans, S Pett for J Gillon, P Scott for C Martin and R Chillery for S Lamb.

3 Declarations of Interest

There were no declarations of interest.

4 Minutes

The minutes of the meeting held on 25 May 2018 were agreed as a correct record and signed by the Chairman.

5 Health and Social Care Plan

The Board received an update from the Chief Clinical Officer, Durham Dales Easington and Sedgefield Clinical Commissioning Group in relation to the Health and Social Care Plan. NHS England were working closely with NHS Improvement to take forward work on integrated care systems (ICS) which would replace Sustainability and Transformation Plans. The ICS will be responsible for the development of a strategic plan for the region. Integrated Care Partnerships will also exist in regions. It is proposed to have one lead for the area that covers the North East and north Cumbria and this post will be recruited to in due course. It is expected that national funding would be available for devolved areas. He went on to advise that Hambleton and Richmondshire would now become part of the Yorkshire integrated care system. Commissioning organisations are looking to

streamline to free up resources in the system, which would include Accountable Officer arrangements.

The Director of Integration, NHS County Durham and Durham County Council said that looking at the County Durham footprint there was an Integrated Care Board chaired by Dr Stewart Findlay and an Integrated Senior Leadership Team with a focus on Community Care which had an agreed governance structure and terms of reference. Sub-groups included the provider alliance and involved providers across the County Durham footprint. She also advised that adult social care would sit within the community care arrangements.

The Director of Public Health, Durham County Council advised that a Joint Commissioning meeting was held last week and one of the first actions was to look at all contracts. The refreshed JSNA would help to underpin health and social care integration and the assets we had in communities. She was pleased to announce that the Council had advertised for the role of Director of Integrated Community Services. The Chairman was supportive of this work moving forward.

Resolved:

That the update be noted.

6 Joint Health and Wellbeing Strategy End of Year Performance Report 2017/18

The Board considered a report of the Head of Strategy, Transformation and Partnerships, 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).

The Corporate Equality and Strategy Manager, Durham County Council gave a detailed presentation that highlighted the performance against the six objectives:-

- Escalation Area and Strategic Objectives
- Percentage of mothers smoking at the time of delivery – this was a challenging indicator that saw a decline in performance. Programmes were in place, for example an incentive scheme and results of this would be available shortly as an evaluation report, however there were many other initiatives being taken forward by the NHS and council to impact upon this indicator in order to improve outcomes for children..
- Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer – there had been a decline in performance with CCGs reporting poor weather as a contributory factor as patients were not being able to travel to hospital. Schemes and actions were in place with cancer navigator posts helping to support a cancer pathway.
- Fall and injuries in the over 60s – there was a decline in performance during 2014/15 and 2016/17 however with a new Falls Strategy in place recent data showed some improvement.

The Chief Executive of County Durham and Darlington NHS FT shared some positive news for cancer statistics, as up to the end of June 2018 the trust had seen some improvements with figures at 13.6%.

The Chief Clinical Officer, DDES CCG said that the 62 day target was a concern but that some of the difficulty arose as patients were themselves not aware of the targets that are in place in terms of attending appointments. He advised that there had been investment in DDES but that there was still work to do in deprived areas. He was hopeful that with the navigators in place this would make an impact on performance.

The Deputy Director of Public Health, DCC informed the Board that a full audit had been carried out across all foundation trusts in relation to smoking in pregnancy. A report on themes was being compiled to report back to the foundations trusts. Durham was seen as good practice and the calibre of the stop smoking service was making a difference.

The Director of Public Health, DCC said that there would be a focus not just on the smoker, but on partners of the smoker and family members. She outlined that smoking prevalence in County Durham is now at just under 15 per cent. An update on the work would be reported at the next board meeting.

Further to a question from the Chairman of Healthwatch about the statistics for the first appointment for cancer patients to the first consultant appointment, he was advised that this was usually a two week wait. The Chief Clinical Officer added that there was a focus on the early stages of the pathway and this would help with achieving the target. He also said that it was about empowering patients to know their own target to be seen.

Resolved:

- (i) That the performance highlights and areas for improvements identified throughout the report be noted.
- (ii) That the actions taking place to improve performance be noted, and any additional action planning required be agreed.
- (iii) That performance against the 2017/18 Quality Premium Indicators be noted.

7 Health and Wellbeing Board Annual Report 2017/18

The Board considered a report of the Strategic Manager Partnerships, Transformation and Partnerships, Durham County Council that presented the Health and Wellbeing Board Annual Report 2017/18 for agreement (for copy of report see file of Minutes).

The achievements of the board were highlighted, including the continuation of the Wellbeing for Life Service, SEND, Joint Commissioning Plan and signing up to the SEND promise, Healthy Weight Alliance, Dementia Friendly Communities and the Mental Health Strategy. The challenges were highlighted together with the priorities for the board moving forward.

The Chairman suggested that a press release around the achievements made be arranged.

Councillor Gunn also suggested that the report be circulated more widely to show what work was being carried out.

Resolved:

- (i) That the Health and Wellbeing Board Annual Report 2015/16 be agreed.
- (ii) That the timeline and next steps outlined in the report be noted.

8 Better Care Fund Q4 2017-18

The Board considered a report of the Strategic Programme Manager, Better Care Fund and Integration, Adult and Health Services, Durham County Council that provided an update on the Better Care Fund (BCF) Q4 2017/18 benchmarking and analysis of non-elective admissions data (for copy see file of Minutes).

The Strategic Programme Manager advised the target for non-elective admissions had been narrowly missed but was within a 2% tolerance level. With regards to delayed transfers of care performance had missed the target due to waiting for non-acute care. On a positive note Durham was in the top four across the country for delayed transfer of care performance.

Further to a question from Councillor Gunn about a breakdown for non-elective admissions for children, the Deputy Director of Public Health, Durham County Council said that the Healthy Child Steering Group were picking this up. They would look at the issues and pathways for children and report back to the Board.

Resolved:

- (i) That the contents of this report be noted.
- (ii) That to receive further updates in relation to BCF quarterly performance be agreed.

9 Prevention at Scale

The Board considered a report of the Corporate Director of Adults and Health Services, the Director of Public Health and the Head of Partnerships and Community Engagement, Durham County Council that informed of the prevention at scale work being carried out (for copy see file of Minutes).

The Director of Public Health gave a detailed presentation, together with Chris Affleck, the Project Worker of Investing in Children (IIC) team that highlighted the following:-

- County Durham Partnership Priority
- Targeted Proposal – Mental Health at Scale
- Suicide Prevention
- Suicide as a cross-cutting theme

- Area of Focus – reducing suicide with a focus on workforce, children and young people and men aged 45-49
- Progress since January
- Links to National and Regional Approach
- LGA Prevention at Scale Programme
- Behavioural Insights
- Design in the Public Sector
- Design Council
- What will success look like?

The Project Worker of Investing in Children highlighted the next steps of the programme that included a time to talk, time to walk day. A workforce in East Durham had recently undertaken this which takes the employees away from the office and benefited mental health as well as physical health. An event would be held at the Town Hall in Durham which would include representatives from the local authority, nurses, social housing, providers, young people, Harbour, NEAS and Education.

He went on to describe the work of 'Stamp it Out' that used art resources and helped young people develop a campaign with pledges being made about mental health challenges.

There were four key events taking place – Time to talk, time to walk, Mental Health Awareness, Suicide Awareness and World Mental Health day. The Project Worker said that this would be an opportunity for people to talk to colleagues about their own personal experiences.

The board were advised that an application for funding to the Time to Change funding hub had been declined from the Northern Hub network, and it was felt that IIC were ahead of other areas given the support received by Durham County Council. Experiences had been shared with other areas and Durham IIC had been invited along to other events as an organisation in relation to sharing best practice. There was also a digital offer available.

The Director of Public Health thanked the Project Worker for being such a strong advocate.

Councillor Gunn commented that as local members are often the people who deal with people who have issues and problems accessing the right help, that it would be helpful for them to have the information to be able to assist.

The Chairman said that people could live well with mental health issues and that they needed people to listen to them. She encouraged the board to keep pushing this agenda but recognised that it was a long process.

The Strategic Manager, DCC advised that the partnership event would be held on 10 October 2018 and the focus of the event would be on mental health.

The Director of Public Health asked the Board to continue to support the prevention at scale programme, that board members nominate appropriate workforce leads

from partner organisations and to play a role in the evaluation of Durham's approach and sustainability.

Resolved:-

That the report and presentation be noted.

10 Children and Young People's Strategy

The Board received a report of the Corporate Director, Children and Young People's Services, Durham County Council that presented the vision, aims and objectives of the proposed new Children and Young People's strategy (for copy see file of Minutes).

The Deputy Director of Public Health gave a detailed presentation highlighting the proposals for the new strategy including:-

- The Rationale
- Proposed Vision Statement
- Four key aims & how we would deliver –
 - Proposed aim 1 – all children and young people have a safe childhood
 - Proposed aim 2 – children and young people enjoy the best start in life, good health and emotional wellbeing
 - Proposed aim 3 – young people can access good quality education, training and local employment
 - Proposed aim 4 – achieve the best possible outcomes for children and young people with special educational needs and disabilities (0-25 years)

Further to questions from the Deputy Director of Public Health, the board agreed that this was the right time for a refreshed vision and they agreed to the draft aims and objectives.

The next steps included holding a Children and Families Partnership Development session, to consult on the vision, aims and objectives, the development of a draft document and to help inform the Joint Health and Wellbeing Strategy 2019/22.

Following a question from the Chairman of Healthwatch about the transition from children and young people to adult services, the Director of Operations, Tees, Esk and Wear Valley NHS FT explained that this was a priority for the trust and work was ongoing across the organisation to make improvements to the system, and acknowledged that this was challenging.

Councillor Gunn welcomed the strategy and recognised that some children and young people had very complex issues and many lived in poverty and deprived areas.

The Chief of Staff, Office of the Police Crime and Victims Commissioner, also welcomed the strategy and the involvement in the development of it. From the PCVC point of view it was important to tackle early intervention and identify those

people at risk. He felt that the criminal justice element was a gap in the strategy as well as domestic abuse and substance misuse. He added that for children in care it was important to tackle the underlying causes of any issues and to ensure that employment opportunities for school leavers and the availability of childcare was in the right place at the right time.

Resolved:

- (i) That the report and presentation be noted.
- (ii) To ensure alignment of the aims to the refreshed Joint Health and Wellbeing Strategy.

11 Falls Prevention Strategy

The Board received a report of the Interim Head of Commissioning, Durham County Council and Associate Director of Nursing, Patient Safety and Governance, County Durham and Darlington NHS Foundation Trust that informed of the Falls Prevention Strategy for 2018-21 and the associated work, actions and outcomes (for copy see file of Minutes).

The Interim Head of Commissioning advised that the Board has tasked the Joint Commissioning Group to do a deep dive into falls following a dip in performance. A joint Falls Strategy with CDDFT (covering inpatient and community) had been developed and partner agencies had agreed to adopt the aims and objectives to maintain a consistent message across County and to strive to achieve common goals. The aims of the strategy were outlined:-

- Ensure that the population understand what they can do to age well and reduce their risk of falls
- Prevent frailty, promote bone health and reduce falls and injuries
- Early intervention to restore independence
- Respond to the first fracture and prevent the second
- Improve patient outcomes and increase efficiency of care after hip fracture
- An aspiration to create a “fall free” County Durham & Darlington.

The Director of Integration commented that this was an excellent piece of work that was practicable and sensible in its approach, that also prevented the duplication of work. She added that the action plan development was a very important piece of follow up work that would address every part of the system. Teams around the Patient (TAPs) would have a key role to play.

It was noted that performance had improved in relation to falls, however hip fractures had seen an increase.

The Chief Clinical Officer, DDES asked if there were any particular problems as regional providers had different systems and was advised by the Interim Head of Commissioning that County Durham patients did flow into other foundation trusts and that there needs to be more working together.

The Associate Director of Nursing, Patient Safety and Governance confirmed that the strategy had already been discussed with the North East Regional Falls Group and they were very interested in what was being taken forward in Durham.

Resolved:-

- (i) That the contents of the report be noted and the work being undertaken across the county led by the Joint Commissioning Group be recognised.
- (ii) That the falls Task Group facilitate development, planning and implementation of the community element of the Joint Falls strategy action plan be noted.
- (iii) That the Joint Falls Strategy be adopted and updated on the action plan be received.

12 NHS 70th Birthday

The Board received an update from Chief Clinical Officer, Durham Dales, Easington and Sedgefield Clinical Commissioning Group about the opportunity to thank the NHS staff for their care and commitment over the last 70 years, including voluntary and community organisations. This would be an opportunity to look back at the achievements and the move from people being treated at home to people being more dependent on treatment in hospital. He went on to talk about the advances in treatment, for example some cancers are now treatable and curable. There had also been a commitment from government to increase the funding to the NHS and there had recently been one of the biggest NHS recruitment campaigns.

He would encourage people to support the NHS and to use services wisely, to give blood and sign up to research programmes where appropriate.

The Chief Executive of CDDFT commented that there were a tremendous amount of people employed by the NHS and this was an opportunity to celebrate through a number of different events that would continue throughout the year

The Chairman agreed that it was important to thank the NHS and to acknowledge the celebrations taking place. A press release would be provided from the Board in support of the NHS.