

HEALTH AND WELLBEING BOARD

Thursday, 17 March 2022

PRESENT – Councillor K Nicholson (Cabinet Member with Health and Housing Portfolio) (Chair), Councillor Harker, Councillor Mrs H Scott, Councillor Tostevin (Cabinet Member with Adults Portfolio), David Gallagher (Chief Officer) (NHS Tees Valley Clinical Commissioning Group), Jennifer Illingworth (Director of Operations, Durham and Darlington) (Tees, Esk and Wear Valley NHS Foundation Trust), Gillian Curry (Head of Communications & Charity) (County Durham and Darlington Foundation Trust), Nick Lindsay (Head Teacher Longfield Academy), Carole Todd (Darlington Post Sixteen Representative), Michelle Thompson (Chief Executive Officer) (Healthwatch Darlington) and Rachel Morris (Head of Department for Nursing and Midwifery, School of Health and Life Sciences) (Teesside University)

ALSO IN ATTENDANCE – Claire Stoker (Senior Health Protection Nurse, North East Health Protection Team) (UK Health Security Agency), Maxine Crutwell (Programme Manager) (Community Transformation Tees Valley), Abbie Kelly (Public Health Portfolio Lead), Ethna Parker (Operational Manager) (Living Well Darlington), McEwan and Hannah Miller (Democratic Officer)

APOLOGIES –Councillor Clarke (Children and Young People Portfolio) (Cabinet Member with Children and Young People Portfolio), James Stroyan (Group Director of People), Penny Spring (Director of Public Health), Mark Pickering (Chief Finance Officer) (NHS Darlington Clinical Commissioning Group), Sue Jacques (Chief Executive) (County Durham and Darlington Foundation Trust), Sam Hirst (Primary Schools Representative) and Dr Amanda Riley (Chief Executive Officer) (Primary Healthcare Darlington)

HWBB9 DECLARATIONS OF INTEREST.

Michelle Thompson, Healthwatch, declared an interest in Minutes HWBB15 and HWBB16 below, as a CCG Lay Member. There were no other declarations of interest reported at the meeting.

HWBB10 TO HEAR RELEVANT REPRESENTATION (FROM MEMBERS AND THE GENERAL PUBLIC) ON ITEMS ON THIS HEALTH AND WELL BEING BOARD AGENDA.

No representations were made by Members or members of the public in attendance at the meeting.

HWBB11 TO APPROVE THE MINUTES/NOTES OF THE MEETING OF THIS BOARD HELD ON :-

(1) 16 SEPTEMBER 2021

Submitted – The Minutes (previously circulated) of the meeting of this Health and Wellbeing Board held on 16 September 2021.

RESOLVED – That the minutes be approved as a correct record.

REASON – They represent an accurate record of the meeting.

(2) 16 DECEMBER 2021

Submitted – The Notes (previously circulated) of the meeting of this Health and Wellbeing Board held on 16 December 2021.

RESOLVED – That the notes be approved as a correct record.

REASON – They represent an accurate record of the meeting.

HWBB12 COMMUNITY TRANSFORMATION NHS ENGLAND: TEES VALLEY

The Programme Manager, Community Transformation Tees Valley gave a presentation (previously circulated) updating Members on the work being undertaken to review the mental health system as part of the Community Transformation NHS England: Tees Valley.

The presentation outlined the core aims of the community transformation, which was being driven by the NHS England long term plan, to improve access to integrated primary and community mental health care for those with severe mental health illness; to move to an integrated, holistic, person-centred care model; and to co-produce services and care pathways with service users, carers and local communities. Members noted that this was a 3 – 5 year programme.

Members were advised of the work being undertaken in the Tees Valley which included a consultation exercise by Healthwatch which engaged with 900 people across the Tees Valley; and reference was made to the work undertaken between April and September 2021 as part of the information and mapping phase 1.

Details were provided of the model, which had been developed with patients and carers; the community hub had been identified as a key element of the model; and community care navigators would provide support, ensuring continuity of care and reintegration.

Details were also provided of the work being undertaken in Darlington, including eight resilience projects, funded non recurrently, to support COVID recovery across Darlington; these projects involved increasing capacity in counselling for those who had experienced bereavement, social connections and artistic sessions for individuals with low mood or anxiety, befriending services, female and male allotment sessions and social prescribing; a further two full time mental health nurses had been appointed as part of the Additional Roles Reimbursement Scheme (ARRS), to support adults aged 18 and over; and details were provided of the next steps for Darlington.

Discussion ensued regarding long Covid and the services in place for service users.

RESOLVED – That the presentation be noted.

HWBB13 INTEGRATED CARE SYSTEMS

The Chief Officer, NHS Tees Valley Clinical Commissioning Group gave a PowerPoint

presentation updating Members on the work towards implementing an operating model for NHS North East and North Cumbria Integrated Care Board (ICB).

It was reported that the ICB was due to go live on 1 July 2022; Samantha Allen had been recruited as CEO designate and was now in post; and work was ongoing to review the meeting infrastructure, formal governance arrangements and further engagement with partners would be undertaken.

Reference was made to the guiding principles for ICS development which had been agreed by the Joint Management Executive Group (JMEG); that national guidance and the JMEG process had shaped how the ICB would work at a system and place level; and a detailed operating model would be finalised in the next few weeks, including placed based working arrangements.

Members were informed that the ICB would cover the North East and North Cumbria with four Integrated Care Partnerships (ICP), North Cumbria, North of Tyne and Gateshead, Durham, South Tyneside and Sunderland and Tees Valley; and details were provided of the ICB functions discharged at a system and place level, with particular reference made to commissioning arrangements.

Details were provided of the system flow chart and committees and workstreams of the ICB; reference was made to key questions to consider in respect of the operating model; and next steps would include engagement with stakeholders on the proposed operating model, testing the proposed model, reviewing the ICB committee roles and structures and concluding CCG staff mapping, giving consideration to how staff would be best deployed to support the final model.

Discussion ensued on commissioning arrangements; Member involvement in the ICB; and guidance for Health and Wellbeing Boards.

RESOLVED - That the thanks of the Board be conveyed to the Chief Officer, NHS Tees Valley Clinical Commissioning Group, for his informative presentation.

REASON – To convey the views of the Board.

HWBB14 WINTER PLANNING AND WINTER SUMMIT UPDATE

The Chief Officer, NHS Tees Valley Clinical Commissioning Group gave a PowerPoint presentation updating Members on winter planning.

It was reported that each ICP was required to make a Winter Planning submission to NHSE/I by 6 September 2021, requiring systems to provide assurance against key areas; reference was made to the range of additional national guidance over the 2021/22 winter period; and the NEY Winter Operating Model for 2021/22, released on 1 November, 2021 was outlined.

Details were provided of the development of an Extremis Plan in response to the rising system pressures; an Extremis Winter Summit event took place on 4 November with four working groups established to scope the four extremis themes; and details were provided of the additional schemes implemented in the Darlington locality from non-recurrent funding

sources, to support the system over the winter period.

The presentation outlined areas that worked well; challenges and risks included staffing issues across health and social care, the removal of non-recurrent funding, infection prevention control and further variants of waves of Covid; and learning for 2022/23 was outlined, with particular reference made to the development of a system dashboard and implementation of Urgent Community Response which would enable more of the population to receive healthcare in their own homes.

RESOLVED – That the thanks of the Board be conveyed to the Chief Officer, NHS Tees Valley Clinical Commissioning Group, for his informative presentation.

REASON – To convey the views of the Board.

HWBB15 PRIMARY CARE NETWORK LIVING WELL SERVICE

The Living Well Operations Manager gave a PowerPoint presentation updating Members on the Darlington Primary Care Network (PCN) Living Well Service.

The presentation provided details of the PCN which covered all 11 practices in Darlington and approximately 110,920 patients; worked closely with Primary Healthcare Darlington; and provided an opportunity to approach healthcare from a population level, working with partners to meet identified needs.

Reference was made to the health inequalities experienced by certain groups and the need for a system approach to target services to those with the poorest outcomes; that data from multiple sources and the use of PCN data dashboards, along with local knowledge, would be used to identify a focus for the work of the new service.

It was reported that the PCN had invested over £300K in service delivery and development; the delivery of the Living Well Service had been subcontracted to PHD; and over £1M of funding from the Additional Roles Reimbursement Scheme had funded a range of staff including health coaches, social prescribing link workers and trainee nursing associates. Other plans included a greater focus on data and evaluation, cross organisational working and community focus and investment.

Reference was made to the 10 public health priorities identified by the Tees Valley CCG; the suggested three areas of focus for Darlington was those not known to Primary Care, frequent fliers and older people/ loneliness; and progress to date included development of a PCN virtual link worker service, recruitment of 9 social prescribers, co-location of a social prescriber at Age UK and agreement for a range of social prescribing drop-in service and bookable sessions.

Particular reference was made to the importance of partnership working and the need to understand the impact and performance of the service to ensure the service would be sustainable in the long term.

RESOLVED – That the thanks of the Board be conveyed to the Living Well Operations

Manager, for her informative presentation.

REASON – To convey the views of the Board.

HWBB16 UK HEALTH SECURITY AGENCY UPDATE

The Senior Health Protection Nurse, UK Health Security Agency (UKHSA) gave a PowerPoint presentation, updating Members on the UKHSA, an executive agency sponsored by the Department for Health and Social Care.

It was reported that the UKHSA had been responsible for UK wide public health protection and infectious disease capability since April 2021, taking over from Public Health England; the UKHSA had been fully operational since 1 October 2021; and the responsibilities of the UKHSA were outlined. Members were informed that the function, purpose and capability of the Health Protection Teams (HPT) remained the same.

Details were provided of the work of the HPTs in the last year; it was noted that the HPT had and continued to work to support Care Homes and other settings with COVID outbreaks and that work in relation to other notifiable infections had reduced; and reference was made to the resurgence of infectious disease post COVID, in particular scarlet fever.

Reference was made to the post pandemic plans including a return to business as usual, ongoing training for the newly expended health protection team and horizon scanning for imported infectious diseases and a potential rise in infectious diseases such as MMR and Diphtheria due to poor vaccine uptake.

Discussion ensued regarding the monitoring of sexually transmitted infections; the impact of migration on the rates of infectious diseases and possibility of chemical warfare due to current events; and reporting of flu cases.

RESOLVED – That the thanks of the Board be conveyed to the Senior Health Protection Nurse, UK Health Security Agency (UKHSA), for her informative presentation.

REASON – To convey the views of the Board.

HWBB17 PHARMACEUTICAL NEEDS ASSESSMENT REVIEW

The Director of Public Health submitted a report (previously circulated) updating the Board of progress and plans for refreshing the statutory Darlington Pharmaceutical Needs Assessment (PNA), which must be produced by 30 September 2022.

The submitted report outlined the statutory duty of the Health and Wellbeing Board through the NHS Act 2006 and the Health and Social Care Act 2012 to produce a PNA every three years; that the requirement to produce a PNA in 2020 was delayed, due to the pandemic; and the PNA would expire this year and required reviewing, updating and publishing by 30th September 2022, including a statutory 60 day consultation period before final sign off.

It was reported that the PNA would map the health needs and services to ensure there were

no gaps, to assure the Council that the residents of Darlington had good access to pharmacy services; and that the main use of the PNA would be for NHS England to decide whether additional pharmacies were needed in Darlington. Members were advised of the current provision in Darlington.

It was reported that the review process had been commenced by the Director of Public Health in autumn 2021 and included the establishment of a Steering Group, led by Public Health, the development of a survey for Community Pharmacies and the development of a questionnaire for patients and the public; and reference was made to the timeline for production of the PNA (also previously circulated).

Discussion ensued regarding the use of online pharmacies.

RESOLVED – That the Health and Wellbeing Board :-

- (a) Supports the plan and proposed timelines for the statutory review of the PNA;
- (b) Reviews the draft of the PNA at the next Health and Wellbeing Board before it goes out to public consultation;
- (c) Receives the final document for sign off.

REASON – (a) The production and publication of the PNA is a statutory duty of the HWBB under The NHS Act 2006 and the Health and Social Care Act 2012.

(b) The PNA expires in 2022 and a new one requires sign off no later than 30th September 2022.