

## HEALTH AND WELL BEING BOARD

Thursday, 12 July 2018

**PRESENT** – Councillor A J Scott (in the Chair); Councillors C L B Hughes and S Richmond, Suzanne Joyner, Director of Children and Adults Services and Miriam Davidson, Director of Public Health, Darlington Borough Council; Posmyk Boleslaw, Lisa Tempest and Sue Greaves, NHS Darlington Clinical Commissioning Group; Marion Grieves, Dean of Health and Social Care, Teesside University; Gillian Curry, County Durham and Darlington NHS Foundation Trust; and Dr Chris Mathieson, Clinical Governor, Primary Healthcare Darlington.

**ALSO IN ATTENDANCE** – Hilary Hall, Project Management, Healthy New Towns; Graham Hall and Claire Compton, Project Co-ordinator, Routes to Work; and Simon Hart, Independent Chair, Darlington Children’s Safeguarding Board.

**APOLOGIES** – Councillors Dixon and Mrs H Scott and Paul Wildsmith, Managing Director, Darlington Borough Council; Dr Andrea Jones, Chief Clinical Officer, Ali Wilson, Chief Officer, Karen Hawkins, Director of Commissioning and Transformation, and Diane Murphy, Director of Nursing and Quality, NHS Darlington Clinical Commissioning Group; Sam Hirst, Primary School Representative; Ron Hogg, Police, Crime and Victims’ Commissioner, Durham Police Area; Sue Jacques, Chief Executive, County Durham and Darlington NHS Foundation Trust; Rita Lawson, Chairman, VCS Strategic Implementation Group; Colin Martin, Chief Executive, Tees, Esk and Wear Valley Mental Health Foundation Trust; Richard Chillery, Operations Direction of Children’s and Countywide Care Directorate, Harrogate and District NHS Foundation Trust; Jonathan Lumb, Darlington Secondary Schools Representative; Michelle Thompson, Chief Executive Officer, Healthwatch Darlington; and Carole Todd, Darlington Post Sixteen Representative.

### **HWBB1 DECLARATIONS OF INTEREST.**

There were no declarations of interest reported at the meeting.

### **HWBB2 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.

### **HWBB3 TO APPROVE THE MINUTES OF THE MEETING OF THIS BOARD HELD ON 10 MAY 2018.**

Submitted – The Minutes (previously circulated) of the meeting of this Health and Well Being Board held on 10 May 2018.

**RESOLVED** – That the Minutes be approved as a correct record.

**REASON** – They represent an accurate record of the meeting.

**HWBB4 HEALTHY NEW TOWNS - PRESENTATION BY HILARY HALL, PROJECT MANAGER, HEALTHY NEW TOWNS.**

The Project Manager, Healthy New Towns, gave a presentation to update the Board on the Healthy New Towns project, including the progress made in respect of the three main workstreams of the project which included regeneration and housing (including the built environment and community activation), new models of care and digital as an enabler.

It was reported that the aim of the regeneration and housing workstream was to provide good quality home design, including the meeting of Lifetime Homes Standards; the built environment and public realm as public health enabler; and community engagement, empowerment and activation. Particular reference was made to the influences and design principles of the Local Plan which included well planned, high quality, sustainable places; an attractive place to live, work, visit and invest in; economic growth; and greater certainty around infrastructure. References were also made to the Local Plan Context; Eastern Growth Zone; delivery of the Red Hall Masterplan; Community Initiatives; and the aims for Red Hall and other challenged communities.

An update was given on the outputs to date from Phase One of the New Models of Care workstream, namely the development of GP Practices working in hubs and the sharing of 'back office' functions. Reference was made to the work included in Phases Two to Four, which were not mutually exclusive and may run in parallel.

The final workstream, digital as an enabler, would harness the advantages of digital information exchange to manage ever growing demand; release efficiencies; and empower and educate patients and residents. An update was given on the work that had been implemented to date.

Particular references were made to the legacy of the project; the project structure; and involvement in Phase Three of the New Models of Care workstream.

**RESOLVED** – That the thanks of the Board be conveyed to the Project Manager of Healthy New Towns, for her informative presentation.

**REASONS** – To convey the views of the Board.

**HWBB5 ROUTES TO WORK - PRESENTATION BY GRAHAM HALL, OPERATIONS MANAGER, DARLINGTON BOROUGH COUNCIL.**

The Head of Community Safety, Darlington Borough Council, gave a presentation to the Board on 'Routes to Work', which was a three year pilot scheme aimed at supporting the 'hardest to help' to move back into, or towards work, by providing joined up services, centred around the individual.

Particular references were made to the funding of the scheme; the eligibility criteria; the key elements of the pilot; targets; the 'customer journey'; the potential clients; the Darlington Local Delivery Plan, including Governance arrangements; the

Communications Plan; and the evaluation of the pilot.

Discussion ensued on the publicity of the pilot; the implications on people, particularly young people, of being given the wrong job; and the engagement with the clients.

**RESOLVED** – That the thanks of the Board be conveyed to the Head of Community Safety, Darlington Borough Council, for his informative presentation.

**REASONS** – To convey the views of the Board.

**HWBB6 INTEGRATED CARE SYSTEMS - UPDATE BY THE CHIEF CLINICAL OFFICER, NHS DARLINGTON CLINICAL COMMISSIONING GROUP.**

The Chair, NHS Darlington Clinical Commissioning Group, gave an update to the Board on the implementation of the Integrated Care Systems.

It was reported that communications had been produced which included a narrative pack, which would be shared with Local Authorities, and an animation which would be put on social media; the focus locally was on the integration of the six Clinical Commissioning Groups (CCG's), seven Local Authorities and Health Trusts; stated that there was now collaboration between five of the CCG's and those agencies; that workshops for the CCG's had been arranged to encourage and promote joint working; and highlighted the importance of having a locality focus.

A member of the public in attendance at the meeting asked a number of questions in respect of the Integrated Care System in respect of decision making, funding, what had been spent to date and whether the public would be informed of the costs. The Chair, NHS Darlington Clinical Commissioning Group, responded thereon.

**RESOLVED** – That the thanks of the Board be conveyed to the Chair, NHS Darlington Clinical Commissioning Group, for his informative presentation.

**REASONS** – To convey the views of the Board.

**HWBB7 HEALTH AND WELL BEING PRIORITIES 2018/19 - REPORT OF THE DIRECTOR OF PUBLIC HEALTH, DARLINGTON BOROUGH COUNCIL**

The Director of Public Health, Darlington Borough Council, submitted a report (previously circulated) on the Health and Well Being Priorities for 2018/19.

The submitted report stated that in 2014 the Council had agreed that 'One Darlington Perfectly Placed', the Sustainable Community Strategy, would constitute the Health and Well Being Strategy for Darlington, with a suite of plans delivering the strategic objectives; the Health and Well Being Plan was once of those plans and it had been endorsed by the Board in October 2018; outlined the key priorities for 2018/19; and the actions for the NHS Clinical Commissioning Group and Darlington Borough Council to deliver those priorities.

**RESOLVED** - That the submitted report and priorities for 2018/19, as detailed in the submitted report, be noted.

**REASONS** – (a) In April 2017 The Health and Wellbeing Board agreed the Health and Wellbeing Plan 2017/2022 would take a “Life Course” approach. The Board’s role as Children Trust Board means the plan covers the 0-19 years age group, as well as adults and older people.

(b) Priorities for action set out in the plan are derived from the Joint Strategic Needs Assessment and a Development Session held with Health and Wellbeing Board in April 2017. A verbal update on the plan’s development was given in June and the Board had the opportunity to review the draft in September 2017.

(c) The Plan has a five year initial life, with annual Health and Wellbeing Delivery Plans which will inform the Health and Wellbeing Board agendas.

(d) Delivery of the Plan’s objectives requires each partner to align their strategies and plans, to ensure focus and avoid either duplication of activity against the same objectives or activity which does not contribute to the delivery of the Health and Wellbeing Plan objectives.

**HWBB8 TACKLING DOMESTIC ABUSE AND SEXUAL VIOLENCE IN DARLINGTON - 'A BIG CONVERSATION' - REPORT OF THE DIRECTOR OF PUBLIC HEALTH, DARLINGTON BOROUGH COUNCIL.**

The Director of Public Health, Darlington Borough Council, submitted a report (previously circulated) providing feedback from the ‘Big Conversation’ and shared planning session held on Wednesday 6 June 2018 on Tackling Domestic Abuse and Sexual Violence in Darlington.

The submitted report stated the planning session had been held in recognition that domestic abuse and sexual violence were areas of common concern to Darlington Borough Council and its partners; the session provided the opportunity for those organisations in attendance to describe current services and programmes that were in place and to share information and intelligence; and that the event was well attended by people from different sectors and organisations.

Particular reference was made to the vision for the Darlington Domestic Violence Abuse and Sexual Violence Action Plan which was for all the agencies to work together to reduce the prevalence of domestic abuse and sexual violence, to provide a co-ordinated community response which included preventative, support and protection services and dealt with perpetrators. It was reported that the plan, would be structured around four key objectives; the contributions from the event would be collated into that plan; and that the Community Safety Partnership would review the work in progress and share the plan with other key partnership boards

**RESOLVED** - That the update on local work to further develop a Domestic Abuse and Sexual Violence plan, as detailed in the submitted report, be noted.

**REASON** - Domestic abuse and sexual violence is a significant challenge in its scale, severity and impact across individuals, families, communities and organisations.

**HWBB9 HEALTHWATCH DARLINGTON - REPORT OF THE CHIEF EXECUTIVE OFFICER, HEALTHWATCH DARLINGTON.**

The Chief Executive Officer, Healthwatch Darlington, submitted a report (previously circulated) updating the Board on its key statutory priorities and projects from April 2018 to June 2018.

The submitted report outlined the role of Healthwatch Darlington as a strong independent community champion which gave local people a voice that improved and enhanced health and social care provision on behalf of the people of Darlington and the statutory activities and projects it was involved with. Particular reference was made to the fifth Healthwatch Darlington Annual Report that had been published (also previously circulated).

**RESOLVED** – That the report and the progress made to date for Healthwatch Darlington, as detailed in the submitted report, be noted.

**REASON** – To enable the Board to consider the work of Healthwatch Darlington.

#### **HWBB10 MENTAL HEALTH AND WORKPLACE.**

Submitted – A presentation on Mental Health and the Workplace, which made comparisons between Darlington, the North East and England as a whole in respect of employment, economic activity and unemployment and employment trends.

The presentation stated that working was good for health and well-being and physical and mental health was generally improved through work; being out of work had a negative impact on health and well-being; and that the gap between the employment rate for people supported by secondary mental health services and the overall employment rate was a good reflection on how well the local mental health system was enabling people with mental health conditions to achieve their employment potential.

It was reported that mental health was one of the biggest issues in the workplace today accounting for over 70 million working days lost each year and that employers could safeguard staff well-being by addressing problems before they became severe and supporting staff when issues emerged.

**RESOLVED** – That the presentation be noted.

**REASON** – To enable the Board to consider the work Mental Health and the Workplace.

#### **HWBB11 DARLINGTON SUICIDE PREVENTION PLAN - REPORT OF THE DIRECTOR PUBLIC HEALTH, DARLINGTON BOROUGH COUNCIL.**

The Director of Public Health, Darlington Borough Council, submitted a report (previously circulated) providing the Board with information on the refreshed Darlington Suicide Prevention Plan 2017/22 (also previously circulated), including the plan's implementation and governance arrangements, and providing an update on the NHS England Suicide Prevention Transformation fund allocation as part of the Mental Health Taskforce.

The submitted report stated that the Darlington Suicide Prevention Group, which was a multi-agency group, was established in 2017; the group had developed the Darlington Suicide Prevention Plan that aimed at facilitating a reduction in the suicide rate and provide better support to those bereaved or affected by suicide; the plan included a five year action plan; that the action plan was structured around six national key areas; and that there had been 36 suicides in Darlington between 2014 and 2016 which was a reduction of three on the previous three years.

**RESOLVED –** (a) That the report and the Darlington Suicide Prevention Plan 2017/22, as appended to the submitted report, be noted.

(b) The Darlington Suicide Prevention Plan 2017/22, as appended to the submitted report, be supported.

**REASON -** The Suicide Prevention Plan works towards the Health and Well Being Board's ambition for Living Well: Working with communities to live longer and healthier lives.