

HEALTH AND WELL BEING BOARD

13 September 2018

PRESENT – Councillor A J Scott (in the Chair); Councillors Harker, C L B Hughes S Richmond and Mrs Scott and Miriam Davidson, Director of Public Health, Darlington Borough Council; Dr Andrea Jones, Chief Clinical Officer, Karen Hawkins, Director of Commissioning and Transformation and Paula Swindale, Head of Commissioning, NHS Darlington Clinical Commissioning Group; Richard Chillery, Operational Director of Children’s and Countywide Care Directorate, Harrogate and District NHS Foundation Trust; Jill Foggin, County Durham and Darlington NHS Foundation Trust; Sam Hirst, Darlington Primary School Representative; Dr Chris Mathieson, Clinical Governor, Primary Healthcare Darlington; Charles Oakley, Office of the Police, Crime and Victims’ Commissioner, Durham Police Area; Michelle Thompson, Chief Executive Officer, Healthwatch Darlington; and Carole Todd, Darlington Post Sixteen Representative. (16)

ALSO IN ATTENDANCE – Dr Deborah Wilson, Ken Ross, Public Health Principal and Rob Dent and Sandra Feldon, Families Information Officers, Darlington Borough Council. (4)

APOLOGIES – Paul Wildsmith, Managing Director and Suzanne Joyner, Director of Children and Adults Services, Darlington Borough Council; Posmyk Boleslaw, Chair, Ali Wilson, Chief Officer and Diane Murphy, Director of Nursing and Quality, NHS Darlington Clinical Commissioning Group; Marion Grieves, Dean of Health and Social Care, Teesside University; 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; Jonathan Lumb, Darlington Secondary Schools Representative; Colin Martin, Chief Executive, Tees, Esk and Wear Valley Mental Health Foundation Trust; Alison Slater, Director of Nursing, NHS England, Area Team. (12)

HWBB67. DECLARATIONS OF INTEREST – There were no declarations of interest reported at the meeting.

HWBB68. REPRESENTATIONS – No representations were made by Members or members of the public in attendance at the meeting.

HWBB69. MINUTES – Submitted – The Minutes (previously circulated) of the meeting of this Health and Well Being Board held on 12 July 2018.

The Director of Public Health reported at the meeting that a number of comments had been received on the Minutes from the meeting of the Board held on 12 July 2018, from the Independent Chair of the Darlington Children’s Safeguarding Board, and that although the Minutes did not need to be amended, his comments were to give assurance and clarification to the Board, from a Safeguarding perspective.

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

REASON – They represent an accurate record of the meeting.

HWBB70. LIVING WELL DIRECTORY - The Families Information Officers, Darlington Borough Council, gave a demonstration to the Board on the Living Well Directory. The Directory was divided into four main areas, namely SEND Local Offer; Community and Leisure Activities; Support to Children; and Support to Adults. It was reported at the meeting that feedback on those categories was being sought and contact information was contained within the website to submit any comments. Business Cards for the Directory were circulated at the meeting.

Discussion ensued on the challenges of keeping the directory up to date; the information available through the directory; access to the directory; its marketing; and the assessment and evaluation of the directory.

RESOLVED – That the thanks of the Board be conveyed to the Families Information Officers, Darlington Borough Council, for their informative demonstration.

REASONS – To convey the views of the Board.

HWBB71. HEALTH PROTECTION ANNUAL REPORT – The Director of Children and Adults Services submitted a report (previously circulated) requesting that consideration be given to the eighth Annual Health Protection Report (also previously circulated) published by the North East Health Protection Team (HPT), Public Health England, entitled 'Protecting the population of the North East from communicable disease and other hazards' 2017/18.

The submitted report stated that the Annual Report summarised the various health protection functions of Public Health England (PHE); successful health protection required strong working relationships both at the North East and local level; and that there were four elements to the work of PHE in protecting the health of the population namely prevention, surveillance, control and communication.

Dr. Wilson, in presenting the Annual Report and work of the North East HPT, stated that Health Protection was the business of everyone; information was gathered from various sources; outlined a number of key activities for everyone; and outlined the highlights from 2017/18 under the four elements of work of PHE. Particular reference was also made to the impact that national and international incidents could have on the work of HPT's.

Discussion ensued on the winter flu vaccine and its effectiveness.

RESOLVED – (a) That the contents of the North East Health Protection Team (HPT), Public Health England annual report, entitled 'Protecting the population of the North East from communicable disease and other hazards', as appended to the submitted report, be noted.

(b) That the health protection risks that affect some individuals and communities disproportionately resulting in poorer health, be recognised.

REASONS – (a) To inform the Board on the work of HPT, Public Health England to deliver safe and effective health protection services.

(b) The report provides evidence to the Director of Public Health in support of their assurance role.

HWBB72. BETTER CARE FUND 2017/19 – The Director of Children and Adults Services submitted a report (previously circulated) updating the Board on delivery of the 2017/19 Better Care Fund (BCF) submission and associated plans; providing the Board with a year end position on the Fund at the end of 2017/1; an overview of the changes to the expenditure plan for 2018/19; and providing information to the Board on the updated guidance received in July 2018, in respect of the second year of the plan.

The submitted report outlined the current position and work undertaken to date on the seven broad workstreams, established to support the delivery of the BCF priorities; outlined the areas where the additional iBCF grant funding was being used; and provided a summary of the 2017/18 (year end) national monitoring report, including updates on the four BCF metrics and implementation on the High Impact Change Model. The monitoring report required confirmation that Darlington had complied with the national conditions attached to BCF. It was reported at that meeting that one metric had not been met, namely transfer of care, which was mainly due to out of Borough placements.

Particular reference was made to the work of the BCF Darlington Delivery Group which monitored local delivery of the BCF and had reviewed a number of schemes, resulting in specification changes, contract changes and scheme cessation, all of which were reflected in the updated expenditure plan for 2018/19 (also previously circulated).

It was reported that Operational Guidance had been published in July 2018, which gave the opportunity to amend or update targets for the four metrics and reflect any changes to the expenditure plan arising from the scheme reviews and contract changes; stated there were no plans to make any changes to the non-elective admissions target; residential admissions and ASCOF2B targets were part of the Council's policy framework and would be changed in line with the refreshed performance framework; Delayed Transfer of Care targets were being refreshed nationally; and that the no revisions to the BCF plans were required other than in relation to metric for Delayed Transfers of Care (DTC), but that plans could be amended to modify or decommission schemes or increase investment. Although a number of schemes had been received in Darlington there was no impact on the BCF financial envelope as a whole, and as such, there was no requirement to submit a refreshed expenditure plan, but one had been prepared for local monitoring.

Discussion ensued on the signposting of services and the assistance that was available through Healthwatch; supporting carers and young carers and the monitoring and evaluation of the success of that support; the Community Contract; and delayed transfers.

RESOLVED – (a) That the progress to date on delivering 2017/19 Better Care Fund objectives, as detailed in the submitted report, be noted.

(b) That the delivery of the Better Care Fund within the financial envelope in 2017/18 and the plans to continue delivery with minimal alteration in 2018/19, as detailed in the submitted report, be noted.

(c) That the position in respect of the national metrics and the actions taken, as detailed in the submitted report, be noted.

REASONS – (a) The two-year plan remains in place with delivery progressing well; new guidance issued in June has not required any amendment or addition. Scheme reviews during the year have led to small changes in the expenditure plan for 2018/19 but not at a material level.

(b) There is an expectation that a further plan will be required for 2019/20 but no guidance has yet been received.

(c) This report summarises the current position.

HWBB73. INTEGRATED CARE SYSTEMS – Submitted – The narrative and communications pack for the NHS Organisations in North Cumbria and the North East, on integrating and optimising healthcare services to meet local need and maximise stability.

The Chief Clinical Officer, NHS Darlington Clinical Commissioning Group stated that the Communications Pack was the first one for the North East; there was a commitment to provide regular updates; and that next pack would focus on the work and progress of the workstreams.

An update was given to the Board on the implementation of the Integrated Care Systems (ICS) and in providing the update it was reported that the Clinical Commissioning Groups (CCG's) were confident that they were moving in the right direction in relation to coming together; a development support package would be provided; the key themes emerging from the diagnostic that had been undertaken included clinical need, engagement, primary care and communication; the Board would be kept up to date with progress; and that Alan Foster would be the regional lead. The aim was to have one accountable officer across the ICS footprint; eradicate duplication as far as possible; and that key organisations would work better together.

Discussion ensued on the challenging financial position of some of the CCG's included in the North Cumbria and North East ICS footprint; need for local focus; consultation with the public; and the importance of informing the various organisations of key messages at the same time to ensure consistency of approach.

RESOLVED – (a) That the thanks of the Board be conveyed to the Chief Clinical Officer, NHS Darlington Clinical Commissioning Group, for her informative presentation.

(b) That the thanks of the Board be conveyed to Ali Wilson, Chief Officer, NHS Darlington Clinical Commissioning Group for her work with the Board.

REASONS – To convey the views of the Board.

HWBB74. DELIVERING THE AGEING WELL PRIORITIES - (1) Health and Well Being Plan Delivery – The Director of Children and Adults Services submitted a report (previously circulated) updating the Board on the delivery of the 'Ageing Well' area of the Health and Well Being Plan.

The submitted report outlined the principles that the Health and Well Being Plan followed; its delivery and monitoring; stated that there were four outcomes specified for work under the 'ageing well' part of the plan namely, reducing social isolation, delaying the onset of support needs, supporting independence and ensuring intermediate and transitional care outside of hospital were effective; and that the key priority area for action in 2018/19 was Intermediate and Transitional Care.

RESOLVED – That the progress to date on delivering outcomes in the 'Ageing Well' part of the plan, be noted.

REASONS – (a) In April 2017 the Health and Wellbeing Board agreed the Health and Wellbeing Plan 2017/22 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.

(c) The Plan has a five year initial life, with priorities identified for each year 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.

(2) Darlington Health and Well Being Plan 2017/22 – Ageing Well: Improving Outcomes for Older People – Clinical Commissioning Group and Local Authority Key Priorities for 2018/19 - The Director of Commissioning and Transformation and the Head of Commissioning, NHS Darlington Clinical Commissioning Group, gave a presentation to the Board on the Joint Actions being undertaken in respect of the ‘Ageing Well’ priority and improving outcomes for older people, namely reducing social isolation; delaying the onset of support needs; supporting independence; and ensuring intermediate and transitional care outside of hospital was effective.

It was reported that an Integration Board was in place in Darlington; it was important to recognise and involve partners to ensure a systems approach; a group would be set up, including Healthwatch, to map services; and stated that there was a lot of working on-going in partner organisations, some of which was joint working and some work was being done in isolation, in respect of the priority.

Discussion ensued on consultation and engagement with the public and the involvement of the Council’s Scrutiny Committee.

RESOLVED - That the thanks of the Board be conveyed to Director of Commissioning and Transformation and the Head of Commissioning, NHS Darlington Clinical Commissioning Group, for their informative presentation.

REASON – To convey the views of the Board.

HWBB75. HEALTHWATCH DARLINGTON – The Chief Executive Officer, Healthwatch Darlington, submitted a report (previously circulated) updating the Board on its key statutory priorities and projects from July to August 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.

RESOLVED - That the report be noted.

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

HWBB76. DARLINGTON CANCER PROFILE – The Director of Children and Adults Services submitted a report (previously circulated) providing the Board with a high level overview of cancer need and outcomes for Darlington with reference to the Cancer Profile for Darlington (also previously circulated).

The submitted report stated that cancer had been identified as the second greatest contributor to premature mortality in Darlington; a two year review of cancer services had been launched in 2016, in order to identify opportunities for improvement in patient care and outcomes and to inform commissioning intentions; and as part of the review a cancer profile for Darlington had been produced.

Particular reference was made to the findings from the review which included the fact that there was a strong correlation between prevalence of cancer and deprivation; although screening rates remained good there are signs of a long term reduction in the uptake of cancer screening programmes; overall cancer mortality in Darlington was worse than England and rising; and that there was a worrying proportion of people being diagnosed through emergency department, with poorer experiences and outcomes.

The Director of Commissioning and Transformation, NHS Darlington Clinical Commissioning Group stated that data was 'old data' and that performance was now above target; outlined the current position with the regard to the post diagnostic support available; and the work that been undertaken to reduce waiting times.

RESOLVED – (a) That the impact of Cancer on Darlington and the inequalities in the distribution of cancers and outcomes, as detailed in the submitted report, be noted.

(b) That the improvement work underway, including work to improve access to screening and early diagnosis and treatment, as detailed in the submitted report, be noted.

REASONS – (a) Cancer is a significant contributor to premature mortality in Darlington.

(b) There are significant inequalities in incidence, prevalence and outcomes for cancer in Darlington.

(c) Improvements in cancer performance will improve outcomes and contribute to reducing premature mortality for Darlington residents.