

HEALTH AND WELLBEING BOARD

Thursday, 20 June 2024

PRESENT – Councillor Roche (Cabinet Member with Health and Housing Portfolio) (Chair), Councillor Harker (Leader of the Council) (Leader of the Council), Councillor Holroyd, Councillor Tostevin, Jackie Andrews (Medical Director) (Harrogate and District NHS Foundation Trust), Dean Lythgoe (Principal, St Aidan's Academy) (Secondary School Representative), Andrea Petty (Chief of Staff) (Durham Police and Crime Commissioner's Office) and Councillor Mrs Scott, Katie McLeod (Dep Director of Delivery, ICP), Lorraine Hughes (Director of Public Health)

APOLOGIES – Martin Short (Director of Place - North East and North Cumbria Integrated Care Board) (North East and North Cumbria Integrated Care Board)

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 14 MARCH 2024

Submitted – The Minutes (previously circulated) of the meeting of this Health and Well Being Board held on 14 March 2024.

A Board member asked that it be noted that the fluoridation consultation was highlighted in the meeting.

Resolved – That the minutes of the meeting held on 14 March 2024 be approved with the above noted.

HWBB4 DARLINGTON'S COMMITMENT TO CARERS 2023-2028 - UPDATE REPORT

The Commissioning Officer - Commissioning, Performance and Transformation provided Board members with a presentation to provide an update regarding progress in implementing Darlington's Commitment to Carers 2023-28.

Darlington's "Commitment to Carers" was launched on 17th April 2024 at a well-attended launch event, during which attendees were asked to identify actions they would take as their own Commitment to Carers, including participation in the planned social media campaign with progress already made in implementing some actions that were identified.

Board members were provided with information on the methods of targeting carers and the support that carers would require and that officers are working closely with "Darlington Carers' Support".

It was highlighted that there is an aim to reach more carers in underrepresented groups alongside a social media campaign highlighting critical points and encouraging interactions from carers; with stories of various carers being provided and how social media is assisting their cared-for individuals and how it is assisting carers in making contact with other carers for support and advice where required. With further goals of the social media campaign being to involve organizations and “myth-bust” where possible alongside targeted monthly campaigns and regular updates with members being shown examples of upcoming campaigns.

Board members were also provided with a further presentation regarding “Young Carers Darlington” and the service offer provided including needs assessments, family work, 1-1 targeted support, group work and forums, supporting the transition of young adult carers, supporting schools and colleges to implement the young carers charter and utilise external funding opportunities to enhance the service. Current progress towards goals was presented with a focus on strengthening links between teams and services.

Discussions were held with the point being made that many carers don’t necessarily identify as carers and social media is a useful tool in assisting with this. Board members also expressed their appreciation for young carers being recognized and agreed to circulate information and posts where possible. A Board member also suggested re-posting social media posts periodically to help engagement.

It was also highlighted that online surveys may be useful to gather information from young carers who do not have chance to become “ambassadors” to have their opinions heard.

Questions were asked including why information is shared with social services with clarification that this is to help define the understanding of what a “young carer” is and that any information sharing is by consent. Members asked if information is available in languages other than English and it was confirmed that it is.

It was asked as to whether identifying individuals via benefits is a reliable system and officers confirmed that the algorithm that is in place is proven to be robust in this regard.

Board members asked further questions including if there is a Carers’ Discount Card in place with officers confirming this is in existence and that further online updates regarding this would be useful.

It was asked if material differences are being experienced by young carers with the response that this is the case and that analytics are employed to provide the most tailored messaging possible towards this end. It was then queried what the timescale is in seeing the impact of this once analytics are employed with officers confirming that smooth mobilization has been a core goal however the new plan is still in its first quarter and may need more time to form a fully representative picture with the overriding goal still being to impact carers in meaningful and tangible ways.

RESOLVED – That Board members note the update provided and continue to act as champions for carers in Darlington.

REASON – Board members consider the work being undertaken to be worthwhile and well-orchestrated.

HWBB5 COMMERCIAL DETERMINANTS OF HEALTH

The Director of Public Health presented the position statement on Commercial Determinants of Health which has been produced by the Association of Directors of Public Health North East.

Board members were informed that Commercial Determinants of Health is a collective term used to describe the activities of private sector industries that impact us both positively and negatively by shaping the environments in which we're born, grow, live and work. They include political, scientific, and marketing practices which mainly cause health harm by maximising the use of potentially harmful products, either directly or by enabling corporations to block, delay, or weaken policy and deter litigation.

Information highlighted included that unhealthy commodity industries (UCIs) are for-profit and commercial enterprises/businesses delivering commercial products that lead to significant associated negative health consequences. Key examples include the tobacco, alcohol, gambling and ultra-processed food industries. The products of these industries are linked to many chronic, non-contagious diseases (non-communicable diseases), as well as other health and social issues.

Common industry tactics used include lobbying and political party donations; manufacturing doubt and shifting blame; aggressive marketing and advertising; and self-regulation and corporate social responsibility.

Industry-sponsored education and awareness raising in schools is also a common occurrence but has been shown to be biased towards industry interests (for example, promoting moderate alcohol consumption, misinformation about risks and use of ambiguous terms such as 'responsible drinking').

Central to the approach is the narrative of the personal responsibility of the individual, without acknowledgement of the influence the UCIs have in shaping our environments and ultimately influencing choices.

The harms driven by the Commercial Determinants of Health occur at an individual and population level and include health, financial and relationship harms alongside significant monetary costs to society.

The following principles (ways of working) were suggested:

- (a) UCIs should not influence health policy, health services or education/awareness-raising initiatives, particularly those aimed at young people.
- (b) Children and young people are a priority group to protect from the tactics of UCIs, particularly those living in our most deprived communities.
- (c) UCI marketing drives harmful consumption and health inequalities and needs to be tackled.
- (d) Reframing the narrative from personal responsibility to the actions of industries and their harmful products is a legitimate intervention.

A Board member expressed their concern that the report is politically motivated and presents a one-sided view with a further member expressing that they do not like the wording of the document.

Discussions held included that in the case of takeaway establishments, it is difficult to refuse

a license to these premises with a further point raised that food delivery is available town-wide and not just in areas with the greatest statistic risk or with the lowest life-expectancy.

The question was raised as to what the motivation for the report is with the response that it is a newly emerging area of work but one with a track record in the past (i.e. tobacco control) in which the results are tracked across decades rather than solely on immediate impacts. Officers added that gambling and smoking have a greatest impact on the most deprived areas where life expectancy is far lower than more affluent areas due to lung / liver illness and that many areas with health detriments are those that have the most takeaways and off-licenses for example.

Awareness that some industries cause harm to people's health and reducing the impact of this is the key however officers acknowledged that companies do not wish to damage their bottom line.

It was explained to members that at this stage, an agreement on the principals of the report is sought and that further updates would be provided to future meetings.

A "show of hands" was taken with the Chair noting that the results showed that the report met majority, but not unanimous support from the members present.

RESOLVED – That Health and Wellbeing Board Members note the content of the report and position statement on Commercial Determinants of Health and that the Board receive future updates on the regional commercial determinants of health work programme, as it progresses.

REASON – To enable further work to be undertaken considering the responses and questions raised in this meeting.

HWBB6 HEALTH AND WELLBEING STRATEGY UPDATE

A verbal update was provided on the Health and Wellbeing Strategy with the Director of Public Health providing Board Members with information on recent workshops that were held in order to establish areas of work with gratitude expressed to those board members who attended and led workshop groups.

Points of note included the recognition of the importance of ageing well with a great deal of focus on the wider determinants and the key differences on life expectancy. Board Members also highlight the importance of engagement and setting immediate priorities.

A board member reported that the workshops were well attended with a cross-section of agencies being represented enabling a solid mandate. Conversations regarding process and way to enable young people to help drive targets were discussed with the belief that short-term achievable goals alongside the overarching vision would be extremely useful to build focus and momentum.

It was requested full results be fed back to board members on the usefulness of the exercise, this was agreed. With a further query as to whether those who could not attend the workshops would still be able to send ideas across, it was confirmed that this is still acceptable.

RESOLVED – That board members note the update provided.

REASON – To keep board members informed of the steps taken and the involvement of Board Members

HWBB7 SUPPLEMENTARY ITEMS

A discussion was raised regarding water fluoridation in Darlington and Teesside, including that the deadline for public consultation on this had been extended. The Board was reminded that the Director of Public Health had circulated a draft Health and Wellbeing Board response to this consultation.

The Chair reiterated that it is not the decision of local councils but the Secretary of State.

A Board member stated that they would not sign up to the draft consultation response and that residents of Darlington are opposed to fluoridation with other members responding that there is no evidence that this is the case. The Director of Public Health provided statistics from a survey that in the North East, 60% of those asked were in favour with 16% not being in favour.

A Board member expressed that any response from the Health and Wellbeing Board should be based on the majority view and that members of the Board did not have to sign up to the Board response, if they did not wish to.

The Chair asked that Board members, that haven't done so already, respond to the Director of Public Health regarding the draft Health and Wellbeing Board consultation response.