

HEALTH AND WELL BEING BOARD

10 May 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; Dr Andrea Jones, Chief Clinical Officer and Karen Hawkins, Director of Commissioning and Transformation, NHS Darlington Clinical Commissioning Group; 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. (11)

ALSO IN ATTENDANCE – Ken Ross, Public Health Principal and Yvonne Coates, Head of Family Support, Darlington Borough Council and Simon Hart, Independent Chair, Darlington Children’s Safeguarding Board. (3)

APOLOGIES – Councillors Dixon and Mrs H Scott and Ada Burns, Chief Executive, Darlington Borough Council; Dr Alison McNaughton-Jones, Chair, Ali Wilson, Chief Officer and Diane Murphy, Director of Nursing and Quality, NHS Darlington Clinical Commissioning Group; Zoe Beach, Primary School Representative; 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; Colin Martin, Chief Executive, Tees, Esk and Wear Valley Mental Health Foundation Trust; Dr Chris Mathieson, Clinical Governor, Primary Healthcare Darlington. (13)

HWBB46. DECLARATIONS OF INTEREST – There were no declarations of interest reported at the meeting.

HWBB47. REPRESENTATIONS – No representations were made by Members or members of the public in attendance at the meeting.

HWBB48. MINUTES – Submitted – The Minutes (previously circulated) of the meeting of this Health and Well Being Board held on 15 March 2018.

In respect of Minute HWBB40/Mar/18, the Director of Public Health reported that the Pharmaceutical Needs Assessment 2018 was now available to view on the Council’s website.

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

REASON – They represent an accurate record of the meeting.

HWBB49. EARLY HELP OFFER – The Head of Family Support, Darlington Borough Council, gave a presentation to the Board on the Early Help Service in Darlington. It was reported that each local authority was required to make arrangements to promote co-operation between the authority, relevant partners and other persons or bodies working within the local authority area, with a view to improving the well-being of all children including protecting them from harm and neglect.

Particular references were made to the number of children who are receiving, or had received support, in Darlington; the sources of that support; and to the information and support available which included a refreshed Early Help Strategy 2017/20, agreed assessment tool known as the EHA, an Early Help Coordinator to support and champion Early Help and a Local Authority Early Help Team to support families.

It was reported that although there was a lot support available to children and their families, further developments had been identified to further improve that support, which included the need to develop a fully integrated offer to families which involved partnership support; increased Early Help Offer and the establishment of a Lead Worker role from partner organisations particularly Health and the Third Sector; processes whereby families were only required to tell their story once; for all agencies to think in a ‘whole family’ rather than ‘individual’ approach; evaluate the offer of early help by all agencies and measure the impact that it was having on the lives of Darlington residents; and the need to develop on line resources to support families which was accessible.

It was felt that the support given by early services could have could have a cost benefit to putting in specialist services at a later date, however, it was difficult to provide meaningful evaluation due to the complexities of measuring impact. As a result it would be necessary to make a number of predications and assumptions in order to evaluate early help offer in terms of the changes in lives of the child and the families concerned.

Particular reference was made at the meeting to a workshop that was to be held in June on Early Help, which members of the Board would be invited to attend.

RESOLVED – That the thanks of the Board be conveyed to the Head of Family Support, Darlington Borough Council, for her informative presentation.

REASONS – To convey the views of the Board.

HWBB50. INTEGRATED CARE SYSTEMS (FORMERLY SUSTAINABLE TRANSFORMATION PLAN) – The Chief Clinical Officer, NHS Darlington Clinical Commissioning Group, updated the Board on the current position in relation to the Integrated Care Systems (ICS). In giving the update it was stated that although some partnership working already existed in the NHS, the importance of closer partnership working was required through the ‘coming together’ of NHS organisations to become a better NHS team in order to put the patient first.

Reference was made to a recent development session, which approximately 30 NHS Chief Officers across the North Cumbria and North East attended, that focused on what the NHS could be more effective at achieving collectively and the rationale behind the larger foot print of the regional ICS covering North Cumbria and the North East. Particular references were also made to the different levels of working, for instance the scale of the ambulance service which covered the whole of the North East requiring a regional strategic approach and to the fact that other services might be delivered on a sub-regional level but the utmost importance of local place based plans and delivery underpinning the at scale work. It was felt the development session had been a positive start and the work undertaken to date had been shared with the national NHS leaders at a recent meeting at the beginning of May.

In relation to engagement, it was anticipated that communication on the rationale behind the larger foot print would be made available towards the end of May and that the stakeholder toolkit and narrative were being worked on, through the strapline of 'Join our Journey', with a view to engaging with the public and wider stakeholders.

It was reported that the five Clinical Commissioning Groups in County Durham and Tees Valley including NHS Darlington CCG continue to progress working together more collaboratively to drive out efficiencies from duplication and as such a Joint Management Team had been established, working directly across those organisations. Joint committees were also in place to ensure that the three hospital trusts CDDFT NTHFT and STFT were working collaboratively, although no key decisions had been made to date. It was also reported that at a national level two organisations were coming together, namely the NHSE (which oversees CCG's) and the NHSI (which oversees the Trusts) and that the footprint for the organisation regionally was currently being consulted upon.

Following a question by a Member of the Board, the Chief Clinical Officer stated that the commitment from the various organisations to work collaboratively was good and though inevitably getting a large number of organisations to work together would take time and ongoing development.

RESOLVED – That the thanks of the Board be conveyed to the Chief Clinical Officer for her informative update.

REASON – To convey the views of the Board.

HWBB51. DARLINGTON SAFEGUARDING CHILDREN BOARD AND DARLINGTON SAFEGUARDING ADULT PARTNERSHIP BOARD SECTION 11 SAFEGUARDING AUDIT REPORT 2017/18 – The Director of Children and Adults Services, Darlington Borough Council, submitted a report (previously circulated) requesting that consideration be given to the Darlington Safeguarding Boards' Multi-Agency Biennial Section 11 Safeguarding Audit Report 2017/18 (also previously circulated).

The submitted report stated that the Darlington Safeguarding Boards' Multi-Agency Biennial Section 11 Safeguarding Audit report 2017/18 had been considered by the Darlington Safeguarding Partnership Board (DSAPB) and the Darlington Safeguarding Children Board (DCSB) and that both boards were assured that the safeguarding processes in place were robust.

The Chair of the DCSB in presenting the report outlined the process for the audit, and stated that it had moved away from the an annual audit to a biennial audit; a moderation process had been introduced; that there had been a high level of return; there was a high level of compliance and understanding across all agencies to have safeguarding in place; and that where areas of weakness had been identified further work would be undertaken with those organisations to address those weaknesses and provide peer support as required.

RESOLVED – That the Darlington Safeguarding Boards’ Multi-Agency Biennial Section 11 Safeguarding Audit Report 2017/18, as detailed at Appendix 1 of the submitted report, be noted.

REASON - To enable the Board to consider the Darlington Safeguarding Boards’ Multi-Agency Biennial Section 11 Safeguarding Audit Report 2017/18.

HWBB52. DARLINGTON ORAL HEALTH PLAN 2017/20 – The Director of Children and Adults Services submitted a report (previously circulated) briefing the Board on the development of an Oral Health Plan for Darlington (also previously circulated).

The submitted report outlined the vision for the population which was to have good oral health through integrating oral health in relevant plans and reducing oral health inequalities; the focus would be on children, young people and older people in residential care homes; and stated that the Darlington Oral Health Plan proposed a whole system approach to tackling dental decay, improving oral health and reducing inequalities.

In presenting the report the Director of Public Health outlined the vision and objectives of the Oral Health Plan; the key messages contained within the plan relating to the number of children with tooth decay, the cost to families and the cost to the NHS; the top three interventions for preventing tooth decay; the percentage of children in Darlington with tooth decay in comparison with nearest neighbours and the England average; and the key areas of the action plan.

Discussion ensued on preventative measures, including water fluoridation, and the promotion of oral health in schools.

RESOLVED - That the work undertaken to date in developing the Oral Health Plan for Darlington and the associated guidance, be noted, and it be agreed to share the materials widely with relevant staff and partnership networks.

REASON - To enable the Board to consider the progress in developing an Oral Health Plan for Darlington.

HWBB53. DARLINGTON CHILDHOOD HEALTHY WEIGHT PLAN 2017-2022 – The Director of Children and Adults Services submitted a report (previously circulated) requesting that consideration be given to the development of a Childhood Healthy Weight Plan for Darlington (also previously circulated) and to a commitment to shared delivery of the Plan.

The submitted report stated that the vision of the Plan was to increase the proportion of children leaving primary school with a healthy weight and that the Plan proposed a 'whole system' approach to tackling childhood obesity and reducing inequalities by ensuring the healthy weight agenda was integrated in other relevant plans and to tackling environmental, physical and other determinants which made choosing to eat a healthy balanced diet and having a physical active lifestyle, an easier option.

In presenting the report the Public Health Principal outlined the aims and objectives of the Healthy Weight Plan; the harm caused to children caused by obesity; the percentage of children in Darlington who were obese in comparison with nearest neighbours, the North East and the England average; the 'whole system' approach; and stated that partnership working was the key to the success of the plan.

Discussion ensued on the need for schools and academies to encourage children to be more active; the availability of energy drinks and take away food; and to the need for a 'step' change to encourage children to be more active and eat healthier.

The Director of Public Health reported that an action plan was being developed and once finalised it would be circulated to partners.

RESOLVED - That the work undertaken to date in developing the Childhood Healthy Weight Plan for Darlington, be noted, and it be agreed that each partner commit their support to deliver the Plan.

REASON - To enable the Board to consider the Childhood Healthy Weight Plan for Darlington.

HWBB54. HEALTHWATCH DARLINGTON – The Chief Executive Officer, Healthwatch Darlington, gave a verbal update to the Board on its key statutory priorities and projects since the last update given to the Board at its meeting held in March 2018.

It was reported that key projects for this year include on-going work with Care Homes regarding "What's it like living in a care home?"; social isolation due to concerns received by the community as well as hospital discharges to Care Homes; children and young people to ensure that they had a voice in respect of mental health which will include in particular the work being undertaken with Darlington College and the Queen Elizabeth Sixth Form College; substance misuse and mental health issues was also highlighted and the raising of awareness of men's cancers; COPD and lung conditions was also mentioned, to ensure that patients and carers had a voice; and it was stated that a report on barriers facing the BME population when visiting their GP was being collated.

Other 'non-statutory' work included IAPTS (improving access to physiological services) community engagement; the Great North Care Record future engagement; and work with the Darlington Clinical Commissioning Group.

RESOLVED – That the thanks of the Board be conveyed to the Chief Executive Officer, Healthwatch Darlington, for her informative presentation.

REASON – To convey the thanks of the Board.

HWBB55. HEALTH AND WELL BEING BOARD – TERMS OF REFERENCE – The Director of Children and Adults Services submitted a report (previously circulated) requesting that consideration be given to the revised Terms of Reference for the Health and Well Being Board (also previously circulated).

The submitted report stated that the revised governance arrangements and Terms of Reference for the Health and Well Being Board were considered and approved by the Board at its meeting held on 25 July 2017; it was agreed to review them on a regular basis; and that one amendment to the membership of the Board was proposed.

RESOLVED – (a) That the addition of ‘Managing Director’ following ‘Chief Executive’, Darlington Borough Council, as highlighted on page 2 of the Terms of Reference, be approved.

(b) That the revised Terms of Reference, as detailed at Appendix 1 of the submitted report, be approved.

REASONS – (a) To enable the Terms of Reference to be updated following the Council’s restructure.

(b) To enable the Board to consider any further amendments to the Terms of Reference.