

## HEALTH AND WELL BEING BOARD

Thursday, 17 January 2019

**PRESENT** – Councillor A J Scott (Chair), Councillor C L B Hughes, Suzanne Joyner (Director of Children and Adults Services), Miriam Davidson (Director of Public Health), Nicola Bailey (Chief Officer) (Darlington Clinical Commissioning Group), Karen Hawkins (Director of Commissioning and Transformation) (NHS Darlington Clinical Commissioning Group), Jonathan Lumb (Darlington Secondary Schools Representative), Dr Chris Mathieson (Clinical Governor) (Primary Healthcare Darlington) and Michelle Thompson (Chief Executive Officer) (Healthwatch Darlington), Jill Foggin (Communications Officer) (County Durham and Darlington NHS Foundation Trust), Aimee Preston (Harrogate and District NHS Foundation Trust) and Charles Oakley (Office of the Police, Crime and Victims' Commissioner)

**ALSO IN ATTENDANCE** – Dr Malcolm Moffat (Specialty Registrar Public Health), Dr Helen Duncan (Observer, Public Health England), Christine Shields (Assistant Director Commissioning, Performance and Transformation), Ann Baxter (Independent Chair, Darlington Safeguarding Adults Partnership Board) and Tony Murphy (Head of Education and Inclusion)

**APOLOGIES** – Councillor Harker, Councillor S Richmond, Councillor H Scott, Paul Wildsmith (Managing Director), Posmyk Boleslaw (Darlington Clinical Commissioning Group), Richard Chillery (Operational Director of Children's and Countywide Care Directorate) (Harrogate and District NHS Foundation Trust), Marion Grieves (Dean of Health and Social Care) (Teesside University), Sam Hirst (Primary Schools Representative), Ron Hogg (Police, Crime and Victims' Commissioner), Sue Jacques (Chief Executive) (County Durham and Darlington NHS Foundation Trust), Colin Martin (Chief Executive) (Tees, Esk and Wear Valley Mental Health Foundation Trust), Carole Todd (Darlington Post Sixteen Representative)

### **HWBB22 DECLARATIONS OF INTEREST.**

There were no declarations of interest reported at the meeting.

### **HWBB23 TO HEAR RELEVANT REPRESENTATION (FROM MEMBERS AND THE GENERAL PUBLIC) ON ITEMS ON THIS HEALTH AND WELL BEING BOARD AGENDA.**

In respect of Minute HWBB25 below, representations were made by a member of the public in attendance at the meeting.

### **HWBB24 TO APPROVE THE MINUTES OF THE MEETING OF THIS BOARD HELD ON 13 SEPTEMBER 2018.**

Submitted – The Minutes (previously circulated) of the meeting of this Health and Well Being Board held on 13 September 2018.

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

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

**HWBB25 DIRECTOR OF PUBLIC HEALTH DARLINGTON ANNUAL REPORT 2017 - 'HEALTH INEQUALITIES IN DARLINGTON : NARROWING THE GAP'**

The Director of Public Health submitted a report (previously circulated) presenting the Director of Public Health Darlington Annual Report 2017 'Health Inequalities in Darlington: Narrowing the Gap' (also previously circulated).

The submitted report stated that this was the fourth annual report following the transfer of public health responsibilities from the NHS to local government, as part of the Health and Social Care Act 2012; good health was unevenly distributed across the country, region and town; life expectancy for those living in the North of England had started to slow down and in some cases reverse; the report explored the breadth and extent of the health gaps within Darlington; and proposed measures to narrow those gaps.

Dr Malcolm Moffat, Specialty Registrar, Public Health, in presenting the Director of Public Health Darlington Annual Report 2017 'Health Inequalities in Darlington: Narrowing the Gap', highlighted the link between health and wider determinants including housing, income, education, employment and the environment; provided a walk-through of Darlington's 'life course' approach, which highlighted the inequalities in existence within Darlington; outlined the life expectancy gap between the richest and poorest wards in Darlington, which was almost twelve years; stated that the average number of years of good health was a way of measuring inequalities; and that health inequalities were preventable.

Particular reference was made to the recommendations contained with the Director of Public Health's Annual Report under each of the 'life course' approaches, namely Starting Well, Living and Working Well and Healthy Ageing, aimed at addressing those health inequalities.

Discussion ensued on the importance of prevention and intervention; cultural change; education; the need to engage better across all organisations and listen to the 'community' voice; and for those organisations not to work in isolation. Reference was also made to the work already being undertaken by a number of organisations within Darlington to ensure the views of the community were captured.

A member of the public in attendance at the meeting raised concerns in respect of the statistics relating to tooth decay of five year olds in Darlington within the Director of Public Health Darlington Annual Report 2017 'Health Inequalities in Darlington: Narrowing the Gap'. The Director of Public Health responded thereon to the accuracy and timeliness of the data.

**RESOLVED** – That the contents of the Director of Public Health Darlington Annual Report 2017, entitled 'Health Inequalities in Darlington: Narrowing the Gap' as appended to the submitted report, be noted.

**REASON** – The Health and Social Care Act 2012 stipulates the responsibility of the Director of Public Health to provide an annual report and for Council's to publish that report.

## **HWBB26 HEALTH AND WELL BEING PLAN PRIORITIES:-**

In introducing the Health and Well Being Plan priorities, the Chair requested at the meeting that consideration be given to the future focus and governance arrangements of the Board.

In particular, reference was made to the 'life course' approach adopted by the Board namely Starting Well, Living and Working Well and Healthy Ageing (see subsections (1) to (3) below); infrastructure around the Board; its purpose; operational management; use of resources; reporting mechanisms; and the role of the Integration Board.

Reference was made to the fact that all key organisation were represented at the Board, providing an opportunity to identify common areas of work with partners with similar priorities, in order to share resources.

### **(1) STARTING WELL - CHILDREN AND YOUNG PEOPLE'S PLAN 2017/22 - PROGRESS REPORT**

The Director of Children and Adults Services submitted a report (previously circulated) updating the Board on the delivery of the Children and Young People's Plan 2017/22.

The submitted report stated that the Children and Young People's Plan 2017/22 was adopted by Council on 27 September 2017; it was one of the identified delivery plans within the Sustainable Community Strategy (SCS); it identified the key actions to be taken to deliver the agreed SCS priority of the 'best start in life'; stated that a multi-agency steering group (MASG) had been established to bring together key partners to ensure effective monitoring and delivery of the plan; provided an update on the progress of Year One Priorities; and identified the Priority Actions for Year Two.

**RESOLVED** – That the progress to date on delivering the Children and Young People's Plan 2017/22, be noted.

**REASONS** – To inform the Board on the progress of the Children and Young People's Plan 2017/22.

### **(2) LIVING WELL**

Further to Minute HWBB25 above, Dr Malcolm Moffatt, Specialty Registrar, Public Health, presented the recommendations of the Director of Public Health Annual Report 2017 'Health Inequalities in Darlington: Narrowing the Gap' in relation to Living and Working Well namely: addressing barriers to quality employment and promoting inclusive growth e.g. Routes to Work and similar initiatives; promoting a healthy work force including good mental health e.g. via Darlington Cares (an employer's network); and implementing the practice of Making Every Contact Count (MECC), triggering brief conversations about workplace health.

**RESOLVED** – That the recommendations to address health inequalities relating to Living and Working Well, as detailed within the Director of Public Health Annual Report 2017 ‘Health Inequalities in Darlington: Narrowing the Gap’, be noted.

**REASON** – To inform the Board of the recommendations contained within the Director of Public Health Annual Report 2017 ‘Health Inequalities in Darlington: Narrowing the Gap’.

**(3) AGEING WELL - BETTER CARE FUND 2017/19**

The Director of Children and Adults Services submitted a report (previously circulated) updating the Board on the delivery of the 2017/19 Better Care Fund (BCF) submission and associated plans and providing information to the Board on updated guidance received in respect of how BCF will continue into 2019/20.

The submitted report outlined the current position and work undertaken to date on the 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 2018/19 Q3 national monitoring report. It was reported that only one of the four metrics was not on track, namely ASCOF 2B, the number of people referred to Social Care Reablement who were still at home 91 days after their hospital discharge. This had been subject to a significant overhaul and as such the new collection procedure was still bedding in, and that Darlington was on track in respect of the implementation of the High Impact Change Model, which was required to be established by the end of March 2019.

The proposal for the BCF plan for 2019/20 was agreed with minimal changes from the current plan, with the inclusion of a Length of Stay metric.

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

(b) That the position in respect of BCF 2019/20, 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.

**REASON** – (a) The two-year plan remains in place with delivery progressing well; new guidance issued in June 2018 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.

## **HWBB27 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 10 May 2018; it was agreed to review them on a regular basis; and that a number of minor amendments had been proposed.

Discussion ensued on the frequency of meetings; task and finish review groups; working more collaboratively with existing partnership groups; membership of the Board; links to the Darlington Partnership Board; its role as the Children's Trust; and strengthening the links between the Board and agencies who promote employment. Particular reference was made to the need for the Board to have a more strategic role and for it to focus on addressing the health inequalities highlighted at Minute HWBB25 above.

**RESOLVED** – (a) That the Terms of Reference be approved, with the inclusion of the following amendments:-

- (i) the Darlington Integration Board overseeing the delivery of local plans to ensure that they are in line with the Joint Needs Assessment and Joint Health and Well Being Strategy;
  - (ii) the deletion of the NHS Darlington Clinical Commissioning Group's Chief Clinical Officer from the Membership of the Board;
  - (iii) the deletion of Darlington Borough Council's Chief Executive/Managing Director from the Membership of the Board; and
  - (iv) the Vice Chair of the Board will be the Chair of the NHS Darlington Clinical Commissioning Group.
- (b) That it be agreed that the Board meet three times a year.
- (c) That the Board undertake a more strategic role, promoting joint working with partners where possible, with a focus on health inequalities.
- (d) That the Integration Board deal with the day to day issues.
- (e) That the Terms of Reference be updated accordingly.

**REASON** – (a) To enable the Terms of Reference to be updated with a number of minor changes.

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

## **HWBB28 SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) STRATEGY**

The Director of Children and Adults Services submitted a report (previously circulated) requesting that consideration be given to the content of the updated Special Educational Needs and Disabilities (SEND) Strategy (2019-2022) (also previously circulated).

The submitted report outlined the content of the updated SEND strategy 2019-2022 which proposed a local vision along with priorities for the future provision and development of services to support children with SEND; stated that further work had commenced with the Clinical Commissioning Group (CCG) to develop the draft strategy so that it could be adopted by the Local Authority and the CCG as a local area strategy for Darlington; and provided an update on the public consultation which had been undertaken.

Particular reference was made to the number of pupils with social, emotional and mental health (SEMH) needs that were placed in high cost specialist provisions out of area, due to the lack of suitable local specialist provision, and stated that the strategy had identified this as a key area of consideration for commissioning local provision to meet the need and manage demand.

Discussion ensued on the role of the multi-agency SEND steering group in progressing the SEND strategy.

**RESOLVED** – (a) That the key objectives, as outlined in the draft SEND Strategy, as appended to the submitted report, be agreed and the development of a local area strategy be supported.

(b) That a joint approach to delivering the SEND Strategy and the opportunity to work together on an integrated approach to SEND, be endorsed.

(c) That an update report be submitted to the next meeting of the Board, to include any identified risks.

**REASON** – The strategy provides a framework to drive the work of the SEND partnership in Darlington through to 2022 to deliver the best possible outcomes for children and young people with SEND and their families.

## **HWBB29 INTEGRATED CARE SYSTEMS - UPDATE BY THE CHIEF OFFICER, NHS DARLINGTON CLINICAL COMMISSIONING GROUP.**

The Chief Officer, NHS Darlington Clinical Commissioning Group, circulated a summary of the NHS Long Term Plan at the meeting. The summary outlined the priorities of the plan; stated that local NHS organisations would work with partners to turn those ambitions into improvements; and set out how the NHS would overcome the challenges it faced, such as staff shortages and growing demand for services by doing things differently, preventing illness and tackling health inequalities, backing the NHS workforce, making better use of data and digital technology and getting the most out of taxpayers' investment in the NHS.

The Chief Officer gave an update to the Board on the Integrated Care Systems (ICS). The ICS was a group of local NHS organisations working together with each other, local councils and other partners, on developing and implementing their own strategies for the next five years on how they intended to take the ambitions of the NHS Long Term Plan and turn them into local actions to improve services and the health and wellbeing of the communities they served. It was reported that the North Cumbria and North East ICS was the biggest ICS, with a population of around 3.2M and it would focus on prevention and early intervention; ambulance services; work force planning; specialist services; policy development in order to eradicate the 'post code' lottery of services; local partnership working; and on 'wrapping' services around local communities. Particular reference was made to the fact that the region had one of the best performing health authorities but tended to have the poorest outcomes.

Discussion ensued on the aligning of services; NHS targets; making the NHS resilient; the changes that have been implemented to date to improve services; delayed discharges; and the prevention and intermediate care agenda.

**RESOLVED** – That the thanks of the Board be conveyed to the Chief Officer, NHS Darlington Clinical Commissioning Group, for her update.

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

### **HWBB30 HEALTHWATCH DARLINGTON**

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

The submitted report outlined the role of Healthwatch Darlington as a strong independent community champion which gave local people a voice that improved health and social care provision on behalf of the people of Darlington; and the activities and projects it was involved with.

Particular reference was made to the 'What's important to you?' 2018/19 survey which had been launched for six months to determine what was important to the community.

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

(b) That members of the Board be requested to share the results of the survey to seek as many views as possible to inform the Healthwatch Darlington work plan for 2019/20.

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