

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

At a meeting of the **Health and Wellbeing Board** held in Committee Room 1, County Hall, Morpeth on Thursday, 13 July 2017 at 10.00 a.m.

PRESENT

Councillor R.R. Dodd
(Chairman, in the Chair)

BOARD MEMBERS

Bainbridge, V.	Jones, V.
Docking, T. (Substitute Member)	Lally, D.
Evans, D.	Lothian, J. (Substitute Member)
Firth, R.	Morgan, L.
Jackson, P.	Mead, P.
Johnson, A.	Thompson, D.

OFFICERS IN ATTENDANCE

Agnew, A	Democratic Services Assistant
Robinson, L	Public Health Manager
Young, S	NHS Northumberland Clinical Commissioning Group

ALSO IN ATTENDANCE

Knowles, M	Northumberland, Tyne & Wear NHS Foundation Trust
Langs, D	Public Health England Consultant
O'Brien, K	NHS Northumberland Clinical Commissioning Group Head of Commissioning Learning Disability & Mental Health

1. MEMBERSHIP AND TERMS OF REFERENCE

18 members

Chair: R.R. Dodd

Vice Chair: Board representative

Conservative	Labour	Bedlington Independents	Liberal Democrat	Independents (Non-grouped)
W. Daley	S. Dickinson			
R.R. Dodd				
P.A. Jackson				
V. Jones				

Leader of the Council
Cabinet Member – Adult Wellbeing and Health
Cabinet Member – Children’s Services
Conservative Group representative
Labour Group representative

Interim Chief Executive - D. Lally
Director of Public Health - L. Morgan
Director of Children’s Services - A. Johnson
Director of Adult Services - V. Bainbridge
Other officer representation as appropriate

NHS Northumberland Clinical Commissioning Group Chief Clinical Officer - A. Blair
NHS Northumberland Clinical Commissioning Group representative - S. Brown
Healthwatch representative - D. Thompson
Northumbria Healthcare NHS Foundation Trust Chief Executive - D. Evans
Northumberland, Tyne and Wear NHS Foundation Trust Chief Executive - G. O’Hare
Northumberland Local Medical Committee Chair - R. Glennie
NHS England Representative - C. Keen
Chair of NCC Safeguarding Boards - P. Mead
VCS Representative - R. Firth

Terms of reference

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- (1) To transform the way health and social care services are commissioned and provided to promote integration, improve the Health and Well Being of the population of Northumberland and reduce health inequalities.
- (2) To set out the strategic vision for health and wellbeing for Northumberland to provide a shared sense of direction for constituent organisations of the board.
- (3) To promote a shared transformational culture and set of key principles, across constituent organisations of the board, to drive positive change.
- (4) To improve the health and wellbeing of the population of Northumberland and increase the emphasis on early intervention and primary prevention.
- (5) To improve democratic accountability for health and wellbeing decision making.
- (6) To ensure that constituent organisations of the board, and other partner agencies, are cognisant of the role they play in promoting the health and wellbeing of the population and are able to maximise their contribution to this agenda.
- (7) To ensure the engagement of the public in determining needs and service commissioning.
- (8) To undertake regular reviews of the Board's activity to ensure that it is achieving what it is setting out to do.

Statutory functions

- (9) To encourage all health and social care organisations which operate within Northumberland to work together in an integrated manner.
- (10) To provide all appropriate advice, assistance and support to encourage the development of formal partnership arrangements between social care and health services, making use of the powers provided by Section 75 of the NHS Act 2006.
- (11) To oversee the production of the Joint Strategic Needs Assessment (JSNA) for Northumberland, covering all needs which either fall within the responsibilities of health commissioners, but could alternatively be met or significantly affected by local authority functions or vice versa.
- (12) To produce a joint health and wellbeing strategy (JHWBS) for Northumberland, on behalf of the Council and Northumberland Clinical Commissioning Group.

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- (13) To ensure that Healthwatch Northumberland and the people who live and work in Northumberland are involved in the production of the JSNA and the JHWBS.

Additional functions delegated by Council

- (14) To monitor performance against designated health and wellbeing outcomes as detailed in the Health & Well Being Strategy
- (15) To advise the Council and health commissioners on steps that they could take to reduce health inequalities within Northumberland and between Northumberland and England as a whole
- (16) To promote broader integration and partnership working between the NHS, social care, public health and other local services
- (17) Any other functions that may be delegated by the Council under section 196 (2) of the Health and Social Care Act 2012.

RESOLVED that the details of the membership and terms of reference as agreed by County Council on 24 May 2017 be noted.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor W Daley, Councillor SJ Dickinson, A. Blair, S. Brown, R. Glennie, C. Keen and G. O'Hare.

3. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on Thursday, 9 February 2017, as circulated, be confirmed and signed by the Chairman subject to Mr. R. Firth's attendance being recorded.

4. ELECTION OF VICE CHAIRMAN

RESOLVED that Dr A. Blair be elected as Vice Chairman for the 2017/18 Council year.

5. DISCLOSURE OF MEMBER'S INTEREST

Councillor V. Jones declared an interest on item 7 (d) (Children and Young People's Mental Health Service Update) on the agenda as she had a family interest in the subject.

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ITEMS FOR DISCUSSION

6. REPORT OF THE DIRECTOR OF ADULT AND COMMUNITY CARE SERVICES

The role and manner of operation of the Health and Wellbeing Board

Members considered a report on proposals about the role of the Health and Wellbeing Board (report attached to the signed minutes as Appendix A). Vanessa Bainbridge, Director of Adult and Community Care Services introduced the report.

Members were asked to support the recommended changes to the Health and Wellbeing Board's terms of reference as outlined in the report. It was agreed that, as the potential changes were designed to reflect the role of the potential Accountable Care Organisation, the changes should be further considered when the Accountable Care Organisation is implemented. It was suggested a report be brought to Cabinet and a future meeting of the County Council for consideration and agreement on the recommended changes to the terms of reference.

RESOLVED that the Health and Wellbeing Board:-

a) support in principle the recommended changes to the terms of reference if the Accountable Care Organisation is implemented and,

b) produce a report on the supported changes to the terms of reference to be considered by Cabinet once approval is obtained to implement the Accountable Care Organisation.

7. REPORTS OF THE INTERIM CHIEF EXECUTIVE

(a) Director of Public Health Annual Report 2016

Members considered the annual report from the Interim Director of Public Health (report attached to the signed minutes as Appendix B) which highlighted the benefits of asset based community development.

Liz Morgan, Interim Director of Public Health, informed that Public Health, through the use of asset based community development, assisted local communities to build on existing infrastructures and the natural environment to improve quality of life. It was noted that the asset based development approach was to provide a comprehensive service in Northumberland and it was considered that this could best be achieved through the support of all partners.

Members welcomed the report and thanked Liz Morgan for the detailed information provided.

RESOLVED that the Health and Wellbeing Board:-

(a) the report be noted and,

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- (b) support be given to the embedding of asset based community development in Northumberland.

(b) Water Fluoridation in Northumberland

Members considered a report from the Interim Director of Public Health (report attached to the signed minutes as Appendix C) which outlined the benefits of increasing fluoride levels in Northumberland water supplies.

David Langs, Public Health England Consultant and Liz Morgan, Interim Director of Public Health introduced the report which informed the board of the benefits of oral health fluoridation. Fluoride toothpaste use resulted in a 15% reduction in children's tooth decay and this increased to 28% in socially deprived areas. It was noted nearly £333,000 a year was spent on anaesthetic for tooth decay treatment in children with 420 reported cases in 2016.

The board asked if there were any negative effects of fluoridation. Research had been carried out to investigate if it was a contributing cause of conditions such as Brittle Bone Disease. It was stated the research carried out to investigate links between several conditions, including cancer and kidney stones, but Public Health England had no knowledge of quantitative data to support these theories. A public consultation was held in 1993/1994 and the majority voted in favour of using fluoridation.

It was noted that in Northumberland, the more affluent areas had higher levels of fluoride in their water supply where the more deprived areas had very less even though these areas would benefit most from it.

RESOLVED that the Health and Wellbeing Board:-

- (a) support in principle the proposal to extend the current levels of water fluoridation and,
- (b) the report be noted.

(c) Alcohol CLear Self-assessment

Members of the board considered a report from the Interim Director of Public Health (Report attached to the signed minutes as Appendix D). Liz Robinson, Public Health Manager and Liz Morgan, Interim Director for Public Health introduced the report which outlined how the CLear self assessment tool can benefit Northumberland residents.

Members were advised that alcohol was still a major public health issue. Alcohol related death figures were high nationally however the highest rates continue to be experienced in North East England. In order to attempt to address the ongoing

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issues, Public Health had taken a multi-agency approach by seeking support from services such as social care and the police to raise awareness. It was stated the main purpose of the report was to raise awareness and gain support for the new Alcohol CLeaR Assessment process. This tool had been developed by Public Health England to prevent alcohol related harm at local levels and build on the experience gained from the tobacco control CLeaR model.

A member raised the point that the model looked to include participation from Public Health Partners, including Safer Northumberland in September 2017.

Members sought confirmation work had been carried out in local schools to raise awareness at a young age which could build a resilience programme. It was confirmed that there was resources in schools which could prove beneficial such as assisting with developing the curriculum and incorporating the Youth Service.

In response to a question asked members were informed that demand had increased in recent years especially within the older generation but this was manageable with the support of partners. From this it was suggested that partners receive regular updates on the matter and that Mr Young, NGS Northumberland CCG, would monitor progress and ensure that progress reports would be included in the forward plan.

RESOLVED that the Health and Wellbeing board:

(a) support the process of the alcohol CLeaR self assessment,

(b) receive progress updates and,

(c) note the report.

(d) Children and Young People's Mental Health Service Update

The Health and Wellbeing Board received an update from Kate O'Brien, NHS CCG and Mark Knowles, Northumberland Tyne and Wear NHS Foundation Trust on the Children and Young People's Mental Health Service (Report attached to the final minutes as Appendix E with a copy of the presentation).

Members were updated on recent service improvements The following points were raised:-

- Despite demand increasing, waiting time had decreased since the last board meeting where 100% of young people waited less than the national 18 week target, 86% had waited less than 12 weeks and 74% had waited less than Northumberland's 9 week waiting period,
- the service had recently been assessed by the Quality Network for Community CAMHS and the Care Quality Commission and had received much positive feedback,

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- emphasis was being placed on the recruitment of Learning Disability specialist psychiatrists and the high volume of referrals which could potentially be dealt with at a preventative level,
- work was being undertaken with Primary Care services to further investigate issues surrounding the continuing drive to get young people assessed by the most appropriate person in a timely manner and,
- feedback from focus groups with young people identified mental health as an issue.

Members commended the service on achieving their recent assessment levels and the improvements highlighted

A board member asked if missed appointments were an issue. This was confirmed and it was reported that 16% of appointments were missed nationally. Research in this area showed the main reason for missed appointments was young people did not respond well to the traditional appointment system. New appointment systems had been introduced, including using text message reminders.

Members questioned if the service had prepared for the potential increase in demand and if there was resources available to cope with this. Members were informed the system was fully aware of the potential future increase in demand and that, if funding was available to introduce earlier intervention measures, the current system had the capacity to cope.

RESOLVED that the Health and Wellbeing board
(a) note the report and,

(b) recognise the recent service improvements.

8. HEALTH AND WELLBEING BOARD - WORK PROGRAMME

Members considered the Health and Wellbeing Board Work Programme (a copy of the work programme is attached to the signed minutes as Appendix F).

It was suggested the following issues be placed on the Work Programme for September:-

- Better Care Fund Plan
- SEND Plan Brief

RESOLVED that the issues raised be added to the work programme for September 2017.

CHAIRMAN _____

DATE _____

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