

## **NORTHUMBERLAND COUNTY COUNCIL**

### **HEALTH AND WELLBEING BOARD**

At the meeting of the **Health and Wellbeing Board** held in Committee Room 1, County Hall, Morpeth on Thursday, 11 January 2018 at 10.00 a.m.

#### **PRESENT**

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

#### **BOARD MEMBERS**

Bainbridge, V.	Lothian, J. (substitute member)
Blair, A.	Mackey, J.
Brown, S.	McEvoy, C.
Dickinson, S.J.	Mead, P.
Firth, R.	Morgan, E.R.
Jackson, P.A.	Nugent, D. (substitute member)
Jones, V.	Patton, R. (substitute member)

#### **OFFICERS IN ATTENDANCE**

Brown, J.	Consultant in Public Health
Hartwell, A.	Senior Manager - Safeguarding and Education Performance
Illingworth, D.	Business Improvement Manager
Malone, C.	Communications Lead - Internal
Todd, A.	Democratic Services Officer
Young, S.	NHS Northumberland Clinical Commissioning Group

#### **ALSO IN ATTENDANCE**

Homer, C.	County Councillor, Cabinet Member for Culture, Arts, Leisure & Tourism
Dunn, P.	Northumbria Healthcare NHS Foundation Trust
Richardson, A.	Northumbria Healthcare NHS Foundation Trust

The Chairman welcomed Cath McEvoy, the newly appointed Executive Director of Children's Services and Jim Mackey, Chief Executive of Northumbria Healthcare NHS Foundation Trust (who had returned to his post from a secondment) to the Health and Wellbeing Board as board members.

## **23. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor W. Daley, R. Glennie, D. Lally, D. Thomson and G. O'Hare.

## **24. MINUTES**

**RESOLVED** that the minutes of the meeting of the Health and Wellbeing Board held on Thursday, 16 November 2017, as circulated, be confirmed and signed by the Chairman.

## **25. ITEMS FOR DISCUSSION**

### **25.1 REPORT OF THE DIRECTOR OF CHILDREN'S SERVICES**

#### **Joint Strategic Needs Assessment for Special Educational Needs and Disability**

Alan Hartwell, Senior Manager - Safeguarding and Education Performance and Cath McEvoy, Executive Director of Children's Services presented the report which informed the Health and Wellbeing Board of progress with the Joint Strategic Needs Assessment (JSNA) for Special Educational Needs and Disability (SEND) following the first iteration shared with the board in February 2017. (Report filed with the signed minutes as Appendix A).

Board members were advised of the key issues and noted that in Northumberland, along with young people with Education Health Care Plans, there was also a focus on learners with lower level or moderate needs. The largest areas of general growth in Northumberland was young people with social, emotional or mental health difficulty and moderate learning difficulty. Another area of interest was the number of schools receiving top up funding with the data showing an increase of 22.9% between 2015 and 2017.

Following the report a number of comments were raised, including:-

- Social education needs in Northumberland, as they do nationally, remained more common in boys than girls, with it being identified in almost twice as many boys as girls.
- Board members noted some data within the report had not been provided in detail to avoid identification of individuals. However, this detailed information was available and used as part of the wider needs assessment.

Ch.'s Initials.....

- Board members highlighted the increasing number of young people identified as having social, emotional or mental health difficulties and the need to examine the long term impact this increase could have on primary care.
- The impact dyslexia can have on children and young people and the suggestion it should be addressed more in Northumberland.
- The geography of Northumberland which made it difficult to ensure specialist provision was available to all those who required it while keeping travel time down to a minimum.
- A query as to whether any work had taken place to understand why there had been an increase in top up payments and if this growth was linked to the creation of Education Health Care Plans? It was agreed that officers would consider this issue further.
- Board members were advised that Northumberland County Council had already identified the need for additional resources for SEND to tackle capacity issues within the county.

Members were advised that it was essential that all Health and Wellbeing Board partners fully considered the updated needs assessment and, if necessary, provide further information for potential inclusion.

It was noted that this was not the final document. Work was now to begin on the next steps and for the JSNA to continue to work to help inform joint commissioning decisions.

**RESOLVED** that the Health and Wellbeing Board:-

- 1) Notes and disseminates the contents of the report.
- 2) Feedback the information contained within the report to their organisations and take action as necessary.

## **25.2 REPORT OF THE INTERIM DIRECTOR OF PUBLIC HEALTH**

### **Update on Development of Joint Health and Wellbeing Strategy**

Elizabeth Morgan, Interim Director of Public Health provided an update on the development of the new Joint Health and Wellbeing Strategy (JHWS) for Northumberland (report filed with the signed minutes as Appendix B).

It was noted the overall aim of the JHWS was to maximise the wellbeing and health of Northumberland residents and reduce inequalities. Solid progress had been made and a delivery plan drafted which highlighted the four themes and key priority areas. The next stage was to produce a draft joint health and wellbeing strategy which would be circulated to stakeholders for consultation and engagement. It was envisaged that the draft strategy would be available for this wider engagement by April 2018.

It was advised that the development of the JHWS was a statutory function and that the strategy would be the pivotal document for future Health and Wellbeing Board meetings. The development of each priority area would be led by a Cabinet member, a senior Council officer and a CCG representative, supported by the Public Health team. It was confirmed that the JSNA would be going live with asset maps and links to the latest up to date information.

It was noted the draft stakeholder engagement strategy would be presented to the board in due course but, if considered appropriate, a development session could also be arranged to examine the draft in more detail before the documents were circulated for wider engagement.

**RESOLVED** that:-

- 1) The contents of the report be noted.
- 2) The direction of travel of the developing Joint Health and Wellbeing Strategy, be supported.

## **25.3 REPORT OF THE ACCOUNTABLE OFFICER NHS NORTHUMBERLAND CLINICAL COMMISSIONING GROUP**

### **Northumberland Cancer Strategy and Action Plan**

Dr. Jim Brown, Consultant in Public Health provided the board with a powerpoint presentation and report on the Northumberland Cancer Strategy and Action Plan. It was reported the Northumberland Cancer Strategy (2018-2023) would provide an overarching framework for agreeing and delivering actions over the next five years, setting out system governance and priorities. Delivery would be monitored against the associated Northumberland Cancer Strategy Action Plan. (Report and powerpoint slides filed with the signed minutes as Appendix C).

It was noted that the Northumberland strategy vision was to have:

- Fewer people getting preventable cancers;
- More people surviving for longer after a diagnosis of cancer;
- Reduced inequalities in survival from cancer in Northumberland;
- More people with cancer having a positive experience of care and support; and
- More people with cancer having a better long-term quality of life.

It was stated that it was hoped the action plan drafted would help to address some key issues that had been identified and the Northumberland Strategy had set out five priorities against the associated action plan which would be implemented by partners, these were:-

1. Spearhead a radical upgrade in prevention and public health.
2. Drive a national ambition to achieve earlier diagnosis.
3. Establish patient experience as being on a par with clinical effectiveness and safety.
4. Transform the approach to support people living with and beyond cancer.
5. Modern high quality services.

Following the presentation a number of comments were made, including:-

- Members of the board thanked Dr Brown for the presentation and comprehensive report.
- The need to offer localised services, where possible.
- The need to analyse the data collected in detail to unpick any discrepancies in the figures including the impact screening uptake and promotional initiatives could have on statistics gathered.

- It was noted that there was marked variation between general practices in factors associated with early diagnosis.
- Strategies involving health and wellbeing needed to be effective, have an impact and link to others already created. With regard to smoking it was agreed that this issue should also be addressed within the JSNA SEND to help prevent young people from starting smoking.
- Members of the board were made aware that after several years of high performance in meeting cancer waiting times targets, the target of 85% of patients being treated within 62 days of GP referrals had not been met during five out of the first six months of 2017/18. The Chief Executive of Northumbria Healthcare NHS Foundation Trust confirmed that the drop in percentage was unacceptable but he reassured the board that performance had improved since those figures had been published. It was stated figures collated for the next data period showed that cancer waiting times had improved and targets were now being achieved.
- Discussion took place about lung cancer incidence, survival and mortality in Northumberland and the fact the figures did not compare favourably with the England average. A board member commented on a successful pilot in Manchester where target screening using low level radiation CT scanning was being offered in supermarket car park areas. It was suggested that this type of initiative could be rolled out in areas of Northumberland to help improve the early diagnosis of lung cancer. It was reported discussions were to take place later on in the year by the National Screening Committee on this issue.

**RESOLVED** that:-

- 1) The contents of the report be noted.
- 2) The strategy's recommendations and action plan be endorsed.
- 3) The board receive an annual report on progress.

## **25.4 REPORT OF THE INDEPENDENT CHAIR OF THE NORTH TYNESIDE AND NORTHUMBERLAND SAFEGUARDING ADULTS BOARD**

### **Safeguarding Adults Annual Plan 2017-2018**

Paula Mead, Chair of the North Tyneside and Northumberland Safeguarding Adults Board provided the board with the work plan of the Safeguarding Adults Board in 2016/17 and 2017/18. (Report filed with the signed minutes as Appendix D).

Members of the board were advised of the business priorities for 2017-2018. Members attention was drawn to the years objectives detailed within the plan which had been aligned to the six key principles. It was stated that the need to increase understanding of particular topics and vulnerabilities in adult safeguarding had been identified as an objective and working groups were underway to increase awareness of issues such as modern day slavery and human trafficking.

It was noted the action plans would be monitored regularly to ensure the Safeguarding Adults Board priorities remained on target to safeguard those people in the county who had care and support needs and required help to stay safe.

Members of the board welcomed the paper and the commitment to strive to ensure the improved lives of adults at risk. It was reported that the Health and Wellbeing Board would continue to receive the Safeguarding Adults Board annual report and members were made aware that a paper regarding domiciliary care and outcomes in care homes would also be brought before the board in the near future.

It was reported the Safeguarding Adults Board continued to have good working relationship with all agencies. The Safeguarding Adults Board also continued to learn from previous issues and increase its understanding of safeguarding across all agencies.

**RESOLVED** that the report be noted.

## **25.5 GOVERNANCE UPDATE**

Vanessa Bainbridge, Executive Director of Adult Social Care and the CCG's Accountable Care Officer provided an update to the Health and Wellbeing Board on governance developments (a copy of the powerpoint slides have been filed with the signed minutes).

Sustainability and Transformation Plans (STP's). It was stated that plans were still being considered and that the amalgamation of three STP footprints in the North East and Cumbria was under initial consideration. This would enable commissioning to take place regionally where economies of scale made sense, but also by clusters of CCG's and at a local level. There were no decisions yet taken in this respect. Once the way ahead was a little clearer an update paper would be presented to the Health and Wellbeing Board.

A board member raised a concern regarding the possibility of losing localised services if STP's were amalgamated. He stated that the voluntary and community sector had felt the STP engagement process had not been very inclusive. Northumberland was a vast geographical area and commissioning on a local and community based approach was what many people within the county wanted. There was a concern within the voluntary and community sector that the locality voice could be lost with this new proposal and questioned how they would be included in the engagement process going forward. Members of the board agreed that it had been difficult to realistically engage on STP issues given the number of currently undetermined issues. It was confirmed the voluntary and community sector and Healthwatch would continue to be a vital part of the engagement process and provide essential input into all policy and governance making decisions in Northumberland. There was a commitment at a local CCG level to deliver as many services as possible in the community. The proposed changed model was still at a planning stage. Discussions would continue and the Health and Wellbeing Board would continue to be kept informed of any developments.

Accountable Care Organisations (ACO's). It was reported that Northumberland had submitted a business case however at present the process had been paused while the associated legal issues could be further considered. National discussions had moved onto the possible creation of Accountable Care Systems (ACS) which were an

evolved version of an STP and more flexible than ACO models. NHS England appeared to view ACS's as a logical 'next step'.

It was noted that ACO plans included a joint commissioning unit hosted by the Council to support both the Council and CCG commissioning. It was noted joint working had become closer following the appointment of the Executive Director of Adult Social Care as the CCG's Accountable Officer although the two commissioning functions remained entirely separate. It was advised that once future organisational arrangements were clearer joint strategic commissioning would be revisited.

With regard to the future role of the Health and Wellbeing Board it was reported that whatever the organisational changes, the board would continue to have a lead responsibility for oversight of integration and transformation. A number of Health and Wellbeing Board sub meetings had been established to focus on the JSNA, Communications and Engagement and System, and Transformation.

**RESOLVED** that the information be noted and board members continue to be kept informed of any developing governance issues.

## **26. HEALTH AND WELLBEING BOARD - WORK PROGRAMME**

Stephen Young, Strategic Head of Corporate Affairs presented the Health and Wellbeing Board Work Programme (a copy of the work programme has been filed with the signed minutes as Appendix E).

The board was advised the next meeting would be a development session. A representative from Health Education England had been invited to run the workshop to discuss workforce issues. It was suggested board members bring along their local workforce initiatives to the session.

**RESOLVED** that the Work Programme be noted.

**CHAIRMAN** \_\_\_\_\_

**DATE** \_\_\_\_\_

*Following the closing of the meeting, the Health and Wellbeing Board were informed that this meeting was to be Alistair Blair's last as a member of the board. Members thanked him for his valued contribution to the work of the Health and Wellbeing Board and wished him well for the future in his new role as a Medical Director with Northumbria Healthcare NHS Foundation Trust.*