

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, 17 January 2019 at 10.00 a.m.

PRESENT

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

BOARD MEMBERS

Brown, S.
Daley, W.
Dickinson, S.
Jones, V.
McEvoy-Carr, C.
Morgan, E.R.

Lothian, J.
Mead, P.
Riley, C. (substitute member)
O'Neil, S. (substitute member)
Thompson, D.

ALSO IN ATTENDANCE

Johnston, N.
Malone, C.
Mason, H.
Robson, S.

Sanderson, J.
Todd, A.

Northumbria Healthcare NHS FT
Communications Lead - Internal
Northumbria Healthcare NHS FT
Principal Planner - Planning
Policy
Senior Planning Manager -
Planning Policy
Democratic Services Officers

One member of the press was also in attendance.

38. APOLOGIES FOR ABSENCE

Apologies for absence were received from C. Briggs, R. Firth, Councillor P.A. Jackson, D. Lally, J. Mackey, G. O'Hare and D. Shovlin.

39. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on Thursday, 8 December 2018, as circulated, be confirmed and signed by the Chairman.

40. ITEMS FOR DISCUSSION

40.1 Report of the Interim Executive Director: Place

The Northumberland Local Plan - Progress Update

The Health and Wellbeing Board was presented with a progress update on the Northumberland Local Plan. (Report and a copy of the presentation have been filed with the signed minutes as Appendix A).

J. Sanderson and S. Robson delivered a powerpoint presentation which advised all of the progress to date on the preparation of the Northumberland Local Plan, which included:-

- A number of updates to the existing evidence base studies.
- The work with internal and external partners on evidence base studies and draft policies.
- How they were working with Neighbourhood Plan Groups.
- The Draft Plan for Regulation 18 Consultation to be held between July-August 2018.
- Key dates on the publication of the draft plan consultation and the consultation events.
- Advised of specific dates on key milestones set out by the Local Development Scheme.

Members welcomed the inclusion and adaption of the plan towards health and wellbeing which reflected the Corporate Plan's objectives. However, it was agreed that there needed to be the correct infrastructure to match the workforce when looking at the increase in housing.

It was reported that the optional accessibility and adaptability standards proposed in the Regulation 18 version of the plan had been dropped on viability grounds. A member queried whether this posed any risk to the projected significant accelerating ageing of Northumberland's population. It was confirmed that although this had been omitted negotiations regarding any application would take place in order to achieve the best housing stock. Also there were a number of policies that would run along side the Local Plan, such as the Extra Care and Supporting Housing Strategy, which would make the best use of the existing stock and help to deliver the right type of housing needed.

Members noted that a Health Impact Assessment Screening for all major development proposals and a proportionate Health Impact Assessment would need to be submitted as part of any application process.

It was advised that from a primary care point of view additional housing, particularly in the rural areas, was having an impact on services. Often smaller rural developments did not trigger any S106 funds but still the infrastructure around it was

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affected. Concerns had been raised at various forums about the smaller rural practices already seeing a detrimental change following new developments and the insufficient transport links to get people to health centres.

RESOLVED that the contents of report and presentation be noted.

40.2 Report of Dr Deborah Freake, Director of Integration, NHCFT

Learning & Recommendations from the Initial Twenty CQC Local System Reviews

The report and presentation presented by Helen Mason and Nick Johnston sought to appraise the Health and Wellbeing Board (HWB) of the key issues and recommendations in the Care Quality Commission (CQC) report “Beyond Barriers How older people move between health and social care in England”. The CQC report set out the lessons learned from the first twenty Local System Reviews (LSRs). It highlighted the potential contribution of the HWB for consideration by members and updated the Board on the Northumberland approach to LSR. (Report and a copy of the presentation have been filed with the signed minutes as Appendix B).

Members were advised of Northumberland’s approach which would include:-

- An early preparation for a future review.
- Use of LSR approach as a lever for improvement.
- Close working at officer level with North Tyneside to reduce burden of work and act as respective ‘critical friends’.
- Pulling together of an action plan and establishing a project board.
- Dividing the work into phases and work streams.

Members noted the greater role that the Health and Wellbeing Board should take in further supporting system integration:-

- To have effective collective leadership.
- Shared vision for health and care.
- Informed by Joint Strategic Needs Assessment.
- Ensure common understanding of market issues.
- Oversee deliver strategy.
- Hold organisations to account for delivery.

It was reported that the Transformation Board had recently been relaunched and would shortly be revisiting its terms of reference. It was suggested that the project board be invited to attend to ensure there was clear linkage through the Transformation Board to the Health and Wellbeing Board, as the responsible body for the LSR.

It was confirmed that part of the work needing to take place would be to examine in what way the Health and Wellbeing Board could hold organisations to account for delivery and what might a joint accountability framework look like.

A suggestion was made to create a map or flow chart which displayed in a clear simple way all of the strategies and policies in place and how they fed and operated together. This could help all understand how the system as a whole worked together.

Members agreed that Northumberland had a real advantage in so far as they were well ahead of others. By taking a proactive approach it could only be a positive step in preparing for any future review.

Members suggested that once phase one of the work was completed a report be brought back to inform all on progress made.

RESOLVED that:-

- (a) the findings, learning and recommendations from the initial twenty CQC LSRs be noted.
- (b) the role of the Health and Wellbeing Board in further supporting system integration be considered.
- (c) the local arrangements in preparing for an LSR including use as a framework for system improvement be noted.
- (d) an update on progress made be brought back to the Health and Wellbeing Board at its April 2019 meeting.

40.3 Report of the Director of Public Health

Joint Health and Wellbeing Strategy for Northumberland 2018-2020

E. Morgan presented the final working version of the Northumberland Joint Health and Wellbeing Strategy (JHWS) 2018-2028 for approval. (Report filed with the signed minutes as Appendix C).

It was noted that the final draft had been the subject of a significant engagement process, led by the CCG, which resulted in amendment of the priority areas. This reflected the importance attributed to the duty of the Health and Wellbeing Board to involve people living and working in Northumberland in the preparation of the JHWS.

An action plan would be developed from the JHWS and be brought back to the Health and Wellbeing Board for support and approval in due course.

In response to a query raised, it was confirmed that any Integrated Care System and Integrated Care Partnership would feed into the Joint Health and Wellbeing Strategy for Northumberland. Northumberland would continue to take a place based approach and ensure its priorities were what was needed at a local level.

Members thanked officers for all their hard work in producing the strategy.

RESOLVED:-

- (a) that the changes made to the JHWS following engagement be noted.
- (b) that the final version of the strategy be agreed.
- (c) to delegate to the Director of Public Health the task of producing a public facing document.

41. HEALTH AND WELLBEING BOARD - WORK PROGRAMME

E. Morgan presented the Health and Wellbeing Board Work Programme (a copy of the programme has been filed with the signed minutes as Appendix D).

It was suggested the following items be added to the Work Programme:-

- LSR Plan feedback be added to the April meeting.
- Empowering Communities Project report be delayed to later on in the year.
- NHS Long Term Plan to be picked up by Vanessa Bainbridge/Siobhan Brown.

RESOLVED that the Work Programme be noted.

CHAIRMAN _____

DATE _____