

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 April 2019 at 10.00 a.m.

PRESENT

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

BOARD MEMBERS

Brown, S.
Daley, W.
Dickinson, S.
Firth, R.
Jones, V.
Lothian, J.

McEvoy-Carr, C.
Mead, P.
Morgan, E.
Riley, C. (substitute member)
Thompson, D.
Watson, A. (substitute member)

ALSO IN ATTENDANCE

Bradley, N.
Freake, D.

Hill, G.
Johnston, N.
Mason, H.

Roughead, G.
Seymour, C.
Sweeney, L.
Swinburne, H.
Todd, A.

Service Director Commissioning
Report of the Director of
Integration, NHCFT
County Councillor
Project Manager
Senior Manager, Wellbeing-
Safeguarding and Strategic
Commissioning
County Councillor
County Councillor
Public Health Speciality Registrar
Northumbria Healthcare
Democratic Services Officer

One member of the press was also in attendance.

52. APOLOGIES FOR ABSENCE

Apologies for absence were received from V. Bainbridge, C. Briggs, Councillor P.A. Jackson, D. Lally, J. Mackey, G. O'Hare, R. Patton, G. Sayers and C. Wardlaw.

53. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on Thursday, 14 March 2019, as circulated, be confirmed and signed by the Chairman.

54. ITEMS FOR DISCUSSION

54.1 Report of the Director of Integration, NHCFT

Local Systems Reviews: Phase 1 Report

The report and presentation presented by Debbie Freake and Nick Johnston detailed the progress made on the Local System Review project, following the report to Health and Wellbeing Board entitled Learning and Recommendations from the Initial Twenty CQC Local System Reviews, in January 2019. (Report and a copy of the powerpoint presentation has been filed with the signed minutes as Appendix A).

Members were advised that a process of self-assessment and baselining had taken place, analysing the effectiveness of the health and care system in Northumberland, based on the Local System Review (LSR) framework developed by the Care Quality Commission (CQC). The project assessed the system of health and care in Northumberland across three work streams: user experience, professional case reviews and well-led review.

The project allowed analysis and assessment of the system from different key perspectives, culminating in a holistic view of how well the system was functioning. The process revealed a system working comparatively well to provide patient-centred, integrated care but when the findings of the three work streams were triangulated, provided evidence of the opportunity for system improvement in a number of key areas.

The key areas identified for improvement were:

- Coordinating care.
- Communication, technology and data sharing.
- Organisational relationships, integration and risk management.
- System-wide shared strategy and planning.

It was reported that the evidence amassed through phase 1 of the Local System Review Project justified an ongoing programme of system improvement considering and acting upon the nine recommendations as detailed in the report which, if approved, could form the basis of phase 2 of the project.

It was advised that recommendation 3 (cross-system survey) specifically asked the Health and Wellbeing Board to sponsor annual cross-system user survey and other mechanisms for feedback, ensuring that results were actively used to inform system-wide planning and delivery.

Members discussed realistic medicine, integration of services and primary care. It was noted that the positives that had come out of the survey needed to be celebrated as well as identifying areas needing improvement. It was noted that the whole system approach was changing including primary care networks and everyone needed to adapt in order to drive forward system improvements.

With regard to IT and IT systems the survey highlighted the need to improve and be consistent across services when collecting and sharing data. Examples such as the delay due to having to send individual prescription requests from hospitals to pharmacies by fax was highlighted to show where if improved, and integrated IT systems were in place, the whole system could offer a quicker and more efficient service to users.

It was noted the System Transformation Board would continue to work closely with the Health and Wellbeing Board and had been highlighted to embark on many of the recommendations.

Members thanked officers for the very detailed, comprehensive and honest report produced. The amount of work already carried out on the project was appreciated and it was felt that this could only help the preparation for a possible CQC LSR and was a great opportunity to strive for greater system service improvement.

Members suggested that the Health and Wellbeing Board support the recommendations and continue to be kept informed of progress made. This work would also help the Health and Wellbeing Board to continue to review services, monitor outcomes and hold partners to account.

RESOLVED that:-

- (a) The findings, learning and recommendations from the process of base-lining and self-assessment, be noted.
- (b) The role of the Health and Wellbeing Board in further supporting system integration be considered.
- (c) Phase 2 of the project to implement recommendations be approved.

54.2 Report of the Executive Director of Adult Social Care and Children's Services

Health Protection Assurance Report 2017/18 to 2018/19

Louise Sweeney, Public Health Speciality Registrar, provided the Health and Wellbeing Board with information on and assurance of the health protection arrangements in Northumberland. This year's report and powerpoint presentation highlighted the impact of gastrointestinal illness and the systems in place locally to protect and improve public health in relation to this. (Report and a copy of the presentation have been filed with the signed minutes as Appendix B).

The powerpoint presentation focused on some of the key issues highlighted in the report and included:

- It was stated that Health protection arrangements should include measures that aim to plan for, prevent, mitigate and respond to these risks to public health.
- Extensive work continued in Northumberland to increase uptake of the flu vaccine.
- Generally in Northumberland, screening and immunisation programmes were maintaining an acceptable threshold for uptake in the population. However, variation in uptake of the programmes existed between areas.
- Nationally and in Northumberland uptake of the shingles vaccination had declined but work had taken place to understand why this had happened.
- Identifying, managing and controlling outbreaks was an important health protection function and clarification that an outbreak was defined as at least two or more linked cases of illness, above that which was usually expected was given.
- This year, Flu vaccination among health care workers at the acute trusts had increased and NHS England had funded flu vaccination for social care workers. It was recommended that partners continue to work with social care providers to support and monitor uptake.

Members were advised of the different communication and engagement strategies used when promoting screening and immunisation programmes. A query was sought regarding the HPV for boys and what methods would be used to promote this vaccination to ensure uptake was positive. It was advised that the Director of Public Health would look into this query.

A discussion regarding the 48 hour rule took place and the pressure felt by many to return to work or attend school before this time. It was stated that communication would be essential in order to continuing to try to promote, prevent and control the spread of infection. Making the message more localised and enlisting the voluntary and community sector and other partners would further improve the overall health protection of all.

In conclusion it was agreed that the report had provided a reasonable level of assurance that health protection arrangements were in place for Northumberland. There were no major concerns regarding provision, though ongoing work was needed to address persistent inequalities related to health protection. There was also a need to continue to promote infection protection and control measures for gastrointestinal infections, such as food hygiene, education and exclusion following illness of diarrhoea and vomiting.

It was suggested that a letter of thanks be sent to all service staff who had helped to minimise the spread of infection, particularly over the winter period, which had resulted in a decrease in outbreaks being reported.

RESOLVED that:-

- (a) The content of the report be noted.
- (b) The work with Public Health England (PHE), Northumbria Healthcare NHS Trust (NHFT) and partners to promote infection prevention and control measures in education setting continues.
- (c) The ongoing work to increase the update of immunisations be acknowledged and supported.

- (d) Agreement be given that there are no major concerns relating to health protection arrangements across Northumberland.

54.3 Report of the Executive Director of Adult Social Care and Children's Services

Northumberland Local Area SEND Inspection: Written Statement of Action Progress Report

Cath McEvoy-Carr gave an update regarding the progress of arrangements following the outcome of the Northumberland Local Area SEND Inspection. (Report filed with the signed minutes as Appendix C).

It was noted Northumberland County Council and Northumberland CCG had submitted a Written Statement of Action to Ofsted detailing actions that would be taken to address areas of weakness. It was advised that the Health and Wellbeing Board would be kept informed of progress made.

RESOLVED that:-

- (a) The report be noted.
- (b) The ongoing developments be noted.
- (c) An update be provided on progress made at a future meeting.

55. HEALTH AND WELLBEING BOARD - WORK PROGRAMME

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

Members suggested the following be included in the work programme:

- Quarterly update on Integrated Care System.
- Healthwatch Annual Report.
- Invite partners to present their Annual Priorities at future meetings.

It was advised that a Development Day was to be arranged for July to undertake a review of the Health and Wellbeing Board including its membership and terms of reference.

RESOLVED that the Work Programme be noted.

ITEM FOR INFORMATION

56. CONSULTATION

Mergers of community pharmacies in Morpeth and Hexham

Members were advised of two proposals made by Boots to merge their pharmacies in Morpeth and Hexham. In both towns the community pharmacies were within a short distance of each other and would merge onto their bigger sites. It was noted that the

mergers would result in no loss of services in the area and there were further local pharmacies available in both towns.

Members agreed the proposed mergers seemed sensible and should not have a negative impact on users.

RESOLVED that the Board offer no objection to the proposed mergers of Boots community pharmacies in Morpeth and Hexham.

CHAIRMAN_____

DATE_____

Ch.'s Initials.....