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 October 2018 at 10.00 a.m.

PRESENT

Councillor RR Dodd
(Chair in the Chair)

BOARD MEMBERS

Dickinson S	Mead P
Firth R	Riley C (Substitute Member)
Jones V	Thompson D
Lothian J	Shovlin D
Morgan E	

ALSO IN ATTENDANCE

Brown J	Consultant in Public Health
Little L	Democratic Services Officer
Ray H	Chief Operating Officer, Northumbria Healthcare NHS Foundation Trust
Robinson E	Senior Public Health Manager
Rushmer J	Executive Medical Director, Northumbria Healthcare NHS Foundation Trust
Young S	Strategic Head of Corporate Affairs, NHS Northumberland Clinical Commissioning Group

PRESS/PUBLIC : 5

19. APOLOGIES FOR ABSENCE

Apologies for absence were received from V Bainbridge, C Briggs, S Brown, Councillor W Daley, D Lally, J Mackey and C McEvoy.

20. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on Thursday, 13 September 2018, as circulated, be confirmed and signed by the Chair.

S Young, Strategic Head of Corporate Affairs, NHS Northumberland Clinical Commissioning Group advised that he would chase a response from the Adult Learning Team in relation to the SEND report.

21. ITEMS FOR DISCUSSION

21.1 REALISTIC MEDICINE

Dr Jeremy Rushmer, Executive Medical Director at Northumbria Healthcare NHS Foundation Trust provided a power point presentation on realistic medicine, a copy of which would be filed with the signed copy of the minutes. His presentation included the following information:-

- There were boundaries to what medical care could achieve and a number of Doctors were now of the thinking that in some instances, medical intervention was not in the best interests of patients and "less is more" was a better way forward. With the increase in longevity key interventions should consider how to prevent isolation in an aging population, better education in relation to health and more emphasis on preventative measures that could be taken.

- The Realistic Medicine Campaign was started in Scotland and provided information on treating and preventing cultural health issues today rather than relying on a model of medicine, which was based on physicians treating a different generation that no longer met current needs. The seven questions of Realistic Medicine were outlined as follows:

    1. How can we further reduce the burden and harm that patients experience from over-investigation and overtreatment?
    2. How can we reduce unwarranted variation in clinical practice to achieve optimal outcomes for the patients?
    3. How can we ensure value for public money and prevent waste?
    4. How can patients and professionals combine their expertise to share clinical decisions that focus on outcomes that matter to individuals?
    5. How can we work to improve further the patient-Doctor relationship?
    6. How can we better identify and manage clinical risk?
    7. How can all clinicians release their creativity and become innovators improving outcomes for people they provide care for.

- The different choice Doctors make when opting for medical treatment for themselves as opposed to the decisions they make for their patients due to them being able to make more informed choices as they better understand the outcomes. The published data in relation to a trial of palliative care was highlighted with medical models of treatment having detrimental side effects. A proportion of patients, after being fully involved in shared decision making and not opting for medical intervention, actually lived longer.

- The Trust was trialling an initiative where clinicians provided guidance to patients concerning a number of questions they would wish them to ask during a consultation about potential treatment as follows:-

1. Is this test, treatment or procedure really necessary?
2. What are the benefits and what are the downsides?
3. What are the possible side-effects?
4. Are there simpler or safer options?
5. What would happen if I did nothing?

Information provided in response to questions and comments from the Board was noted as follows:-

- This was a really important change of approach which was a key pillar of the development Joint Health and Wellbeing Strategy.
- There was a need for clinicians to start to think in a different way and then treat patients differently. They must start to question the model of care and how this could be adjusted better fit in with the general wellbeing needs of the population.
- Policies and guidelines should be developed to identify and manage risks. It was stated that 35% of patients aged 75 plus who were admitted to hospital would die the following year as there was a transition from a healthy to non-healthy life. Conversations on the way in which people access healthcare were required with both patients and relatives.

RESOLVED that the Board welcomed the presentation and offered their support for the campaign.

21.2 FIND YOUR PLACE

Claire Riley, Director of Communications and Corporate Affairs, Northumbria Healthcare NHS Foundation Trust provided a power point presentation on the Find your Place Campaign. A copy of the presentation would be filed with the signed copy of the Minutes. The Campaign was a collaboration between all 12 provider organisations in the North East and North Cumbria who were working closely with Health Education England North East and other partners to attract more trainees to the region. She advised that, whilst the area had been ranked as the top place to train, it was still a struggle to attract trainees. The campaign aims to promote what was good about area; it being a great place to live, with cheaper housing and cost of living that was close to both the night life of Newcastle and the countryside and offered a good quality of life.

The campaign relied heavily on social media and significant results had been achieved. There had also been increased fill rates for junior doctors which had resulted in savings being made by the use of fewer locums.

D Shovlin commented that it would be useful for primary care to be included to target trainees before they graduate to encourage them to remain in the north of England after training. C Riley advised that a scheme had been launched with a pilot being undertaken at King Edward VII school in Morpeth to offer those interested in a career in medicine volunteering opportunities, however as universities had to be seen as

impartial then it was not possible to have direct links with them. It was recognised that more could be done within schools and colleges to encourage working in the NHS in a whole range of careers.

RESOLVED that the information be noted.

21.3 WINTER PLANNING

Helen Ray, Chief Operating Officer for Northumbria Healthcare NHS Foundation Trust provided a power point presentation on Winter Planning for 2018/2019. A copy of the presentation would be filed with the signed copy of the minutes.

The background and national context was outlined highlighting the unprecedented pressures nationally and locally in 2017/18 with a focus in 2018/19 on capacity planning; how to support patients in the community rather than them being kept in hospital; impact of ambulance handover delays and unacceptable waiting times; and primary care capacity among others.

A local system plan submitted to the Urgent and Emergency Care Network covered four themes:

- Accident and Emergency improvement
- Reduction in hospital bed occupancy
- Flu vaccination
- Norovirus testing

Actions identified from the 2017/18 debrief were outlined including multi-discipline winter room arrangements, stepped escalation plans, infection control, additional staffing and bed capacity, staffing rotas and leave along with improved communications. The key risks were also highlighted.

The impact of previous national public health campaigns on capacity was recognised as having caused problems in the past. In respect of maintaining capacity at community hospitals rather than increasing capacity at larger hospitals, it was reported that whilst community hospitals played their part in the care of patients, it was important to ensure there were sufficient medical teams to support those patients in their acute phase of care.

RESOLVED that the information be noted.

21.4 REPORT OF THE DIRECTOR OF PUBLIC HEALTH

Empowering Communities project: asset-based, community-centred approaches to improving wellbeing and health

The report (attached to the signed minutes as Appendix A) provided information on a project led by Northumberland County Council, Northumbria Healthcare NHS Trust that aimed to use an asset-based community-centred approach to improve wellbeing and health. Five locality co-ordinators would be embedded within the voluntary

community sector or in a not-for-profit organisation in each of the local area council areas in Northumberland. The report was introduced by Councillor V Jones, Cabinet Member for Adult Wellbeing and Health and Dr Jim Brown, Consultant in Public Health.

In response to a question regarding links to other organisations which would lead to positive impacts it was advised that the locality co-ordinators would be responsible for making these initial links. It was confirmed that Primary Care was represented on the Steering Group.

The Board welcomed the initiative however cautioned that existing groups were not duplicated or were disadvantaged by not engaging as well with the process.

RESOLVED that the information be noted and that an update on the project be provided to a future meeting.

21.5 REPORT OF THE DIRECTOR OF PUBLIC HEALTH

Alcohol CLeaR Self-Assessment Update

The report (attached to the signed minutes as Appendix B) provided an update on the outcome of Northumberland's Alcohol CLeaR self-assessment process and provided an overview of the activity currently being implemented to respond to the assessment's findings. A power point presentation was also provided by L Robinson, Senior Manager Public Health (copy attached to the signed minutes). The Board was advised of what had gone well and the progress made against the development areas identified. She highlighted the role of parents and the statistic that 79% of pupils in years 8 and 10 advised that their parents usually knew they drank alcohol and that parents and carers were the most common supply source. Evidence was required in terms of alcohol related hospital admissions, police data and alcohol outlet density etc. to inform future licensing decisions, although it was noted that the provision of alcohol was usually by shops or home rather than pubs. There was an increasing focus of the CCG and Local Authority Public Health on further joining up community mental health and addiction services and work being undertaken with Alcohol Concern using their Blue Light Project approach to review existing multi agency complex case management arrangements.

Councillor Jones thanked those involved for the work undertaken on this project.

RESOLVED that the information be noted.

22. HEALTH AND WELLBEING BOARD - WORK PROGRAMME

S. Young, Strategic Head of Corporate Affairs, NHS Northumberland Clinical Group presented the Health and Wellbeing Board Work Programme (a copy of which would be filed with the signed minutes as Appendix C).

RESOLVED that the Work Programme be noted.

23. CONSULTATIONS

No consultations had been submitted.

24. URGENT BUSINESS

The Chair advised that whilst there was no urgent business to discuss, a document had been handed to him at the commencement of the meeting by a representative of A better hospital for Berwick group and he would with have a short discussion with them at the conclusion of the meeting.

CHAIRMAN_____

DATE_____