

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

At a remote meeting of the **Health and Wellbeing Board** held on Thursday, 12 November 2020.

PRESENT

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

BOARD MEMBERS

Brown, S.
Dungworth, S.
Firth, R.
Jones, V.
Lothian, J.
Mead, P.

Morgan, E.
Renner-Thompson, G.
Riley, C. (substitute member)
Thompson, D.
Travers, P.
Warrington, J. (substitute member)

ALSO IN ATTENDANCE

Bridges, A.
Todd, A.

Head of Communications
Democratic Services Officer

57. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor H.G.H. Sanderson, N. Bradley, J. Mackey, C. Briggs, C. McEvoy-Carr, G. Syers, C Wardlaw and Councillor J. Watson.

58. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on Thursday, 8 October 2020, as circulated, be confirmed and signed by the Chair.

59. ITEM FOR DISCUSSION

59.1 REPORT OF THE DIRECTOR OF ADULT SOCIAL CARE AND CHILDREN'S SERVICES

Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan

Members were provided with an update on the epidemiology of COVID 19 in Northumberland and developments with the Council's COVID 19 Outbreak Prevention and Control Plan. (Report filed with the signed minutes as Appendix A).

Liz Morgan, Director of Public Health, introduced the report and updated Members on the latest figures and actions agreed in response to the increasing rates of infection being seen in Northumberland:-

- There had been a rapid escalation in the number of cases seen in Northumberland. As of today, there had been 902 cases recorded over the past seven days with a 281.6 case rate percentage. It was believed that this rise was due to a population behaviour change. Officers were examining the data and comparing the cases to those of a few weeks ago to see if any patterns were emerging.
- It was noted that the rise in cases were a concern to all. The NHS was under a reasonable amount of pressure at the minute both in primary care and locally. Also, across the region there were some hospital trusts under acute pressure.
- It was reported that the cases now being seen could translate into a possible increase in hospital admissions within the next few weeks.
- It was noted that the country was now within a period of lockdown. All discussions that had been taking place regarding whether the region should be moving into the very high restrictions had been paused. It was envisaged discussions would be restarted before the current lockdown was to end on 2 December. However, it was noted that discussions would be regarding data nearly a week old which could result in Northumberland having a limited amount of time to demonstrate if the lockdown had worked and cases were falling. It was reported that based on the rate of infection the county was seeing at the minute, Northumberland would struggle to stay within the high tier from 2 December.
- In terms of testing, there was now an increase being reported in testing rates which coincided with increased transmission. There were about 7,500 tests being carried out a week through the pillar 2 testing process.
- Two more local testing sites had been established in Berwick upon Tweed and Hexham and the mobile testing units would be moving to Morpeth and Alnwick. It was hoped these additional sites would open up further accessible testing to people in more rural areas.
- It was reported that the testing rates at the Ashington and Blyth sites remained quite buoyant. Data from all of the testing sites would continue to be analysed to see if a compensating reduction elsewhere was being seen or if it was a real increase in general testing uptake.
- With regard to lateral flow tests, it was reported that the northeast was to look at using those to test in a number of very specific circumstances. One way would be to support care home visiting and hopefully enable more flexibility in how the care home visiting process ran. The second group of individuals hoping to gain from this test would be domiciliary care and other support staff going in to provide personal care and support to vulnerable people in their own homes. And finally, it was hoped to use the lateral flow tests for more regular testing of care home staff alongside the pillar 2 testing. This would help to evaluate how well the lateral flow device worked compared to the PCR testing.
- Regarding mass testing of whole populations, officers were waiting the full outcome of the Liverpool testing pilot. It was noted that for people to receive

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their results from mass testing and that of the lateral flow test the individual would need to download an app onto a smart phone. Then the results would need to be inputted into the app which would then connect with the NHS Test and Trace. However, it was acknowledged that one in five people in England do not have a smartphone which would immediately exclude a significant proportion of the population from being able to take advantage of these processes.

- Care homes remained the highest priority in terms of vulnerable populations. There were increasing numbers of cases in staff and residents but not too many outbreaks. At present there were three quite large outbreaks currently being managed with support from the Infection Prevention Control Team.
- From an educational setting it continued to be very busy and the number of cases in staff and pupils increased by a third over the last week from the seven days prior. The Public Health Team continued to support and work with schools.
- Work was taking place to determine which businesses could open and which were essential during this period of lockdown. Businesses had been able to find alternative ways to operate through click and collect and deliveries. However, it was felt that some businesses were exploiting the regulations in order to stay open.
- It was stated that there had been a number of candidate vaccines undergoing phase 3 clinical trials. This was very good news although it was stressed that there was still a long process before any vaccine would be approved and licensed.

Members of the board made several comments, which included:

- In response to a comment, it was confirmed that an updated visiting policy for care homes had been circulated and included guidance as to how inside spaces could be used to facilitate visitors. It was hoped that this would be a more compassionate approach to care home visiting. The new care home visiting guidance would give more flexibility around visitors, the number of people who could visit, the circumstances under which they could visit and how to do that in a safe way. It was confirmed that a pilot of visitor testing to care homes using the lateral flow tests would hopefully be up and running by the beginning of December. These tests would initially be aimed at visitors to care homes and then extended to other key members of staff.
- Members discussed the heartbreaking experiences of families and care home residents who had not been able to see one another during the pandemic.
- It was recommended that reinstating visitors to care homes needed to be made a top priority. Issues such as not have enough outdoor space or additional funds to help establish care home visits in a safe way could disadvantage some and could result in families still not being able to see one another. It was suggested that help and support be provided to all care homes across the sector to ensure no one was disadvantaged simply because of which care home they resided in. It was confirmed that there was a constant dialogue with care homes and support would continue to be offered to all. However, the overall decision regarding allowing visitors into care homes would be with the individual care homes themselves.
- A query was raised regarding whether the funds provided from central government to help support local authorities during COVID 19 could be used to help care homes with any physical structures or other provisions needed in order to enable them to allow residents to receive visitors in a safe way. It was confirmed that officers would

explore this and discuss some of the inexpensive or innovative ways that could be made available to help care homes to operate a visiting scheme.

- Comments were received regarding the Healthwatch Northumberland Forum meeting held yesterday that discussed care home visiting and provided first-hand experiences from those struggling with not being able to see or hear family or friends. It was suggested that the report following yesterday's meeting be made available to all for information.

RESOLVED that the report and comments made, be noted

59.2 POPULATION HEALTH MANAGEMENT

Members received a presentation from Siobhan Brown, Chief Operating Officer and Claire Riley, Executive Director of Communications and Corporate Affairs (NHCT) on population health management (a copy of the presentation is enclosed as Appendix B).

The presentation covered the following points:-

- An explanation of population health management and how it would help deliver the Health and Wellbeing Board Strategy.
- The benefits of a population health management approach including how it would help to understand and address inequalities in health.
- Understanding how COVID 19 would impact on population health management and possible new emerging inequalities because of the pandemic.
- The approach would be people centred and build on the infrastructure already in place across the health and care setting.
- Work had already started on identifying at risk groups to establish where this approach could intervene to stop and ask people what mattered to them, what they wanted from the system and what would help and enable their lives to be better.
- How to utilise the System Transformation Board to address issues at a system level.
- By what means population health management would help to understand wider determinants.
- The need to continue to engage with all sectors, partners, schools and all hard to reach groups.
- The goals and actions needed to achieve population health management.
- An update on the work that had taken place over the last six months on the engagement infrastructure was provided. It was reported that the engagement plan had now been endorsed by the System Transformation Board. It was suggested that the new model of engagement be brought to a future meeting of the board for information.
- It was confirmed that the Health and Wellbeing Board would monitor progress made and receive regular performance reports on a quarterly basis.

RESOLVED that:-

- (a) the presentation be received, and
- (b) regular progress updates be received by the Health and Wellbeing Board on a quarterly basis.

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59.3 COMMUNICATIONS AND ENGAGEMENT SUB-GROUP

The Health & Wellbeing Board agreed that communications and engagement relating to COVID-19 should now be dealt with as a regular agenda item at future Board meetings. It was envisaged this would reduce the number of meetings where the same information was being presented to the same participants and help balance the work of all more efficiently during this challenging time.

Ann Bridges, Head of Communications then gave a communications and engagement update (a copy of which has been filed with the signed minutes). The update included:-

- Members had the opportunity to listen to the latest radio campaign.
- The communication postcard had been sent to all residents and been well received. Planning had already commenced on the next update of the postcard.
- The Outbreak Plan continued to be working well and officers continued to be very responsive to issues, particularly those in care homes and schools.
- Partnership work continued to be successful.
- Communications would be supporting the Trust to deliver their winter campaigns.
- Regional and national messaging on lockdown and what that means for Northumberland residents would continue.
- Details on the information being made available regarding what support was available for residents. Also, the support available for businesses.
- The need to keep informing and educating all to reduce the level of lockdown fatigue setting in.
- Continued work to keeping staff safe and informed, delivering essential services, and acting as county ambassadors.

Members were informed of a new initiative to recruit local COVID 19 community champions. It was reported that the council was to encourage residents, workplace representatives and community and voluntary groups to sign up to become Northumberland Community Champions to help share the latest government advice and coronavirus guidance with their local community, friends and family, in their workplaces and on social media. It was hoped the Champions would help to advise others about how to stay safe during the ongoing pandemic and reduce the spread of the virus. It was suggested an email be sent to all County Councillors and Town and Parish Councillors (via their clerks) to invite them to become COVID Champions. It was recommended that the Communications Team contact Healthwatch Northumberland to see if any of their contacts would also like to be involved in becoming Champions.

RESOLVED that:-

- (a) the information be noted, and
- (b) all communications and engagement relating to COVID 19 be included within the Health and Wellbeing Board instead of being reported to the Communications and Engagement Sub Group.

60. HEALTH AND WELLBEING BOARD – FORWARD PLAN

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Liz Morgan, Director of Public Health presented the Health and Wellbeing Board Forward Plan (a copy of which has been filed with the signed minutes as Appendix C).

Members requested the following be included in the Forward Plan for consideration at future meetings:-

- Care Home Quality Report. Also, for the report to include residents own views.
- Healthwatch Northumberland Annual Plan (July 2021)
- System Transformation Board's New Engagement Plan model
- Population Health Management – quarterly progress updates
- Child and Adolescent Mental Health Report

RESOLVED that the forward plan be noted.

61. DATE OF NEXT MEETING

RESOLVED that the next meeting will be held remotely on Thursday, 10 December 2020 at 10.00 a.m.

CHAIRMAN_____

DATE_____