

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, 16 November 2017 at 10.00 a.m.

PRESENT

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

BOARD MEMBERS

Bainbridge, V.	Lothian, J. (substitute member)
Barron, S. (substitute member)	Morgan, E.
Brown, S.	Mead, P.
Dickinson, S.J.	Patton, R. (substitute member)
Firth, R.	Reed, J. (substitute member)
Jackson, P.A.	Thompson, D.
Jones, V.	

OFFICERS IN ATTENDANCE

Everden, A.	Public Health
Harper-Coulson, R.	LSCB Business Manager
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
Watson, C.	Healthwatch

19. APOLOGIES FOR ABSENCE

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

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20. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on Thursday 12 October 2017, as circulated, be confirmed and signed by the Chairman.

21. ITEMS FOR DISCUSSION

21.1 REPORT OF THE INTERIM DIRECTOR OF CHILDREN'S SERVICES

Arrangements to Support Children and Young People with Special Educational Needs and/or Disabilities

Sam Barron, Partnership Development Manager for SEND updated the Health and Wellbeing Board on the self-evaluation of education, health and social care services for children and young people with special educational needs and/or disabilities and asked members to contribute to the development of the self-evaluation and strategy. (Report filed with the signed minutes as Appendix A).

It was noted that Northumberland would receive an inspection led by the CQC and Ofsted at some point in the next two years so it was vital to ensure the Health and Wellbeing Board and its partners remained up to date on progress.

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

- The three attachments to the papers were in draft format but had continued to progress. Further comments could be submitted to Sam Barron.
- It was confirmed that schools including academies were involved in the development of the strategy and self-evaluation. There were a number of issues identified with those outcomes of children in secondary education but it was noted that there was a school improvement lead officer appointed to drive forward change.
- It was noted that there was a concern regarding the capacity and resilience of mainstream schools to support children and young people with special educational needs and disabilities but funding implications were being discussed as part of the development plan.
- In response to a query regarding the position of occupational therapy and speech therapy, it was confirmed a local area review of services for speech, language and communication needs had been highlighted within the development plan as a key performance indicator.
- It was noted that there continued to be a high number of parents who sourced services outside of Northumberland which was their parental choice.
- A board member asked if there was sufficient financial capacity to deliver the plan's objectives by July 2018 and the resource available to develop new ways of working. It was confirmed that budgets were continually being scrutinised. Northumberland County Council was responsible for the education aspects and CCG for health issues. It was noted that the CQC inspectors would not be

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looking at budgets when they visited but would be examining quality of services, patient pathways and outcomes.

RESOLVED that:-

- a) The contents of the draft area self-evaluation report, area strategy and development plan for special educational needs and disability, be noted.
- b) Comments made on the drafts documents be forwarded by board members ahead of the final version being produced.

21.2 REPORT OF THE INTERIM DIRECTOR OF PUBLIC HEALTH

Pharmacy Needs Assessment (PNA) Draft for Consultation

The report asked the Health and Wellbeing Board to approve the draft Pharmacy Needs Assessment (PNA) prior to formal consultation. (Report filed with the signed minutes as Appendix B).

Anne Everden presented the report on behalf of Public Health.

The Health and Wellbeing Board noted the statutory responsibilities from NHS England with regard to community pharmacy applications, which were to:-

- Review the health needs of the population which could be met by community pharmacies.
- Keep an accurate, record of the pharmacies and GP surgeries (with maps).
- Keep an up to date record of pharmacy opening hours and the services they provide.
- Identify (and publish) any gaps in service e.g.
 - a. communities with no access to pharmacy services
 - b. pharmacies not open at times the population need them
 - c. gaps in provision of commissioned services.
- Keep an auditable record of changes in availability of pharmaceutical services.
- Keep an auditable record of Health and Wellbeing Board's decision as to whether the change was relevant or not to the granting of routine pharmacy applications, and its reasons for coming to that decision.

Rather than bring all notifications of changes to pharmacy opening hours and services to the Health and Wellbeing Board, it was confirmed that the Department of Public Health (DPH) would have delegated authority to record these, and to bring any significant issues back to the HWB for due consideration.

Members were advised that new responsibilities were added to Health and Wellbeing Boards in December 2016. Health and Wellbeing Boards must now consider any applications for consolidations (mergers) of pharmacies and provide a response to NHS England within 45 days.

Members noted that Northumberland County Council concluded that there was adequate provision of NHS pharmaceutical services across most of Northumberland. There was also some scope for pharmacy mergers in market towns without damage

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to the existing network.

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

- A board member asked if online and delivery pharmacy services had any impact on the quality of patient services. It was stated that it was not known how many patients used online services, however this was a question within the public consultation on pharmacy services. There was no data on the quality of pharmacy services that patients using online pharmacies received, however they would miss out on the advice about medicines which was available within the pharmacy shop.
- There had been a recent announcement that Lloyds Pharmacy was closing around 200 units across the country but most were in the London area. There were no closures planned for Northumberland but there was scope to discuss consolidations if any were to close in the county.
- It was noted that community pharmacies were helping administer the seasonal flu vaccination. However, there were still many who were not aware that you could pay a small fee to have the vaccination if you did not fall within one of the groups entitled to it free of charge.
- Clarification was provided on the procedure to follow if a consolidation was proposed and the deadline to respond back to NHS England.
- It was suggested that the PNA needed to be a living document that was constantly updated and continued to meet the needs of the community, being mindful of shifts and trends in population and service needs.
- There was concern that dispensing doctors services were also becoming less viable, and they were essential within the county to fill the gap where no pharmacy services existed.
- Rural access to pharmacy services and pharmacy delivery services needed to be maintained.
- It was suggested there may be initiatives in other areas of the country which Northumberland could learn from in trying to deliver the best services within a challenging budget. It was reported there were a number of pharmacy vanguards which could provide useful background and information. Issues such as community pharmacy providing hospital discharge medicines by electronic transfer of prescriptions and a change in where new medicine reviews are carried out were just two areas that could result in smoother pharmacy services.
- It was suggested a regular review of medicines prescribed to patients could help to ensure what they were taking was still appropriate for their needs and there was no wastage. It was reported that there was a facility to review medicines already in place but maybe a review of clinical use of medicines would be the next step. Members welcomed the development of more clinical services being delivered through community pharmacies. However it was highlighted that there was a shortage of appropriate skilled workforce available to offer more services.

It was reported that the final PNA document was to be published by 1 April 2018. Consultation on the draft PNA was to take place from 17 November (or shortly thereafter) until 29 January 2018. The draft document will be updated to reflect significant comments received during this period and would be reported to a future meeting of the Health and Wellbeing Board along with a report of the consultation.

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RESOLVED that:-

- 1) The contents of the report be noted
- 2) The statutory responsibilities with regard to community pharmacy applications be noted.
- 3) The draft Pharmacy Needs Assessment be approved.

21.3 REPORT OF THE CHAIRMAN OF THE NORTHUMBERLAND SAFEGUARDING CHILDREN BOARD

Northumberland Safeguarding Children Board (NSCB) Annual Report - 2016/2017

Robin Harper-Coulson, LSCB Business Manager and Paula Mead, Chairman of Northumberland Safeguarding Children Board provided an overview of the work carried out under the multi-agency arrangements for safeguarding children in 2016/17. (Report filed with the signed minutes as Appendix C).

Members were advised of the range of achievements and progress of the NSCB priorities during the year. It was reported 234 children were subject to a Child Protection Plan which was a decrease of 355 in comparison to 2015-2016. 1558 Early Help Plans had been completed with a 57% increase in the families receiving early help. This figure could explain why there was a 35 % reduction of Child Protection Plans. It was reported three Serious Case Reviews (SCR's) were undertaken during 2016-2017. It was noted the learning gained from these reviews had been embedded through the prompt delivery on the action plans.

Following the report a number of comments were made, which included:-

- The board welcomed the success of Operation Encompass in ensuring that appropriate school staff were made aware of incidents involving domestic abuse early enough to support children in the best way possible.
- A board member reported the positive feedback received from taxi drivers who had recently been trained in child sexual exploitation.
- It was reported that the partnership work across all agencies remained effective including the engagement with Northumberland GP's and police.
- Training courses continued to support practitioners and ensured their learning, understanding and assessment skills were improved.
- With regard to the internet and social media influences and concerns around young people, it was confirmed that through the Safeguarding Children Board's partners, particularly the police, awareness of issues regarding safe internet use. It was noted that firewalls were in place and use of the internet was monitored in all of the county's children's homes.
- The board commended the work of the Safeguarding Children Board and congratulated them on their achievements over the previous year.

RESOLVED that the report be noted.

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21.4 REPORT OF THE INTERIM DIRECTOR OF PUBLIC HEALTH

Health Protection Assurance Report 2016/2017

Elizabeth Morgan, Director of Public Health provided the Health and Wellbeing Board with information and assurance on the health protection arrangements for Northumberland. This year's report provided a more detailed review of influenza as a health protection issue. (Report filed with the signed minutes as Appendix D).

It was reported a review of health protection functions over the period 2016/17 provided a reasonable level of assurance that appropriate arrangements were in place. Influenza remained the highest national and local strategic risk. Flu vaccination remained a pillar of the national prevention programme and continued focus was required to maintain and improve uptake levels.

This year, the flu vaccine had been extended to all children aged two to eight years. It was noted the school based programme for children in years 1 - 3 achieved higher uptake in 2016/17, largely reflecting easier access as children were being vaccinated in schools rather than within GP surgeries.

Members were advised that Australia had documented a significantly higher number of reports of the flu this year. Australia's flu season had started earlier than UK's and although not a particularly severe strain, a record number of admissions had been recorded. Australia reported a reasonable match between this year's flu and vaccine which was positive news.

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

- It was stated there was still confusion regarding who was entitled to the flu vaccination, where it can be given and the option to pay to be immunised. It was also stated communication outside of the Trust was not as effective and should take place well before the flu season commenced. It was noted approaches to improve the uptake of flu vaccine were taking place but often the communication was part of a national communication strategy missing the start of the season. It was suggested these concerns be highlighted in future briefings regarding flu to try and clarify issues and improve uptake.
- The need to promote and improve flu vaccine uptake in social care staff.
- The need to encourage employers to promote the flu vaccine to all staff, particularly those in residential and domiciliary care.

RESOLVED that:-

- 1) The contents of the report be noted.
- 2) The Health and Wellbeing Board support the arrangements currently in place which provide the DPH with assurance of the health protection function
- 3) The high risk assessment with respect to influenza and support activities to increase flu vaccination uptake as part of the national seasonal flu immunisation programme, be noted.

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21.5 ACCOUNTABLE CARE ORGANISATION (ACO) AND SUSTAINABILITY AND TRANSFORMATION PLAN (STP)

Vanessa Bainbridge, Director of Adult and Community Care Services provided the Health and Wellbeing Board with a brief update on the ACO and STP progress.

It was reported that there continued to be ongoing discussions on the ACO. A full business case had been submitted earlier in the year and this continued to be considered by NHS England and NHS Improvement. There had also been a national challenge concerning the legality of ACO's and this currently remained unresolved. which had not been resolved. In the meantime the CCG's deficit position and the associated requirement to reduce expenditure remained. The System Transformation Board will now take this work forward and report progress to future meetings.

STP's were to be delivered by local health and care organisations working together in a geographic footprint to ensure the transformation and sustainability of local services. It was reported that recent discussions had taken place about the possibility of a merger of three northern STPs. The STPs involved would be Northumberland, Tyne and Wear and North Durham; Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby; and West, North and East Cumbria. The potential merger would create the largest STP in the country but would continue to ensure local decision making still took place. Members noted that no solid proposals have come out from these early discussions and it was suggested an update be provided in due course once further meetings had taken place and more information was available.

RESOLVED that the information be noted and the Health and Wellbeing Board continue to be kept informed of developments with the ACO, STP and System Transformation Board.

22. HEALTH AND WELLBEING BOARD - WORK PROGRAMME

Members considered the Health and Wellbeing Board Work Programme (a copy of the work programme has been filed with the signed minutes as Appendix E).

It was suggested the following issues be placed on the Work Programme for future meetings:-

- SEND Presentation
- Update regarding the System Transformation Board
- Regular updates on the ACO and STP

With regard to the recent report on Water Fluoridation in Northumberland which had been considered at the July 2017 meeting of the board. It was noted that Northumbrian Water had been commissioned to produce a report on the issue. However, since the exercise had taken place additional information was now required

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before the consultation could begin on the proposal to establish a water fluoridation scheme for the whole of the county. It was noted the board would be kept informed of progress.

RESOLVED that the Work Programme and items above be noted.

CHAIRMAN _____

DATE _____

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