

## **NORTHUMBERLAND COUNTY COUNCIL**

### **HEALTH AND WELLBEING BOARD**

At a meeting of the **Health and Wellbeing Board** held in Committee Room 1, County Hall, Morpeth on Thursday, 13 December 2018 at 10.00am

#### **PRESENT**

Councillor Dodd, R.  
(Chair, in the chair for items 30 -33)

Shovlin, D.  
(Vice-chair, in the chair for items 34 - 37)

#### **BOARD MEMBERS**

Bainbridge, V.	O'Neil, S. (substitute)
Blackman, S.	Riley, C. (substitute)
Brown, S.	Morgan, E.
Dickinson, S.	McEvoy-Carr, C.
Firth, R.	Mead, P.
Hudson, R. (substitute)	Patton, R. (substitute)
Jones, V.	Thompson, D.
Lothian, J.	

#### **OFFICERS**

S. Barton	Northumberland Clinical Commissioning Group
S. Barron	Head of SEND Strategies
M. Bird	Senior Democratic Services Officer
R. Hudson	Northumberland Clinical Commissioning Group

#### **ALSO IN ATTENDANCE**

Five members of the public and one member of the press were also in attendance.

#### **30. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors Daley and Jackson, and Gary O'Hare.

#### **31. MINUTES**

**RESOLVED** that the minutes of the meeting of the Health and Wellbeing Board held on 15 November 2018, as circulated, be approved as a true record and signed by the Chair.

## **32. DECLARATIONS OF INTEREST**

Dr J. Lothian declared an interest in the Northumberland Cancer Plan agenda item had she was now a clinical trustee of the North Northumberland Hospice.

## **33. ITEMS FOR DISCUSSION**

### **33.1 Children and Young People's Mental Health Community Service (CYPS) Update**

The Board received an update on the progress of the Children and Young People's Mental Health Community Service (CYPS) waiting times to treatment (copy of report attached to the official minutes as Appendix A). The CYPS had been subject to an improvement plan for the previous 10 months. This followed concerns about a deterioration in the waiting times until treatment to over 30 weeks in the latter half of 2017. These waits persisted until February 2018 when the improvement plan began to take effect, which had since resulted in overall performance with the longest wait for treatment reducing from over 30 weeks down to 12.

Discussion followed of which the key details were:

Support was expressed for the improvements made and their benefits to the young people who received the service. Regarding the sustainability of the service in light of national workforce pressures, the Board was advised that challenges existed but consideration was being given to the whole pathway with the involvement of other organisations including the voluntary sector, schools and private mental health teams to avoid excess pressure on specialist mental health services. Recruiting skilled doctors and therapists was essential for the Northumberland, Tyne and Wear NHS Foundation Trust. Any reduction in sustainability would be a significant risk to the system, so would be addressed where required.

A member praised the progress that the Northumberland, Tyne and Wear NHS Foundation Trust (NTW) had made in improving mental health services for young people, which was a priority of this Board. Early identification and intervention were very important; any delay in providing the services might lead to the young people affected needing additional support. As sustainability was a key target, consideration should be given to listing it as red on the risk register.

In response to a further question, board members were advised that the Clinical Commissioning Group commissioned services from Barnardos, through the Mosaic Project to address sexual abuse; any victims were seen immediately. If the young people in question were also considered to have other mental health needs, NTW would also provide support when particular specialist support was required. A broad range of providers and pathways existed to support mental health services for young people.

Regarding a request for assurance about the thresholds for excluded children, board members were informed that improving the pathway and access was a priority; consideration had been given to thresholds and access criteria to ensure that no gaps existed in service areas. Northumberland benefitted from its multi-agency hub arrangements; routine referrals went through this process, ensuring that joint decisions could be taken early.

Board members were advised that a considerable amount of discussion had taken place regarding the development of the NHS Long Term Plan, within which workforce planning was a key workstream. Localised plans would be confirmed from 2019.

A board member referred to his attendance at a recent mental health leads in schools conference. He had been very reassured about the professionalism in schools to support mental health needs of young people.

The Board was also advised that the statistics in the report demonstrated the increase in performance. Another area of development regarded increasing resilience in young people. It was agreed that this would be monitored, and therefore a timescale for an update was agreed.

**RESOLVED** that the

- (1) progress for the CYPS service waiting times be welcomed;
- (2) continuation of the improvement plan be approved; and
- (3) a further update be provided for the Board in six months' time.

### **33.2 Northumberland Cancer Strategy and Action Plan progress report**

The Board was presented with an update on the implementation of the 2018-23 Northumberland Cancer Strategy and associated Action Plan (copy of report attached to the official minutes as Appendix B). Details were provided of both key system achievements, ongoing challenges being addressed, and priorities identified for 2019.

Discussion followed of which the key details were:

Obesity was one of the biggest risk factors for cancer, and a whole system approach was required to be taken to promote healthy weight and physical activity. This approach included using the planning process to restrict hot food takeaways.

A member stressed the importance of the Board getting sufficient notice about any national campaigns so that local preparations could be organised to prepare for any resulting uptake in services. Members were advised that Public Health England led such campaigns and often targeted a particular group and this was separate from local planning. However the Director of Public Health would ask Public Health England if they assessed any potential local impact from their campaigns. The example was provided about the increase in referrals when awareness about particular celebrities' illnesses became public.

In response to a question, board members were advised that it was difficult to evaluate the impact of the co-ordinator's work yet, but it was possible to measure areas focused on/visited. The work had taken a steer from public health initiatives; board members could take confidence in the work having an impact. In time, the feedback received would be reviewed.

Regarding whether additional funding could be allocated to support the 62 day referral process, board members were advised that Clinical Commissioning Groups decided the funding allocations locally, and further details about funding were expected to be announced in the NHS Long Term Plan.

**RESOLVED** that

- (1) the content of the report, including key achievements, priorities and challenges, be noted; and
- (2) support be expressed for the Northumberland Strategic Cancer Locality Group to continue their implementation of the strategy and action plan.

### **33.3 Integrated Care Partnerships and Systems Presentation**

A detailed presentation was provided by Vanessa Bainbridge and Siobhan Brown of the Clinical Commissioning Group (copy attached to the signed minutes of the meeting), which focused on the following key details:

- opportunities for joint working
- what were Integrated Care Systems?
- the new NHS England regions and emerging Integrated Care Systems (ICS)
- the two north regions - North East and Yorkshire, and North West
- the North East's ICS framework for place and at-scale working
- outputs from recent workshops and reflections on work undertaken so far
- details of the NHS Long Term Plan
- the future of the System Transformation Board and early feedback from regulators
- key headline issues - relationships were more important than structures; the system was the servant of place; the Cumbria and North East system was very long established, at least since 1948
- the ICS provided a mechanism to make decisions that affected everybody, as well as economies of scale for issues such as strategic communications, workforce and digital planning, UEC coordination among others.

Detailed discussion followed of which the key details were:

Northumberland had a successful record in partnership working. The structure was praised; it was clear and would benefit arrangements for regional working. Work was jointly taking place between NHS England and the Clinical Commissioning Groups on arrangements for the management structure of the Integrated Care System. It was acknowledged little detail yet existed on the role of the voluntary and community sector in this work, but it was a year long process to follow. There were links to the NHS Long Term Plan and further engagement work would be undertaken as the proposal developed. The proposal involved all local NHS bodies, all four local authorities and much partnership working. The opportunity existed for influencing the direction of strategic change and setting the blueprint for how the structure would look like in the future.

Members were advised that it would be appropriate to hear a further update on the content of the NHS Long Term Plan and its consequences early after its release.

*(During discussion, Councillor Dodd exited the meeting and Vice-chair David Shovlin then chaired the remainder of the meeting.)*

Members were advised that the plans would be developed then discussions could take place about how they were taken forward. Engagement had taken place with voluntary groups as part of the development of the NHS Long Term Plan. The plans were expected to evolve locally, and Northumberland had a great opportunity to lead the way. It was added that 85% of Northumberland NHS funding was spent in Northumberland; some had to be spent elsewhere on specialised services that were provided on a wider regional level.

Board members stressed that it was important to keep engaging with local members and maintain communications throughout the development process.

**RESOLVED** that

- (1) the information be noted; and
- (2) a further update be provided when appropriate.

### **33.4 Special Educational Needs and Disability (SEND) Inspection**

The Board received a detailed verbal overview about the recent SEND inspection, which had taken place on 1 - 5 October 2018. A range of work had been undertaken including visits to 13 settings and focus groups with parents in the four localities. Information was requested on local area strategies, health and social care arrangements, processes undertaken, and pathways for referrals.

A very open self evaluation process had been undertaken which the inspectors had described as very honest. The inspectors had acknowledged that frontline staff were working very hard and making a big difference. Correspondence about the inspectors' draft findings had been sent in early November. They identified three areas requiring improvement plans: weaknesses in local area joint commissioning arrangements; the implementation of the graduated approach for meeting the needs of children and young people with special educational needs and disabilities; and improving outcomes for children and young people with special educational needs and disabilities in preparation for their adult lives. Work was already commenced on addressing these requirements, and a meeting would take place on 17 December about what the written statement of action would require. After that the local area had 70 days to produce a local area action plan which would be monitored quarterly by the Department for Education and NHS England.

Board members were also advised that seven local authority inspections had taken place in the North East so far: six then received a written statement of action. Each would be revisited as a result, but not re-inspected.

In response to a question, board members were informed that the inspectors had comments that safeguarding arrangements were robust and they were satisfied with how they were managed. A key finding was the local area was on the right track but

needed to focus more on jointly planning, commissioning and providing for the needs of the children concerned.

Members noted the range of work undertaken, and welcomed the proposed quarterly updates on the action plan. It was agreed that the report was very open and honest, provided reassurance about work proposed for the next steps, had acknowledged the comments of the inspectors and showed confidence in meet the required challenges.

**RESOLVED** that

- (1) the information be noted; and
- (2) quarterly updates be provided for the Board on progress on the action plan.

#### **34. HEALTH AND WELLBEING BOARD - WORK PROGRAMME**

Members received the Board's work programme (attached to the official minutes as Appendix C).

Members requested and agreed the following additions/changes:

- an update on the NHS Long Term Plan in February 2019
- an update on the Integrated Care Partnerships and Systems in March 2019
- an update on the CYPS in June 2019
- January's meeting was too early for the SEND area provision item; it would be jointly delivered with the next SEND action plan update, which were now going to be quarterly.

**RESOLVED** that the work programme and changes identified be agreed.

#### **35. CONSULTATIONS**

Board members noted that no consultations were due to be reported.

#### **36. URGENT BUSINESS (if any)**

##### **(a) Communications and Engagement Subgroup**

With the agreement of the Vice-chair, the Board was asked to consider appointing a chair for the reconvened Communications and Engagement Subgroup. It was provisionally agreed that David Thompson would chair this group. It was also clarified that board members had no conflict in interest from chairing any subgroups.

##### **(b) Norovirus**

Members were advised about the strict restrictions put on visiting hours on hospitals in Northumberland and North Tyneside over a fear of a norovirus outbreak. It was agreed that this was a sensible approach, and any queries should be sent for Claire Riley's attention.

**RESOLVED** that the updates be noted.

**37. DATES AND TIMES OF FUTURE MEETINGS**

Dates of future meetings in 2019 were noted:

- Thursday, 17 January
- Thursday, 14 February
- Thursday, 14 March
- Thursday, 11 April
- Thursday, 9 May.

**CHAIR** \_\_\_\_\_

**DATE** \_\_\_\_\_