

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, 14 February 2019 at 10.00 a.m.

PRESENT

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

BOARD MEMBERS

Brown, S.
Dickinson, S.
Firth, R.
Jones, V.
McEvoy-Carr, C.
Lothian, J.

Patton, R. (substitute member)
Riley, C. (substitute member)
Thompson, D.
Shovlin, D.
Wardlaw, C.

ALSO IN ATTENDANCE

Brown, J.
Homer, C.
Todd, A.

Consultant in Public Health
County Councillor
Democratic Services Officers

One member of the press was also in attendance.

Members welcomed Christine Wardlaw to the Health and Wellbeing Board as the new Local Pharmaceutical Committee Representative.

42. APOLOGIES FOR ABSENCE

Apologies for absence were received from C. Briggs, Councillor W. Daley, Councillor P.A. Jackson, D. Lally, J. Mackey, E. Morgan, P. Mead and G. O'Hare.

43. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on Thursday, 17 January 2019, as circulated, be confirmed and signed by the Chairman.

44. ITEM FOR DISCUSSION

44.1. Report of Siobhan Brown on behalf of NHS Northumberland Clinical Commissioning Group

The NHS Long Term Plan (LTP)

The report presented by Siobhan Brown, outlined the NHS Long Term Plan (LTP) that would drive the NHS's direction of travel over the coming years; supported by the £20bn additional funding in the NHS (a copy of the report filed with the signed minutes as Appendix A).

Members also received a powerpoint presentation on the LTP (a copy of which has been filed with the signed minutes), which highlighted:

- The background to the Long Term Plan.
- How the LTP had been developed and in what way the NHS thought they could overcome the challenges faced, such as staff shortages and growing demand for services.
- What the LTP would deliver for patients. Making sure everyone got the best start in life, delivering world-class care for major health problems and supporting people to age well.
- How to deliver the ambitions of the LTP.
- What the LTP would do differently to give people more control over their own health and the care they receive.
- How the LTP would encourage more collaboration between GPs and their teams and community services, as 'primary care networks', to increase the services they could provide jointly.
- Highlighted an increasing focus on NHS organisations working with each other and their local partners, as 'Integrated Care Systems', to plan and deliver services which would meet the needs of their communities.
- The next steps in the LTP process including timetable, funding and workforce.
- Making better use of data and digital technology in order to provide more convenient access to services and health information for patients, better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.
- What the LTP would mean for staff, patients and the public.
- Further details on primary care networks.

Detailed discussion followed of which the key details were:

Engagement with NHS staff, patients and the general public was taking place. Work would also be taking place with local Healthwatch groups to support NHS teams in ensuring that the views of patients and the public were heard. Age UK would be leading work with other charities to provide extra opportunities to hear from people with specific needs or concerns. It was hoped that by carrying out these

communication and engagement opportunities everyone would have the opportunity to help shape what the NHS LTP would mean for their area.

It was noted that the LTP had been published on 7 January 2019 following a long engagement process. However, the LTP had been published prior to the delayed Green Paper on social care, now due in autumn. This in addition to the National Spending Review would be very important parts of the whole system picture moving forward. It was suggested that a report on the Green Paper and the National Spending Review be brought to the Health and Wellbeing Board once published.

Members welcomed the extra investment promised which had the potential to act as an enabler and catalyst for greater scale and faster transformation. A 3.4% funding growth over the next five years with increasing funds for primary and community care and mental health care had been agreed. However it was stated that the funding and objectives set would need to be measured against meaningful targets, especially around research and those treatments without a wide evidence base.

A lot of the aims and improvements detailed within the LTP were things that Northumberland were already doing and doing well. The funding allocation was welcomed but there was a concern that the formula issues could negatively impact on the county due to its rural nature. The county had strong rural practices and many were working together to get the best for their patients. The stipulations of the population criteria could pose a challenge but mechanisms could be created to combat this such as hub working and shared services. It was confirmed that the aim was to achieve the best for Northumberland and for it to align with the Joint Health and Wellbeing strategy.

Members discussed the ambition of broadening the NHS workforce and creating networks to offer and share resources. Members had discussed many times before the need to recruit and retain staff and commented on the successful 'Find Your Place' campaign which could be extended to other roles within the NHS.

Members were advised of the excellent helpforce and volunteers within the NHS and the need to extend these roles further into the community.

It was noted that GPs would continue to be the primary care leads and deliver patient centred care. Also the new social prescribing worker role would be a great addition to the service.

Members noted that the Health and Wellbeing Board would have a pivotal role in holding the system to account for the delivery of the plan and as a catalyst for delivery against the wider determinants of health such as education, transport, employment, environment and leisure. It was remarked that it was a welcomed change to discuss potential funding and staffing increases instead of cuts.

It was suggested regular quarterly updates on the delivery of the LTP be brought back to the Health and Wellbeing Board.

RESOLVED that:-

(a) the contents of report and presentation be noted.

(b) quarterly updates on the delivery of the LTP be received by the Health and Wellbeing Board.

45. HEALTH AND WELLBEING BOARD - WORK PROGRAMME

Members were presented with the Health and Wellbeing Board Work Programme (a copy of the programme has been filed with the signed minutes as Appendix B).

RESOLVED that the Work Programme be noted.

46. URGENT BUSINESS

Communications and Engagement Subgroup

With the agreement of the Chair, David Thompson sought clarification and guidance from the Health and Wellbeing Board regarding the reconvened Communications and Engagement Subgroup. At a previous meeting of the Health and Wellbeing Board David had been nominated to Chair the subgroup but felt that there were a number of issues that needed addressed before it was fully reconvened including the membership, terms of reference, reporting mechanism and overall role and aims.

Following on from the discussion it was agreed that appropriate officers meet with David to discuss the matter further.

RESOLVED that the information be noted.

CHAIRMAN _____

DATE _____