

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 June 2019 at 10.00am

PRESENT

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

BOARD MEMBERS

Brown, S.	Lothian, J.
Dickinson, S.	Mead, P.
Docking, T. (substitute member)	Morgan, E.
Homer, C.	Thompson, D.
Jones, V	Wardlaw, C.
McEvoy-Carr, C.	

OFFICERS

M. Bird	Senior Democratic Services Officer
L. Sprudd	Director of Northumberland Sport

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

01. MEMBERSHIP AND TERMS OF REFERENCE

RESOLVED that the membership and terms of reference of the board, as agreed by Council on 1 May 2019, be noted:

20 members. Chair: R.R. Dodd; Vice Chair: board representative

Conservative	Labour	Bedlington Independents	Liberal Democrat	Independents Non-grouped
W. Daley	S. Dickinson			
R.R. Dodd				
P.A. Jackson				
V. Jones				

Leader of the Council
Cabinet Member – Adult Wellbeing and Health
Cabinet Member – Children's Services

Cabinet Member - Culture, Arts, Leisure and Tourism (as recommended by the All Party Arts, Health and Wellbeing Parliamentary Working Group's Creative Health report, 2017)

Conservative Group representative

Labour Group representative

Executive Director of Adult Social Care and Children's Services (Lead officer for the board)

Director of Public Health

Service Director Commissioning

Other officer representation as appropriate

NHS Northumberland Clinical Commissioning Group Chief Clinical Officer

NHS Northumberland Clinical Commissioning Group representative

Healthwatch representative

Northumbria Healthcare NHS Foundation Trust Chief Executive

Northumberland, Tyne and Wear NHS Foundation Trust Chief Executive

Northumberland Local Medical Committee Chair

NHS England Representative

Chair of NCC Safeguarding Boards

VCS Representative

North of Tyne Local Pharmaceutical Committee

Terms of reference:

- (1) To transform the way health and social care services are commissioned and provided to promote integration, improve the health and wellbeing of the population of Northumberland and reduce health inequalities.
- (2) To set out the strategic vision for health and wellbeing for Northumberland to provide a shared sense of direction for constituent organisations of the board.
- (3) To promote a shared transformational culture and set of key principles, across constituent organisations of the board, to drive positive change.
- (4) To hold the system to account to prioritise early intervention and primary prevention.
- (5) To improve democratic accountability for health and wellbeing decision making.
- (6) To provide a focus for Health and Wellbeing Board partners and total public sector commitment to improving population wellbeing and health outcomes.
- (7) To ensure the engagement of the public in determining needs and service commissioning.
- (8) To undertake regular reviews of the Board's activity to ensure that it is achieving what it is setting out to do.

Statutory functions:

- (9) To encourage all health and social care organisations which operate within Northumberland to work together in an integrated manner.
- (10) To provide all appropriate advice, assistance and support to encourage the development of formal partnership arrangements between social care and health services, making use of the powers provided by Section 75 of the NHS Act 2006.
- (11) To oversee the production of the Joint Strategic Needs Assessment (JSNA) for Northumberland, covering all needs which either fall within the

responsibilities of health commissioners, but could alternatively be met or significantly affected by local authority functions or vice versa.

- (12) To produce a joint health and wellbeing strategy (JHWS) for Northumberland, on behalf of the Council and Northumberland Clinical Commissioning Group.
- (13) To ensure that Healthwatch Northumberland and the people who live and work in Northumberland are involved in the production of the JSNA and the JHWS.
- (14) To maintain and update Northumberland's Pharmaceutical Needs Assessment.
- (15) To respond to any pharmacy contract consolidation request submitted to NHS England within the statutory timeframe.

Additional functions delegated by Council:

- (16) To monitor performance against designated health and wellbeing outcomes as detailed in the Health & Well Being Strategy and to hold partners to account.
- (17) To advise all partners and stakeholders on steps that they could take to reduce health inequalities within Northumberland and between Northumberland and England as a whole
- (18) To promote broader integration and partnership working between the NHS, social care, public health and other local services
- (19) Any other functions that may be delegated by the Council under section 196 (2) of the Health and Social Care Act 2012.

Members also noted that there would be discussion at the board's next development session about the terms of reference. It was also noted that Tim Docking would be attending as the substitute for Russell Patton.

02. APOLOGIES FOR ABSENCE

Apologies were received from Ralph Firth, Siobhan O'Neil and Dr Graham Syers.

03. MINUTES

RESOLVED that the minutes of the Health and Wellbeing Board held on Thursday, 14 April 2019, as circulated, be confirmed as a true record and signed by the Chair.

04. ELECTION OF VICE-CHAIRMAN

RESOLVED that Dr Graham Syers be appointed as vice-chairman of the board.

05. DISCLOSURES OF MEMBERS' INTERESTS

Councillor Cath Homer declared that she was a member of Northumberland Sport's board and chair of the Northumberland Cycling and Walking Board.

06. ITEMS FOR DISCUSSION

06.1 REPORT OF SIOBHAN BROWN ON BEHALF OF NHS NORTHUMBERLAND CLINICAL COMMISSIONING

NHS Northumberland Clinical Commissioning Group delivery of Joint Health and Wellbeing Strategy 2018-28

The report outlined how the NHS Northumberland Clinical Commissioning Group (CCG) Operational Plan 2019-20 supported the delivery of the Joint Health and Wellbeing Strategy (JHWS) 2018-28. (Report enclosed with the official minutes as Appendix A.)

Siobhan Brown provided a detailed presentation (copy attached to the official minutes of the meeting), of which the key details were:

- the CCG and Trust's requirements to develop a one year organisation level operational plan for 2019-20
- the underpinning of the work by the NHS Long Term Plan
- the four key elements of the joint Health and Wellbeing Strategy 2018-28, with details of the CCG's metrics for each:
 - (1) giving children and young people the best start in life: key areas of focus for 2019-20 were the work of the mental health support team, improving transition planning, an all age autism strategy, maternity strategy; oral health improvement; strengthening joint commissioning arrangements; and reducing waiting times
 - (2) empowering people and communities: key areas of focus for 2019-20 were care navigation and social prescribing; shared decision making; urgent care strategy; integrated clinical pharmacy workforce; realistic medicine approaches; community paramedic roles; primary care networks; digital technology, and NHS Diabetes Prevention programme
 - (3) tackling some of the wider determinants of health: key areas of focus for 2019-20 were appropriate transport arrangements; emergency ambulance transport; safe. Hazard free and warm housing; links with colleagues in education; appropriate access to services; 'Making Every Contact Count'; increasing screening rates for cancer; and personal health budgets
 - (4) adopting a whole system approach to health and care: key areas of focus for 2019-20 were promoting population health; cancer transformation; understanding the last 1000 days of life; joint musculoskeletal and pain service; whole system approach to medicines; urgent care services; integrate care pathways. Integrated life span approach; System Transformation Board Outcomes Framework; and align commissioning arrangements
- a number of case studies, in relation to patient impact and population impact

- the CCG's ambition for Northumberland's system.

In response to a question, board members were advised that the timescale for children and young people accessing specialist help, of which 99% were seen within the required 12 weeks, counted as the date when the actual help was provided. A four week timescale was being piloted, and the CCG would have access to specialist support from trailblazer arrangements.

Regarding a question about Patient Participation Groups' (PPGs) involvement in any decision making, board members were informed that all six Primary Care Networks helped in coordinating with all PPGs to have their say in the process.

In connection with concerns expressed about any impact from the centralisation of services upon rural communities and disadvantaged people, board members were advised that this was a challenge but work took place to involve local communities in possible solutions and understand their needs. Online and telephone assessments were also options.

A board member questioned how this work linked with the wider strategic aims of the Integrated Care System (ICS). Board members were advised that a further update on this could be presented to a future meeting but the wider ICS level involved a regional population of 3.1 million, and this strategy focused on locally identified priorities including mental health, learning disabilities, digital access, prevention, children, cancer, urgent and maternity care.

A board member stressed the importance of wider access issues as many communities were isolated. It was important to work together to improve access where possible, including for transport and telecare. Access was not limited to disadvantaged people but also other considerations including mobility issues. Another board member emphasised the importance of partnership and the board addressing such concerns given possible bureaucratic obstacles at a higher NHS level. Members were also advised that this work was intrinsically linked with the System Transformation Foard, included ensured additional monitoring and a high level of oversight.

RESOLVED that the programmes of work planned by the CCG in its 2019/20 Operational Plan that will support delivery of the themes and outcomes in the JHWS, and board members' comments, be noted.

06.2 REPORT OF THE DIRECTOR OF NORTHUMBERLAND SPORT

Northumberland Physical Activity Strategy

The report (enclosed with the official minutes as Appendix B) presented the draft Northumberland Physical Activity Strategy 2018-18 (as attached in Appendix 1), a multi-agency approach co-ordinated by the Northumberland Sport Partnership, which aimed to tackle the wider health and wellbeing issues associated with the rising levels of inactivity amongst all age groups throughout the county.

This paper sought to update board members on the long term 'whole system' approach to engaging inactive communities in Northumberland through targeted interventions and a universal offer, to reach out to inactive people more effectively. Lee Sprudd, Director of Northumberland Sport, introduced the report and particular made reference to Northumberland's above average inactivity levels, inequalities that needed to be addressed, and the long term aims of the plan to deliver real sustainable change.

A board member suggested that cost implications of some activities could be a barrier as some more economically deprived residents might not consider them a priority. Mr Sprudd explained that work took place to understand such concerns and also the motivation and behaviour of young people, but the strategy primarily aimed to pool resources and identify any gaps. Northumberland Sport would welcome any feedback from affected groups to understand time and cost pressures that impacted upon participation levels. Life transitions also had an impact on participation levels, for example changing schools, moving house, relationship breakdowns. Work would take place with volunteers to see what support could be provided, but Northumberland Sport also aimed to access investment too.

A board member welcomed the action plan, which was a very thorough and welcome appraisal, and asked about progress in delivering it. Board members were informed that the action plan was a working draft which partners had contributed well to. It would hopefully be finalised by September 2019. It's focus was to ensure shared ownership of the goals, identify what work was taking place, join up all requirements and provide the required expertise.

A board member was pleased that mental health and dementia were both highlighted within the report. Another board member commented on the amount of work undertaken and the outstanding level of engagement. This work would involve groups across a number of different levels and the strategy provided a base to build further on the proposed work.

A board member referred to the widespread engagement organised and queried the level of responses from schools. Mr Sprudd advised that Northumberland Sport had a 0-19 multiagency group, and primary education received funding from the obesity sugar tax. Northumberland Sport wanted headteachers and senior leads to embed physical activity in their schools. A proposal had been developed to promote the daily mile campaign, which would provide an extra 15 minutes' exercise every day for every child. Each school was challenged to provide a further 30 minutes beyond their current physical education provision. 37 primary schools had signed up to this challenge so far; it was hoped that it would be expanded to secondary schools in due course.

RESOLVED that

- (1) the role of Northumberland Sport in developing and then leading a multi-partnership approach to develop the Northumberland Physical Activity Strategy be acknowledged; and
- (2) the Northumberland Physical Activity Strategy be approved and the role of Northumberland Sport in developing and delivering the action plan be supported.

06.3 PROVISION OF DENTAL SERVICES IN ROTHBURY AND HADSTON

Board members received an update on the provision of dental services to Rothbury and Hadston following the closure of dental services in 2018. (Copy of briefing note from NHS England attached to the official minutes of the meeting.) The board had discussed this issue at a previous meeting, and the Health and Wellbeing Overview and Scrutiny Committee had received an update at their meeting on 4 June 2019.

The contract had been awarded to Duncan Thomas of Northumbria Dental Care Limited. A small number of bids had been received. The service would be delivered in Rothbury and Amble, but not in Hadston. The service would be delivered from 1 December 2019; a six month mobilisation plan period was needed to allow the provider time to employ staff and ensure that the premises were fit for purpose. A contract already existed for the provision of domiciliary service, and it was acknowledged that some residents from Hadston would need to travel three miles to Amble to receive treatment.

A board member expressed concern that hundreds of residents had engaged with NHS England but been ignored. Consultation undertaken, responses received and the involvement of Healthwatch had not been taken into consideration. It might not have been feasible for a full practice to be provided at Hadston but a satellite service would have been more palatable. Poor oral hygiene impacted on people's health later in life; this needed to be addressed. Thousands of houses were being built locally, so there would be a demand for dental services. He had written to NHS England directly to express his disappointment that no satellite service was to be provided in Hadston.

Ms Morgan, as Director of Public Health, advised that NHS England would monitor the demand for the service, that all the equipment had been taken out of the Hadston premises when the previous dentist left, and no dental providers were willing to provide the full service at Hadston. She could however write back to NHS England to pass on the board member's concerns.

It was also clarified that the Rothbury premises were subject to planning permission, it was not proposed to site the dental practice within the hospital building as residents wished for it to be located on the High Street. Members were further advised that dental provision was provided monthly in the children's centre, and there might be an opportunity to see if that process could be extended.

RESOLVED that the update be noted and comments from the board be sent to NHS England.

07. HEALTH AND WELLBEING BOARD - FORWARD PLAN

Board members noted details of forthcoming agenda items at future meetings (the latest version was enclosed with the official minutes as Appendix C). In addition to details of items listed, it was added that the next meeting would be a development session ran by the LGA and could include discussion about the frequency for the provision of Healthwatch updates.

RESOLVED that the forward plan be noted.

ITEMS FOR INFORMATION

08. CONSULTATION

08.1 REPORT OF DIRECTOR OF ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION

Application for consolidation of two pharmacies in Alnwick

The report (copy enclosed with the official minutes as Appendix D) informed board members of the circumstances surrounding the application to consolidate two Boots pharmacies in Alnwick. It was proposed to consolidate them into the larger of the two sites, which had longer opening hours and more services than the other branch. As there was another pharmacy locally available in Alnwick, the board were recommended to not oppose the proposal.

RESOLVED that the proposed consolidation of the two Boots pharmacies in Alnwick be supported.

CHAIR _____

DATE _____