

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

At a remote meeting of the Health and Wellbeing Board held on Thursday, 13 August 2020 at 10.00 a.m.

PRESENT

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

BOARD MEMBERS

Brown, S.
Dungworth, S.
Frith, R.
Homer, C.R.
Lothian, J.
Mead, P.

McEvoy-Carr, C.
Morgan, E.
Thompson, D.
Travers, P.
Warrington, J. (Substitute Member)
Riley, C. (Substitute member)

ALSO IN ATTENDANCE

Bennett, Mrs L.M.

Senior Democratic Services Officer

44. APOLOGIES FOR ABSENCE

Apologies for absence were received from W. Daley, P.A. Jackson, V. Jones, and J. Mackey,

45. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on Thursday, 9 July 2020 as circulated, be confirmed as a true record and signed by the Chair.

ITEMS FOR DISCUSSION

46. REPORT OF THE EXECUTIVE DIRECTOR OF ADULT SOCIAL CARE AND CHILDREN'S SERVICES

46.1 Draft Northumberland COVID-19 Outbreak Prevention and Control Plan

Members received an update on the epidemiology of COVID-19 in Northumberland and developments with the Council's COVID-19 Outbreak Prevention and Control Plan.

Liz Morgan, Director of Public Health, updated Members as follows:-

Ch.'s Initials.....

- 1,599 people had tested positive since the start of the outbreak, three of which were in the last week. These had been identified via mobile and home testing.
- Rates had been low over the previous seven to eight weeks. These were 1 per 100,000 to 3.5 per 100,000 equating to 2 - 11 per week. This was low for the population of Northumberland.
- Testing rates were looking healthy although the introduction of testing in care homes may have skewed the data.
- Nationally, it was estimated that 1 in 1,900 of the population was infected.
- The number of deaths in Northumberland continued to fall although, tragically, there had been one death this week.
- Public Health England was not concerned about current levels in the NE, however, there was currently a spike in cases in Middlesbrough with larger increases in West Yorkshire and the North West, particularly Greater Manchester area.
- Hospital admissions were reducing, numbers on ventilation support and deaths were reducing.
- Easing of lockdown was always conditional on cases remaining low and as cases had risen, the easing of lockdown had been put on hold.
- Opening schools in September was a priority and it may be that restrictions had to be put in place in order to allow this to happen.
- Currently, it was not thought that tourists coming to Northumberland had led to an increase in cases, however, it was important to consider that the more people mixed the more likely it was that the virus would spread.
- It was also important to be vigilant with regard to the possibility of Northumberland residents travelling to areas where cases were higher and bringing it back to Northumberland.

Liz Morgan went on to update Members on the NHS Test and Trace Contain Framework which set out principles for preventing, managing and containing outbreaks; outlined roles and responsibilities at local and national level and putting in place some mechanisms to impose local restrictions. The escalation process for external intervention was also outlined.

Implications for Northumberland County Council and other Upper Tier Local Authorities (UTLAs)

- Local Outbreak Plans and Powers
 - UTLAs now had power to close individual premises, public outdoor spaces and specific events.
 - Work was ongoing to establish what the process to impose restrictions would look like.
 - These could still be imposed by central government.
- Roles and Responsibilities
 - A new Regional Oversight Group had been established which would provide a link with the national Joint Biosecurity Centre and central government. All agencies involved looked at data daily to identify issues and prevent any need for escalation.
 - Developments with the access to data would soon allow a high level of data on all tests for COVID-19 whether positive or negative.

- It was important to allow equity of access for all people
- A surveillance dashboard had been created and a mechanism would be put in place to allow members of the Health Protection Board to access.
- A task and finish group had been set up to look for sites for the mobile testing unit to be based. Currently, it was rotating between Hexham, Morpeth and Berwick.
- Five wraparound Support Teams were in action dealing with educational settings, care homes, business and workplaces, high risk settings and high risk individuals. All Teams now had action plans in place.
- Communications and Engagement
 - A Communications and Engagement Sub-Group had been formed and met on 30 July 2020.
 - Additional support had been brought in to help map out stakeholders to help identify gaps. This would enable targeted key messages to be developed.
 - Work was ongoing with the Wraparound Support Teams. A database of businesses would be developed using other sources of information such as business rates.
 - Educational settings were well established but would benefit from a toolkit comprising flow charts, template letters etc.
 - Care homes needed support on the flow charts that had been developed.
 - The national campaign message on testing would be amplified by posters on Council vehicles, bollards, lamp posts etc to reinforce and hammer home the message about keeping safe.
 - Action cards had been produced giving advice to businesses on what to do if there was a suspected outbreak.
 - The next steps included producing a tourist charter, pop up events and refreshing the message in local towns.

The following comments were made:-

- There was concern that there was still no mobile testing available in Ashington and Blyth, even though data suggested that these were high risk areas. It was reported that people could still apply online for tests or go to be tested in Newcastle. There was dissatisfaction that the mobile units were based in areas where people were more able to access testing in other ways. Urgent action to review the situation for South East Northumberland was urged.
- Local contact tracing was more successful than national tracing and it had now been acknowledged that this was the case. A meeting was to be held next week to look at a model for the North East. Any local process would have to be linked to Public Health England's surveillance to prevent any unnecessary fragmentation of data flows and to support governance.

IT WAS AGREED that the report be noted.

47. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2019 - CREATIVE HEALTH

Members received a report presenting the Director of Public Health's Annual Report which was focused on the role of the arts in improving health and wellbeing across the life course. The report also introduced the concept of Creative Health Champions and advocates for establishing that role within certain organisations.

Councillor C.R. Homer, Portfolio Holder for Culture, Arts, Leisure & Tourism, was delighted to welcome the report. The report included some excellent case studies in Northumberland and provided an opportunity to showcase physical and mental health outcomes. This linked with the Cultural Strategy and delivery framework and there was monitoring of the progress on goals. The sector had taken a knock over the last few months. In the future, the sector may operate in a different way but it was hoped it would come back better and stronger. There were great opportunities here to embed creative champions and a golden opportunity for a creative health hub.

The following points were raised:-

- Supporting the arts and culture could help deliver on all four themes of the Joint Health and Wellbeing Strategy. There was an opportunity to build on the solid foundations in arts and health and explore how the arts could be embedded more firmly in the clinical and preventative care agenda.
- Prevention did not just encompass traditional approaches such as behaviour change but also included building on the positive assets already in place.
- The report highlighted the impact arts could have in the widest sense to improve pre and post natal health, bonding, social and behavioural health development. Arts can support education, giving young people coping strategies for low level mental health problems and teaching them about healthy relationships
- Long term mental and physical health conditions could benefit, with a significant impact on those furthest from employment, proving confidence and self esteem.
- Dance could improve flexibility, strength and aerobic endurance and prevent cognitive decline and frailty..

Members welcomed the report and the CCG and Health Trust indicated that they were willing to commit to supporting the role of Creative Health Champions within their organisations.

IT WAS AGREED that

- (1) the content and recommendations of the Annual Report 2019 be supported.
- (2) discussion take place on approaches to developing a North East Creative Health Hub.
- (3) the role of Creative Health Champions in CCGs, NHS Trusts and Northumberland County Council be supported.

48. DATE OF NEXT MEETING

The next meeting will be held remotely on Thursday, 10 September 2020, at 10.00 a.m.

CHAIRMAN

DATE