

Public Document Pack



Northumberland County Council

Your ref:

Our ref:

Enquiries to: Andrea Todd

Email: Andrea.Todd@northumberland.gov.uk

Tel direct: 01670 622606

Date: 3 February 2021

Dear Sir or Madam,

Your attendance is requested at a virtual meeting of the **HEALTH AND WELL-BEING BOARD** to be held on **THURSDAY, 11 FEBRUARY 2021** at **10.00 AM**.

Please note this will be a “virtual meeting” that will be streamed live on our Youtube channel at [youtube.com/NorthumberlandTV](https://www.youtube.com/NorthumberlandTV)

Yours faithfully

Daljit Lally
Chief Executive

To the members of the Health and Well-being Board.

Any member of the press or public may view the proceedings of this virtual meeting live on our YouTube channel at <https://www.youtube.com/NorthumberlandTV>. Members of the press and public may tweet, blog etc during the live broadcast as they would be able to during a regular Committee meeting. However, the only participants in the virtual meeting will be the Councillors concerned and the officers advising the Committee.



Daljit Lally, Chief Executive
County Hall, Morpeth, Northumberland, NE61 2EF
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www.northumberland.gov.uk



AGENDA

PART I

It is expected that the matters included in this part of the agenda will be dealt with in public.

1. APOLOGIES FOR ABSENCE

2. MINUTES

(Pages 1
- 8)

Minutes of the meeting of the Health and Wellbeing Board held on Thursday, 14 January 2021 as circulated, to be confirmed as a true record and signed by the Chair.

3. DISCLOSURES OF INTEREST

Unless already entered in the Council's Register of Members' interests, members are required to disclose any personal interest, (which includes any disclosable pecuniary interest), they may have in any of the items included on the agenda for the meeting in accordance with the Code of Conduct adopted by the Council on 4 July 2012, and are reminded that if they have any personal interests of a prejudicial nature (as defined under paragraph 17 of the Code of Conduct) they must not participate in any discussion or vote on the matter and must leave the room.

N.B. Any member needing clarification must contact the Legal Services Manager on 01670 623324. Please refer to the guidance on disclosures at the rear of this agenda letter.

4. ITEMS FOR DISCUSSION

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

Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan

An update at the meeting will be provided on the epidemiology of COVID 19 in Northumberland and developments with the Council's COVID 19 Outbreak Prevention and Control Plan.

6. COMMUNICATIONS AND ENGAGEMENT

A verbal update on communications and engagement will be provided at the meeting.

7. INTEGRATED CARE SYSTEMS

(Pages 9
- 30)

To receive a presentation on Integrate Care Systems (a copy of the presentation slides have been enclosed as Appendix A).

- 8. HEALTH IMPROVEMENT FOR NORTHUMBERLAND** (Pages 31 - 38)
- To receive a presentation on Health Improvement for Northumberland (a copy of the presentation slides have been enclosed as Appendix B).
- 9. REPORT OF EXECUTIVE DIRECTOR OF ADULT SOCIAL CARE & CHILDREN'S SERVICES** (Pages 39 - 42)
- Inspection of Local Authority Children's Services (ILACS)**
- To inform members of the findings of this successful inspection and progress on the subsequent improvement plan. (Report enclosed as Appendix C).
- 10. HEALTH AND WELLBEING BOARD – FORWARD PLAN** (Pages 43 - 58)
- To note/discuss details of forthcoming agenda items at future meetings; the latest version is enclosed as Appendix D.
- 11. URGENT BUSINESS (IF ANY)**
- To consider such other business as, in the opinion of the Chair, should, by reason of special circumstances, be considered as a matter of urgency.
- 12. DATE OF NEXT MEETING**
- The next meeting will be held on Thursday, 11 March 2021 at 10.00 a.m.

IF YOU HAVE AN INTEREST AT THIS MEETING, PLEASE:

- Declare it and give details of its nature before the matter is discussion or as soon as it becomes apparent to you.
- Complete this sheet and pass it to the Democratic Services Officer.

Name (please print):
Meeting:
Date:
Item to which your interest relates:
Nature of Registerable Personal Interest i.e either disclosable pecuniary interest (as defined by Annex 2 to Code of Conduct or other interest (as defined by Annex 3 to Code of Conduct) (please give details):
Nature of Non-registerable Personal Interest (please give details):
Are you intending to withdraw from the meeting?

1. Registerable Personal Interests – You may have a Registerable Personal Interest if the issue being discussed in the meeting:

a) relates to any Disclosable Pecuniary Interest (as defined by Annex 1 to the Code of Conduct); or

b) any other interest (as defined by Annex 2 to the Code of Conduct)

The following interests are Disclosable Pecuniary Interests if they are an interest of either you or your spouse or civil partner:

(1) Employment, Office, Companies, Profession or vocation; (2) Sponsorship; (3) Contracts with the Council; (4) Land in the County; (5) Licences in the County; (6) Corporate Tenancies with the Council; or (7) Securities - interests in Companies trading with the Council.

The following are other Registerable Personal Interests:

(1) any body of which you are a member (or in a position of general control or management) to which you are appointed or nominated by the Council; (2) any body which (i) exercises functions of a public nature or (ii) has charitable purposes or (iii) one of whose principal purpose includes the influence of public opinion or policy (including any political party or trade union) of which you are a member (or in a position of general control or management); or (3) any person from whom you have received within the previous three years a gift or hospitality with an estimated value of more than £50 which is attributable to your position as an elected or co-opted member of the Council.

2. Non-registerable personal interests - You may have a non-registerable personal interest when you attend a meeting of the Council or Cabinet, or one of their committees or sub-committees, and you are, or ought reasonably to be, aware that a decision in relation to an item of business which is to be transacted might reasonably be regarded as affecting your well being or financial position, or the well being or financial position of a person described below to a greater extent than most inhabitants of the area affected by the decision.

The persons referred to above are: (a) a member of your family; (b) any person with whom you have a close association; or (c) in relation to persons described in (a) and (b), their employer, any firm in which they are a partner, or company of which they are a director or shareholder.

3. Non-participation in Council Business

When you attend a meeting of the Council or Cabinet, or one of their committees or sub-committees, and you are aware that the criteria set out below are satisfied in relation to any matter to be considered, or being considered at that meeting, you must : (a) Declare that fact to the meeting; (b) Not participate (or further participate) in any discussion of the matter at the meeting; (c) Not participate in any vote (or further vote) taken on the matter at the meeting; and (d) Leave the room whilst the matter is being discussed.

The criteria for the purposes of the above paragraph are that: (a) You have a registerable or non-registerable personal interest in the matter which is such that a member of the public knowing the relevant facts would reasonably think it so significant that it is likely to prejudice your judgement of the public interest; **and either** (b) the matter will affect the financial position of yourself or one of the persons or bodies referred to above or in any of your register entries; **or** (c) the matter concerns a request for any permission, licence, consent or registration sought by yourself or any of the persons referred to above or in any of your register entries.

This guidance is not a complete statement of the rules on declaration of interests which are contained in the Members' Code of Conduct. If in any doubt, please consult the Monitoring Officer or relevant Democratic Services Officer before the meeting.

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NORTHUMBERLAND COUNTY COUNCIL HEALTH AND WELLBEING BOARD

At a remote meeting of the **Health and Wellbeing Board** held on Thursday, 14 January 2021.

PRESENT

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

BOARD MEMBERS

Brown, S.
Dungworth, S.
Firth, R.
Jones, V.
Lothian, J.
Mackey, J. (part)
Mead, P.

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

ALSO IN ATTENDANCE

Bridges, A.
Mitcheson, R.

Todd, A.

Head of Communications
Service Director: Transformation
and Integrated Care
Democratic Services Officer

67. APOLOGIES FOR ABSENCE

Apologies for absence were received from N. Bradley, C. Briggs, Councillor G. Renner-Thompson, Councillor H.G.H. Sanderson, G. Syers and C. Wardlaw.

68. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on Thursday, 10 December 2020, as circulated, be confirmed and signed by the Chair.

69. ITEMS FOR DISCUSSION

69.1 REPORT OF THE DIRECTOR OF ADULT SOCIAL CARE AND CHILDREN'S SERVICES

Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan

Members were provided with an update on the epidemiology of COVID 19 in Northumberland and developments with the Council's COVID 19 Outbreak Prevention and Control Plan. (A copy of the powerpoint presentation has been filed with the signed minutes).

Liz Morgan, Director of Public Health updated Members on the latest figures and actions agreed in response to the increasing rates of infection being seen in Northumberland. The presentation covered the following:-

- The weekly case rates across those LA7 had been very similar.
- After the peak of cases across the region the numbers of positive cases were now falling with officers remaining cautiously optimistic that cases would continue to fall.
- The heat map provided identified the spread of COVID positive cases across age bands. Those people over the age of 60 remained the age range most concerned about and most likely to be linked closely to potential hospital admissions.
- Almost every age band was seeing a fall case rates.
- Graphs showing the increase in admissions to hospitals and related cases to deaths were shown. It demonstrated that the increasing number of cases seen in the early part of the month would likely result in an increase in the number of admissions and unfortunately, in an increase number of deaths.
- Confirmation that Hospital Trusts were now experiencing increasing admissions due to COVID and a larger proportion of their patients with COVID needing to stay in hospital.
- Regarding controlling the infection across Northumberland there were now two different tests available; the PCR test and the Lateral flow device (LFD). The PCR tests were used to test people with symptoms and the LFD for those who were displaying no symptoms.
- Support and encouragement was being offered to schools to help with the roll out of rapid testing using the LFD. This would enable children coming back into school to be tested along with weekly testing of staff. This would allow close contacts to remain in school as long as they did not receive a positive test result.
- It was reported primary schools and maintained nursery schools were to commence home testing of staff.
- Domiciliary care staff would also be tested weekly using PCR.
- Regarding targeted community testing, PCR testing was available to book at sites across the county.
- It was noted that a Task and Finish group had been set up to drive forward the delivery of community rapid testing using the LFD's.
- The four wrap around support teams continue to be extremely busy especially the care homes team. There had been reported some significant outbreaks in a few of the care homes and support was being offered to assist. There were concerns that some care home staff may not take up the offer of a vaccination. Work was currently taking place to understand their reasoning behind this.
- The work of the infection prevention and control nurses in supporting care homes was commended.

Ch.'s Initials.....

- It was reported that there were currently 5800 children still within a school setting in the county which equated to about 13.5% of the pupils that would normally be attending.
- Support and guidance continued to be in place for workplaces and businesses. A business information pack had been developed by Northumberland County Council and was being shared and agreed with the Northumbria Local Resilience Forum (LRF) Compliance Cell to provide consistent advice to businesses across the LA7. Specific focus had also been on how to provide support during this new lockdown and responding to complaints, observations and requests for assistance.
- The high-risk individuals, communities and settings group continued to focus on the key principles and was always well attended by all stakeholders.

It was felt that schools were now facing additional pressures following the move to online learning. It was reported that this school closure had seen more children back than the previous time. Schools had to ensure key worker and vulnerable children were safe and socially distanced at school as well as continuing to educate all. A question was raised as to how to ensure those children identified as vulnerable were supported and how to guarantee a school place would be available if they needed it. In response, it was reported that data was collected about how many vulnerable children and key worker children were attending schools. Many professionals were in contact and actively speaking to parents to ensure vulnerable children continued to be where they needed to be, whether that was at home or in a school environment. There was an element of parental choice but officers would help facilitate any child's attendance at school if it was felt right for the individual. Guidance for schools continued to be monitored and updated with officers in dialogue with the DfE. However, the guidance was clear that schools should be open to as many children as needed whether they were deemed as vulnerable or that of key worker children.

RESOLVED that:-

1. the information be noted;
2. the infection rate in Northumberland and current issues, be noted, and
3. comments on the progress of the local COVID 19 Outbreak Prevention and Control Plan be noted.

69.2 COVID 19 Vaccine Roll Out

Rachel Mitcheson, Service Director for Transformation and Integrated Care provided a presentation on the COVID 19 vaccine roll out. (A copy of the powerpoint presentation have been filed with the signed minutes).

The presentation detailed the following:-

- The key communication messages from the NHS regarding the vaccine roll out.
- The excellent response by GPs in delivering the vaccine.
- The confusion surrounding the Government's decision to postpone the second vaccination, which had been expected to be 21 days after receiving the first dose, to allow more people to receive the first dose, but this was now mandatory.
- The different types of vaccine were highlighted with District Nurses now able to vaccinate housebound patients.
- Details on the Astra Zeneca/Oxford Vaccine which had recently been approved for use along with the Moderna Vaccine.

- The rollout specifying the phased priority groups. It was hoped by the end of the week to have vaccinated to vast majority of care homes.
- It was noted that the data flows were being managed tightly nationally.
- It was advised that this was a fast moving programme which was changing daily.
- The Centre of Life had been identified as a Vaccination Centre and it was hoped initial issues regarding people arriving too early for their appointment slot and queuing had been addressed. Starting this week it was also envisaged that the centre would operate under a national booking system.
- It was planned that community pharmacies would come online to support with the Oxford Vaccine. It was also hoped that there may be some capacity within the Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) to also help with the rollout.
- The North East and Yorkshire had so far delivered 175,000 vaccines (130,000 delivered by Primary Care). It was reported that we were so far the best performing region in England.
- The excellent feedback being received from those who have received their vaccination.

Following the presentation a number of comments and questions were raised, including:-

- Congratulations to Primary Care for their work so far regarding the roll out of the vaccination.
- Comments on the initial problems that had been reported regarding people arriving too early for their appointments at the Centre of Life.
- Clarification on the immunisation programme and when certain workforces/professional groups could be offered a vaccination. It was confirmed that although the immunisation programme had been established in order to protect those who were at the highest risk from serious illness or death, discussions were taking place regarding further professional groups being included within the programme such as teachers, police and fire and rescue.
- Clarification was also sought as to what was deemed as an at risk group within the priority chart for the vaccine rollout. It was agreed for an answer to this question to be provided to the board member after the meeting.
- It was reported that there was transport available to anyone struggling to get to a vaccination centre with Age UK being commissioned to provide assistance. It was advised that due to the level of uptake GP receptionists were not automatically arranging transport as many family members were able to take relatives to their appointment. However, transport was available to anyone unable to arrange a lift and people had to advise their surgery accordingly.
- It was confirmed that GP surgeries did hold information of those people registered as carers. This list would be used when arranging vaccine appointments. The importance of those people registered as carers identifying themselves to their GP surgery was noted.
- Members were informed of the differences between those deemed as clinically extremely vulnerable and those clinically vulnerable.

RESOLVED that the presentation and comments made be noted.

69.3 Northumberland Strategic Safeguarding Partnership (NSSP) Annual Report April 2019- September 2020

Ch.'s Initials.....

The report provided an overview of the work completed by the NSSP undertaken from April 2019 to September 2020 and was presented by Paula Mead, the Independent Chair, who advised it was a statutory requirement for the Board to produce and publish an Annual Report. (A copy of the report has been filed with the signed minutes as Appendix A).

The report described a range of achievements and progress of the NSSP priorities during the year and highlighted the transition into the Northumberland Strategic Safeguarding Partnership set out in the Children and Social Act 2017 undertaken in June 2019.

The report also highlighted the work of the NSSP during the current coronavirus pandemic to monitor, scrutinise and provide an information sharing opportunity for all partners. The meetings ensured quick identification of risk and actions agreed to mitigate the risks and the development of a Covid-19 performance framework to identify any areas where there was an increase and used this to plan for increased demand post Covid-19.

It was noted that the NSSP also undertook a series of Multi-agency audits. The audits all included a robust action plan and have driven forward change across all partner organisations.

It was also noted that the views of children were captured and incorporated into planning and meetings. In response to a question as to what sort of comments were received back from young children. It was confirmed that in general, they wanted to feel safe, happy, and healthy and to have fun.

The Board thanked Paula for her excellent report and the achievements of the NSSP during the last 18 months.

RESOLVED that the report be received for information.

69.4 North Tyneside and Northumberland Safeguarding Adults Annual Report – 2019/20

The report provided an overview of the work carried out under the multi-agency arrangements for safeguarding adults in 2019/20 and was introduced by Paula Mead, the Independent Chair, who advised it was a statutory requirement for the Board to produce and publish an Annual Report. (A copy of the report has been filed with the signed minutes as Appendix B).

The Committee was advised that the multi-agency arrangements ensured that all partners worked together in a coordinated way to safeguard adults. There had been an increase in reports of concern and safeguarding enquiries over the reporting period, which the Board had been pleased to note as it meant that people were coming forward. The cases had mostly involved physical abuse with some neglect and financial abuse also being reported.

Achievements over the period were highlighted including the further development of the joint Children's and Adults MASH, which was unusual as these were usually separate entities, with a CNTW representative also now involved.

During the pandemic the key message to partners had been that safeguarding still applied, in fact probably more so, with meetings being held regularly. It was reported that there had been one serious case review. A number of cases which had been referred did not meet the statutory requirements for a review however; the learning from these had been disseminated to staff.

Regarding future Councillor training it was suggested that safeguarding training be mandatory for all County Councillors.

The Board thanked Paula for her excellent report the achievements of the Adults Safeguarding Board.

RESOLVED that the report be noted.

69.5 COMMUNICATIONS AND ENGAGEMENT

Ann Bridges, Head of Communications gave a communications and engagement update (a copy of the powerpoint slides have been filed with the signed minutes).

The update included:-

- The changing of measures from tier restrictions to a full lockdown and the excellent work of the team to ensure the correct measures were being relayed to the public.
- There was continued work being carried out with the national message around lockdown.
- There had been some frustration from the public towards the new full lockdown.
- There had been reports of people finding loopholes to avoid restrictions.
- Information provided by partners on vaccination was being shared.
- It was being emphasised that patients needed to wait until they had been contacted for their vaccination appointment.
- It was reported that it was not just the local beauty spots that had seen a rise in the number of visitors recently. There had been reports of people travelling to go sledging or access beaches not deemed local to their area. It was advised that the 'stay local' message was being advertised and digital signage used to further reinforce the 'stay local' message.
- Work continued supporting the wraparound groups.
- Messages regarding the Northumberland Communities Together Hub, free school meals, remote learning and business grants had been generated.
- There were detailed weekly briefings to Elected Members.
- There was targeted work being carried out in Haltwhistle and Berwick following local outbreaks.
- 51 Community Champions had been recruited and work was ongoing to build upon this further.
- Examples of the updated radio, TV and signage being used to get the updated messages out to the public were shown to members.
- The continued excellent partnership work and support being offered to healthcare partners.

Ch.'s Initials.....

- Wider behavioural insight work would be carried out in the LA7 and Teeside. Also targeted work was going to take place regarding people who were anxious or had concerns about the COVID vaccination, particularly those who worked within a care setting.

RESOLVED that the information provided within the presentation be noted.

70. HEALTH AND WELLBEING BOARD – FORWARD PLAN

Members were presented with the Health and Wellbeing Board Forward Plan (a copy of which has been filed with the signed minutes as Appendix C).

RESOLVED that the forward plan be noted.

71. DATE OF NEXT MEETING

RESOLVED that the next meeting will be held remotely on Thursday, 11 February 2021 at 10.00 a.m.

CHAIRMAN _____

DATE _____

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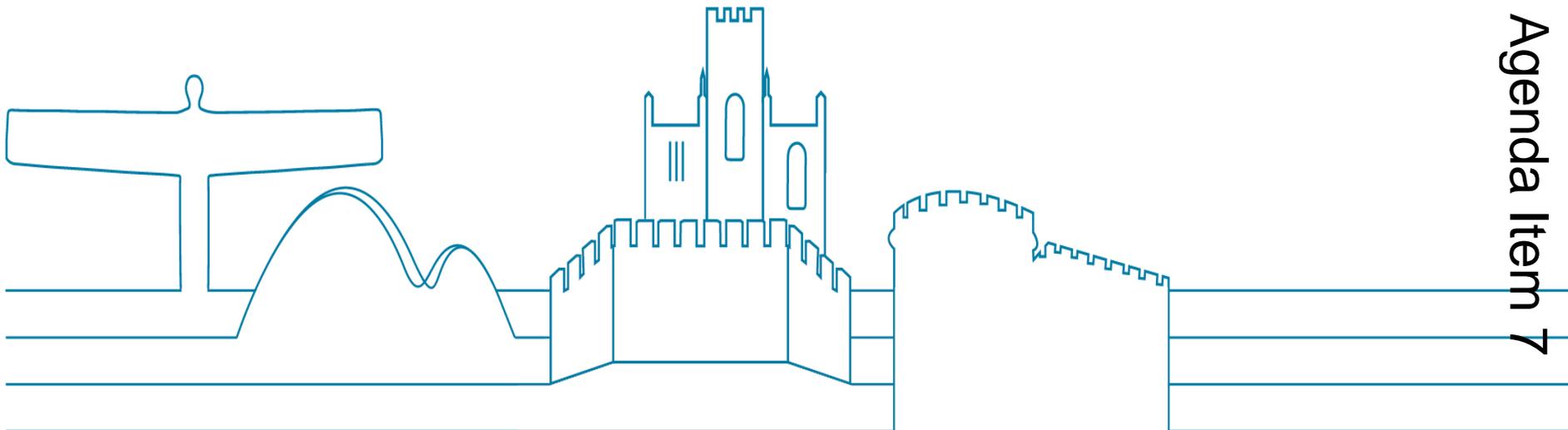


Integrated Care Systems

Update to Health and Well-being Boards

Siobhan Brown and Claire Riley

Page 9



Agenda Item 7

Summary

- Reminder of Integrated Care System and how it works in the region
 - Development of a regional Partnership Board
 - Collaboration
 - Coordination of Covid:19
- Update on national positioning and discussions
- What is happening locally
- Focus for local activity at a place level

Integrated Care Systems

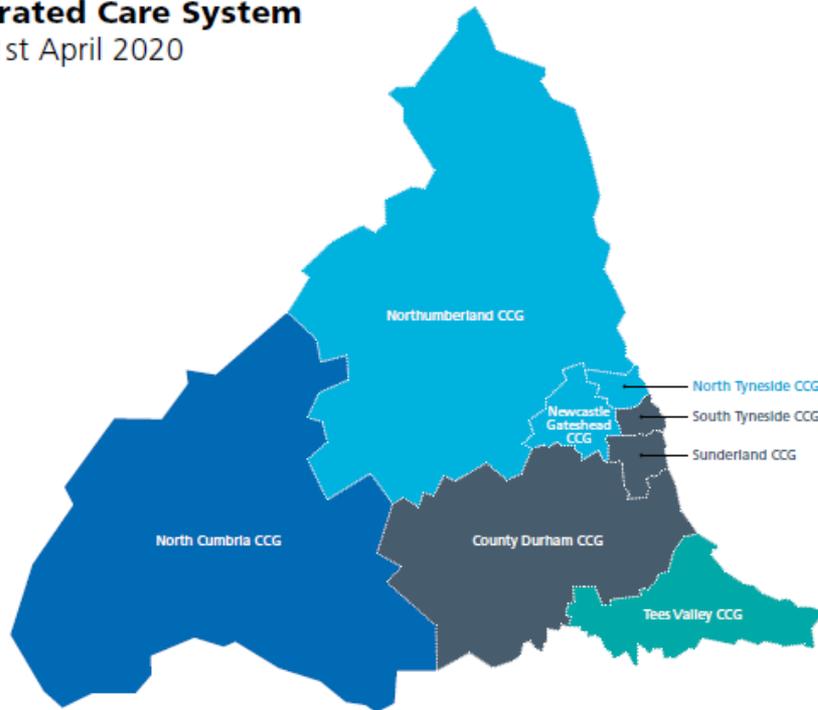
- Nationally created as part of the NHS Long Term Plan
- Ambition is....*for health and care joined up locally around people's needs. It signals a renewed ambition for how we can support greater collaboration between partners in health and care systems to help accelerate progress in meeting our most critical health and care challenges.*
- Updated position published in November 2021 – focus on recommended next steps including greater emphasis on;
 - improving population health and healthcare;
 - tackling unequal outcomes and access;
 - enhancing productivity and value for money;
 - helping the NHS to support broader social and economic development.

The NHS Long Term Plan



Reminder of our wide footprint

North East and North Cumbria Integrated Care System From 1st April 2020



North Cumbria ICP
Population: 324,000
1 CCG: North Cumbria
Primary Care Networks: 8
1 FT: North Cumbria Integrated Care NHS Foundation Trust (NCIC)
1 Council Area: Cumbria County Council (with 4 District Councils)
North West Ambulance Service

NENC ICS-wide

North East Ambulance Service FT covers: North of Tyne and Gateshead ICP; Durham, South Tyneside and Sunderland ICP; Tees Valley South ICP

CNTW Mental Health FT covers: North Cumbria ICP; North of Tyne and Gateshead ICP; plus part of South Tyneside and Sunderland ICP

TEVV Mental Health FT covers: Tees Valley ICP; plus part of South Tyneside and Sunderland ICP

Newcastle upon Tyne Hospital FT: provider of highly specialised and specialised national and regional services (including transplant, paediatric specialisms and major trauma)

North of Tyne and Gateshead ICP

Population: 1.079M

3 CCGs: Northumberland, North Tyneside, Newcastle Gateshead

Primary Care Networks: 22

3 FTs: Northumbria, Newcastle, Gateshead

4 Council Areas: Northumberland, North Tyneside, Newcastle, Gateshead

Durham, South Tyneside and Sunderland ICP

Population: 997,000

3 CCGs: South Tyneside, Sunderland, County Durham

Primary Care Networks: 22

2 FTs: South Tyneside & Sunderland, County Durham and Darlington

3 Council Areas: South Tyneside, Sunderland, County Durham

Tees Valley ICP

Population: 701,000

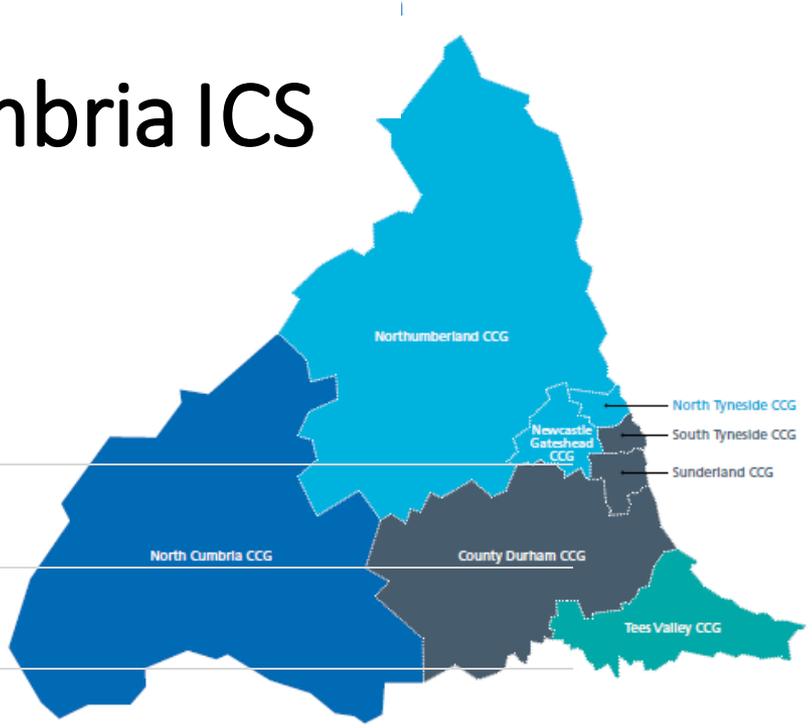
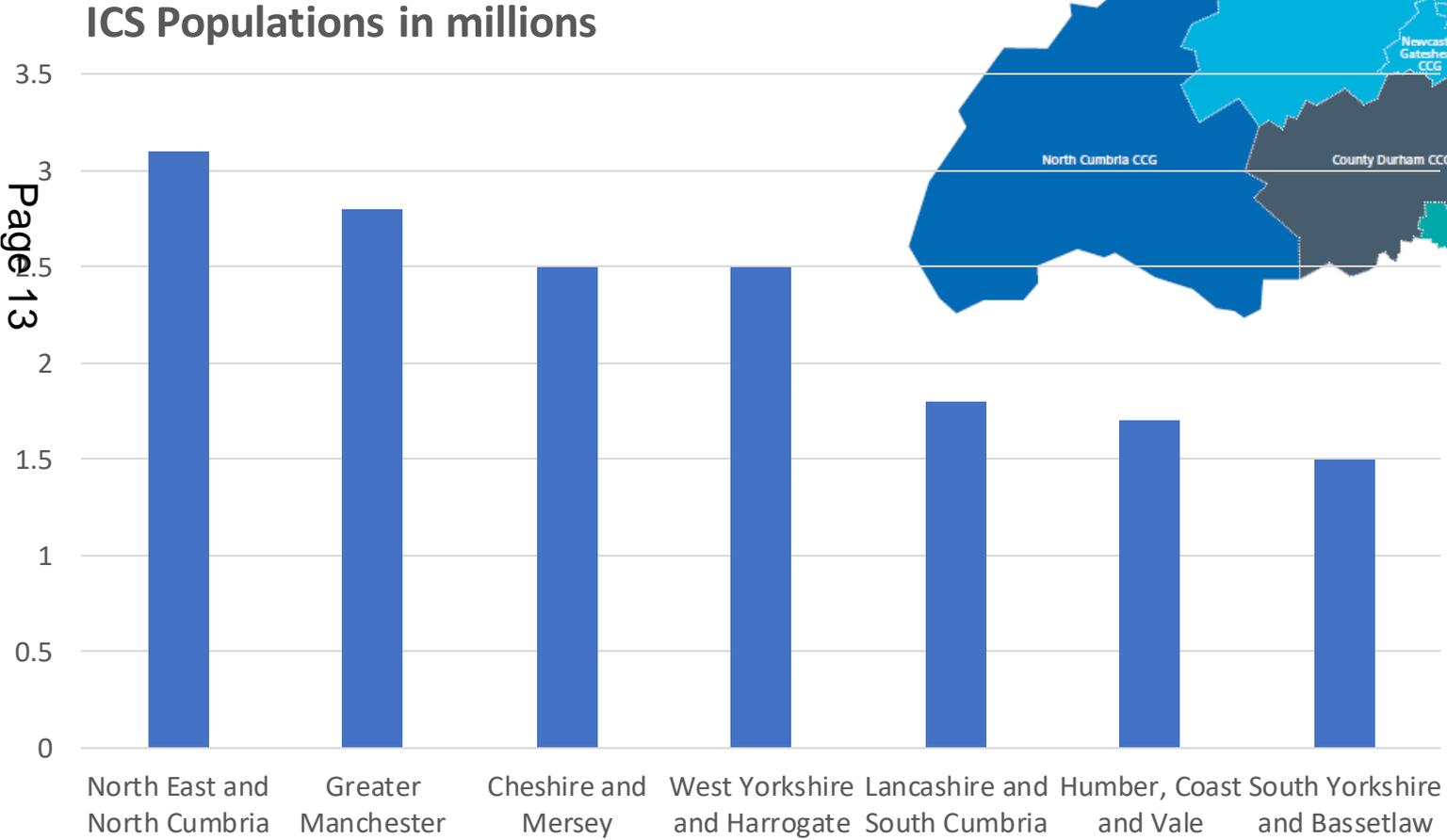
1 CCG: Tees Valley

Primary Care Networks: 14

3 FTs: County Durham and Darlington, North Tees & Hartlepool, South Tees

5 Council Areas: Hartlepool, Stockton on Tees, Darlington, Middlesbrough, Redcar & Cleveland

North East and North Cumbria ICS



Key areas of focus

- Decisions taken closer to the communities they affect are likely to lead to better outcomes;
- Collaboration between partners in a place across health, care services, public health, and voluntary sector can overcome competing objectives and separate funding flows to help address health inequalities, improve outcomes, and deliver joined-up, efficient services for people; and
- Collaboration between providers (ambulance, hospital and mental health) across larger geographic footprints is likely to be more effective than competition in sustaining high quality care, tackling unequal access to services, and enhancing productivity.

Key areas for development

- ICSs also need to be able to ensure collectively that they are addressing the right priorities for their residents and using their collective resources wisely. They will need to work together across partners to determine:
 - distribution of financial resources to places and sectors that is targeted at areas of greatest need and tackling inequalities;
 - improvement and transformation resource that can be used flexibly to address system priorities;
 - operational delivery arrangements that are based on collective accountability between partners;
 - workforce planning, commissioning and development to ensure that our people and teams are supported and able to lead fulfilling and balanced lives;
 - emergency planning and response to join up action at times of greatest need; and
 - the use of digital and data to drive system working and improved outcomes.

Emerging functions

ICSs are likely to become statutory NHS bodies, taking over CCG commissioning functions, alongside strategic planning and oversight of quality, performance and finance.

Alongside this at Place Level we will see:

'a progressively deepening relationship between the NHS and LAs on health improvement and wellbeing.'

- Centrality of health and wellbeing boards, utilising JSNAs and public insight to inform decision-making
- A leading role for clinical primary care leaders through primary care networks, joining up services in neighbourhoods, linking to other public or voluntary services
- Greater use of population health management to target health and care services

Provider Collaboratives will operate at both place and system level

- **Vertical integration** within places (eg between primary, community, local acute, and social care, or within and between primary care networks) through place-based partnerships
- **Horizontal integration** between places at scale where similar types of provider organisation share common goals - such as reducing unwarranted variation, transforming services, or sharing staff and resources

Challenges

- Recognition that there are some challenges to delivering the objectives;
 - Covid
 - Questions posed recent engagement has seen thousands of entries to the national team that they are working through
 - Whilst this is still in development we recognise on the NHS side there are things we can work on
 - We also recognise that Covid has afforded us all to collaborate better than ever before across LA and NHS

Lots to be proud of..

- Provider collaboration - collective response to Covid:19 – supporting each other when we need it most especially across historical boundaries
- Vaccination programme – seeing more people the region vaccinated than any other area – massive efforts from primary and acute care
- Joint working with Public Health, Social Care and Local Authority colleagues to coordinate response and support those that need it most
- Population Health Management approach across the whole ICS

Important appointment of Chair

- Sir Liam Donaldson appointed as Chair – commencing 1st February
- Previous Chief Medical Officer for England
- Previous Chancellor of Newcastle University
- Advisor for World Health Organisation



What does this mean for Northumberland

- We have a Strategic Coordinating Group – involving partners across Local Authority, Social Care, Public Health, Clinical Commissioning Groups, Primary Care and Acute/Mental health providers.
- Ambition that focuses on ensuring we have the best possible health and well being offer for communities of Northumberland - including environment, transport
- Reminder that we have access to some of the best health and care services in England across Northumberland and therefore have much to be proud of locally
- Ambition that also recognises the importance of economic impact of services especially in light of COVID

MAXIMISING HEALTH AND WELLBEING ACROSS NORTHUMBERLAND

Northumberland joint health and wellbeing strategy – key programmes 2018 - 2028

OUR PLACE

A healthy life wherever you live

Drive health and other inequalities out of our system by working together to improve opportunities for healthy communities, employment, reducing poverty, flexible transport solutions, self-care, prevention and exploring IT and digital solutions wherever possible.

OUR CHILDREN

The best start in life

Helping children and young people to be happy, aspirational and socially mobile. Improving the early life experiences of children will, both directly and indirectly, result in improved health and wellbeing in later life.

OUR WORKFORCE

Local, flexible, sustainable

Partners working together, sharing recruitment and skills acquisition strategies to deliver Northumberland's employability and economic growth strategy.

OUR COMMUNITIES

Thriving in our unique and diverse urban and rural settings

Empowering people: listening to, involving and supporting our communities and neighbourhoods to help them maximise their health and wellbeing.

OUR CONNECTIVITY

Technology and digital solutions central to all we do

Northumberland now has one of the best super-fast broadband coverage for a rural county across the UK. Not only does this bring our communities together and enable independent living and wellbeing, but it also supports the growth of our economy.

OUR CLIMATE

A collective responsibility

All partners have a collective responsibility to act with a conscious and protect our environment.

OUR CARE

The highest quality care in the country

Maximise value from, and sustainability of, health and social care services to improve the health and reduce inequalities. People's health and wellbeing is improved through addressing wider determining factors of health that affect the whole community.

OUR CULTURE

We're all on the same team

We have a unique county, amazing communities, strong foundations, the ambition and the people to deliver it. Our dream for Northumberland is that it becomes the healthiest, happiest and most vibrant county in the whole country with the highest quality services.



Working more effectively together as part of a whole system approach

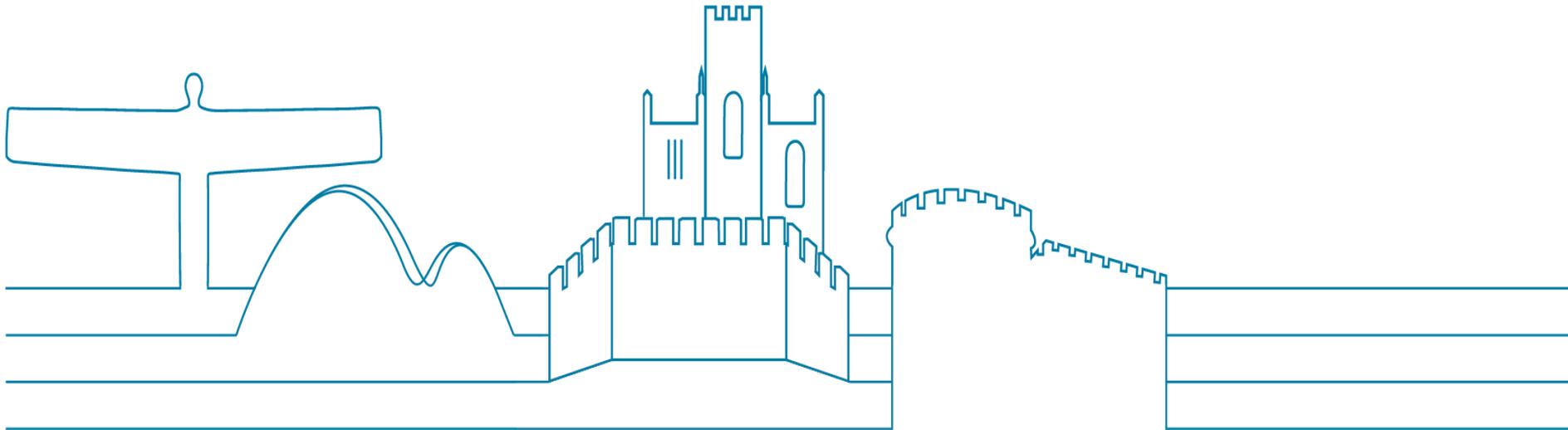
Next steps and timeline

- Continued engagement with our partners at both place and system level
- Continue to use our influence as the largest ICS to shape the future direction of health and care policy
- ICSs need to develop a plan to meet ICS operating requirements by April 2021
- Creation of an ICS Partnership Board to be in place by April 2021 – and chaired by Prof Sir Liam Donaldson
- Awaiting further guidance following the engagement paper which was published in November



Questions?

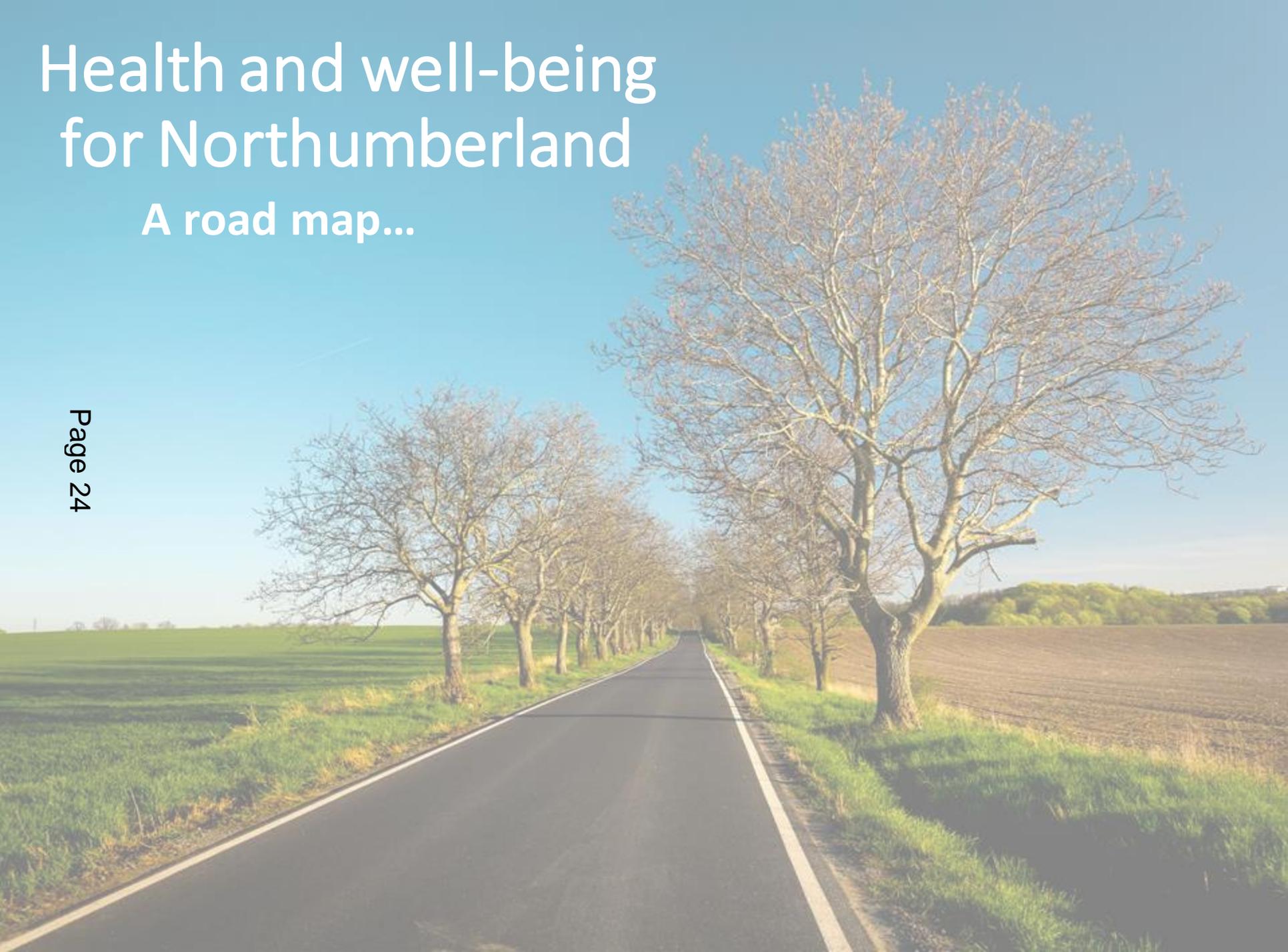
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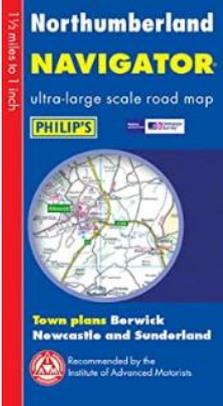
Health and well-being for Northumberland

A road map...

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Population Health Management building blocks



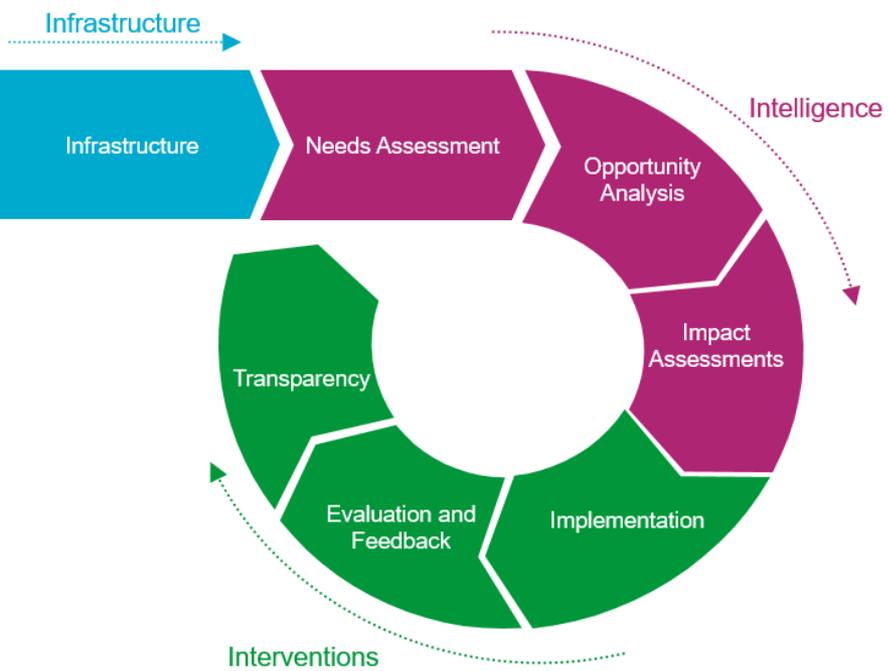
1) Infrastructure

- Leadership across the system
- Information Governance
- Shared datasets
- Common language
- Defined population

2) Intelligence

- Identify inequalities & Vulnerability
- Social and Clinical Evidence
- Cohort Selection/Stratification
- Prioritisation and Modelling
- Community Engagement

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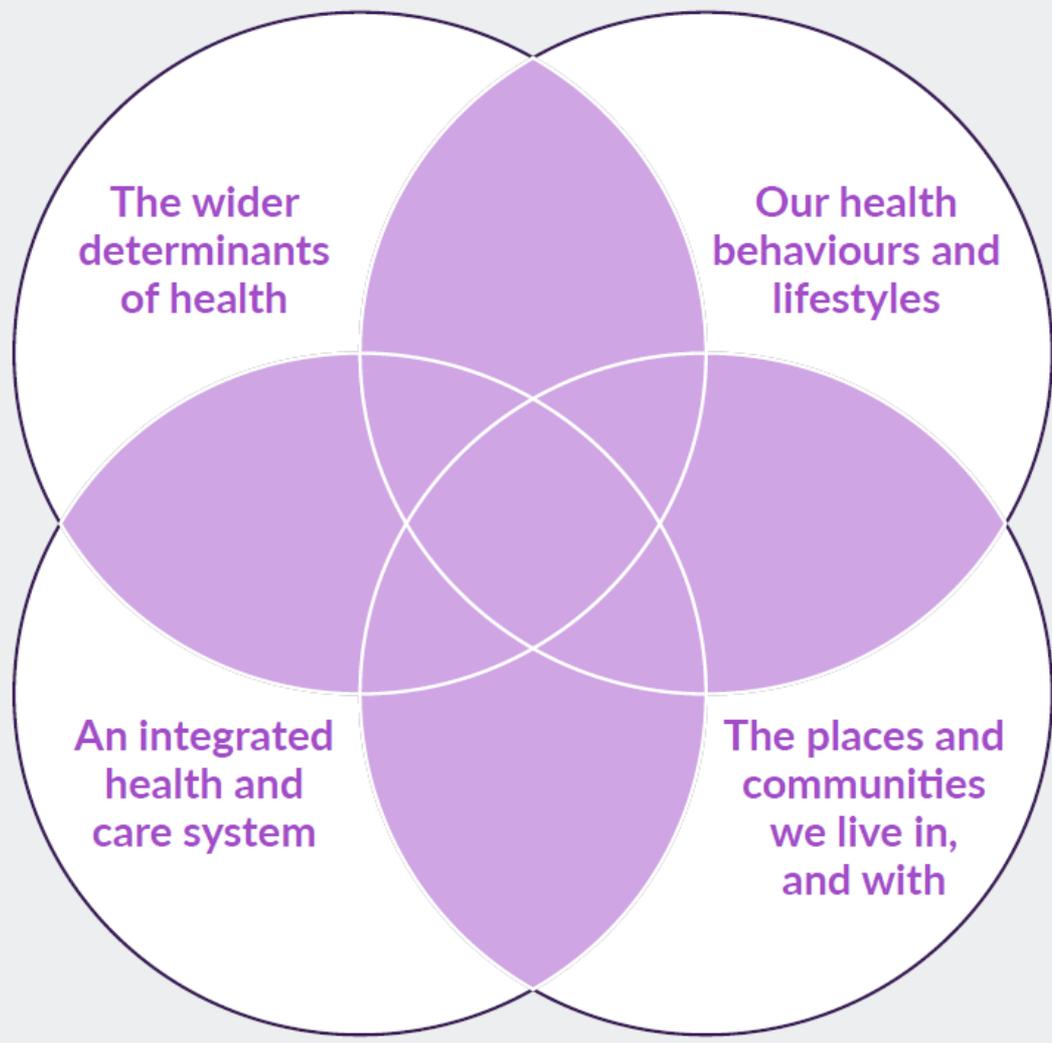


3) Interventions

- Multi-agency response
- Evidence based interventions
- Address inequalities
- Proactive care
- Continuous Improvement

Population health areas

Page 26



Direct impact of actions on health outcomes

Page 27

Area	Scale of problem in relation to public health	Strength of evidence of actions	Impact on health	Speed of impact on health	Contribution to reducing inequalities
Best start in life	Highest	Highest	Highest	Longest	Highest
Healthy schools and pupils	Highest	Highest	Highest	Longer	Highest
Jobs and work	Highest	Highest	Highest	Quicker	Highest
Active and safe travel	High	High	High	Quicker	Lower
Warmer and safer homes	Highest	Highest	High	Longer	High
Access to green spaces and leisure services	High	Highest	High	Longer	Highest
Strong communities, wellbeing and resilience	Highest	High	Highest	Longer	High
Public protection	High	High	High	Quicker	High
Health and spatial planning	Highest	High	Highest	Longest	Highest

Source: [Buck and Gregory \(2013\)](#)

Blackpool: intervention with residents of multiple occupancy housing

PCN cohort identified through the analytics:

- Blackpool identified residents of houses of multiple occupancy, with depression and other health issues.

Locally-designed intervention:

- Holistic and proactive health assessments by health coaches in the PCN.
- Follow-up assessments of social situation by health and wellbeing workers in the council. This included assessment of particular risks to health.
- Signposting individuals to other psychosocial services – counselling, peer support and other social support.

Impact:

- Bringing together multiple stakeholders is important to make and sustain change. *“The programme brought together people who have the same purpose building a sense of camaraderie”* (GP).



Example: ‘Barbara’ from Blackpool

- The Blackpool team **linked up data on health and housing** to find Barbara.
- As well as suffering from depression, Barbara lived in **poor quality housing**, was **unemployed** and had recently experienced a **bereavement**. She was in rent arrears and using alcohol to help her cope.
- Barbara was assessed by a health coach in the PCN, who arranged for a **health and wellbeing worker** from the council to visit Barbara on regular basis.
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- **Barbara’s patient activation rose from a level 2 to a level 4 during this time**, demonstrating how confidence in managing her health changed with this social support.



Cohort identified through the analytics:

- 80 people, aged 60-74 within moderate frailty segment, multiple Long Term Conditions (LTCs), balance and nutrition issues, not connected to the neighbourhood teams (health or social care)

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 1. Refer to group 'live well' consultation
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Example: 'Paula' From Pudsey

'Paula' is a 63 year old woman with **moderate frailty**. She has multiple medical conditions as well as challenges associated with falls, memory and nutrition. She is not well connected into health and care. Looking at data, clinicians in the programme noticed that **nutrition data was a good predictor of risk**. This insight, together with analytics provided in the programme, identified Paula as potentially needing further attention. **Telephone triage confirmed** this and Paula was visited at home by an occupational therapist (OT). The at-home visit gave a holistic view of Paula's needs, with a focus on preventing falls, enabling better nutrition and improving Paula's ability to self-care. **Paula and the OT had a discussion about her needs and her own personal goals**. The OT identified specific opportunities to enable a healthier lifestyle for Paula at home – for example by enabling easier use of kitchen tools to help her prepare food.

Health Improvement Journey



Infrastructure
Leadership &
System Team

Resources
Project team
"Social
movement"

PHM academy
Senate &
Learning arena

Project work
(1) Best Start in Life
(2) Emerging Risk cohort (40-56)
(3) End of Life
Case Studies

Ambition
scaling up

Culture
Community
Co-design

Intelligence
Datasets &
Information
governance

Intervention
Map all relevant
work already
underway to form
coherent whole

Project work
Finance &
Contracting
Programme
Jan 2021

Evaluation
Learning
system

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Health Improvement for Northumberland

a road map

Population Health Management building blocks

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Defined population

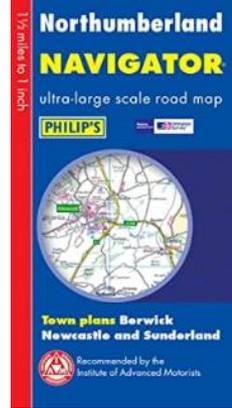
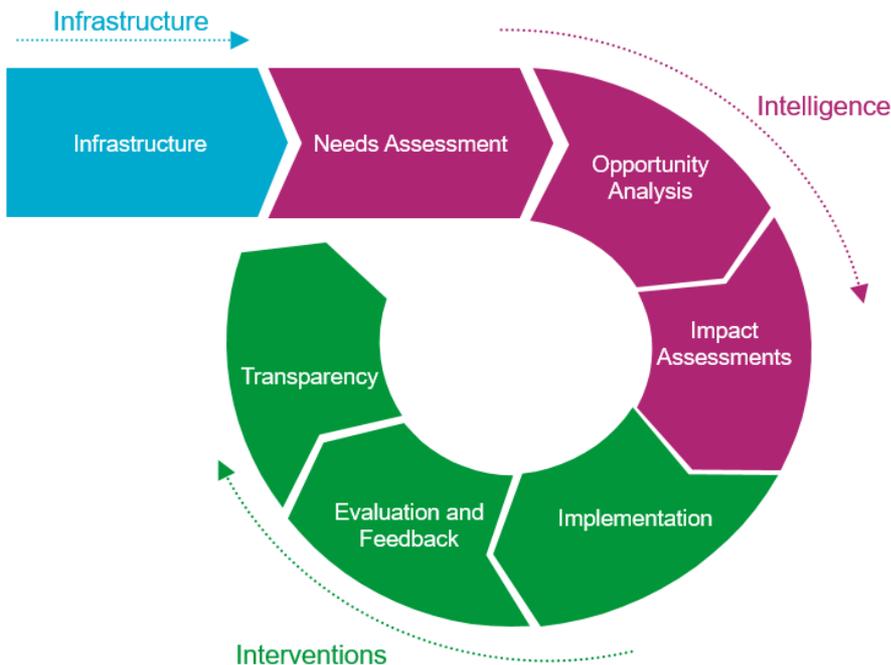
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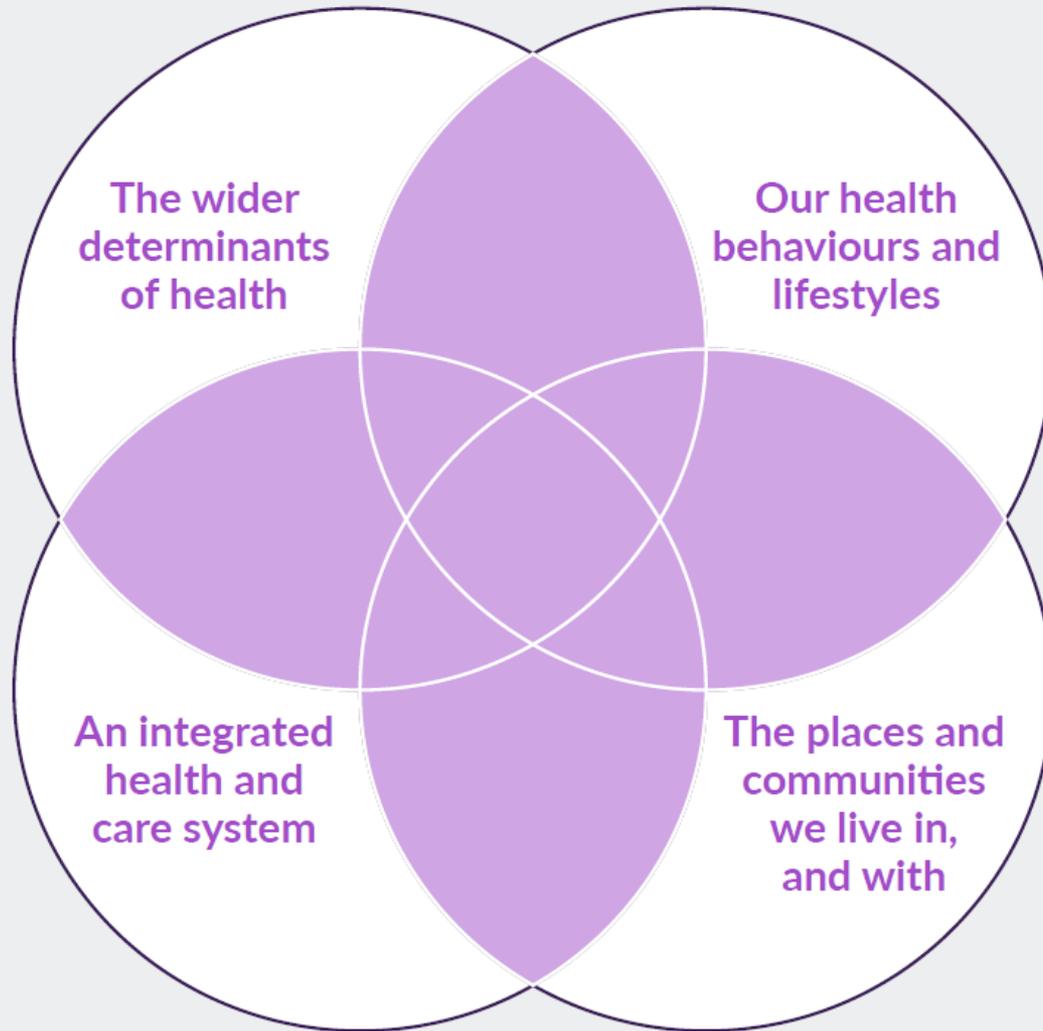
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COMMITTEE: HEALTH & WELLBEING BOARD

11 FEBRUARY 2021

INSPECTION OF LOCAL AUTHORITY CHILDREN'S SERVICES (ILACS)

Report of Executive Director of Adult Social Care & Children's Services

Cabinet Member: Guy Renner-Thompson

Purpose of report

To inform members of the findings of this successful inspection and progress on the subsequent improvement plan.

Recommendations

To acknowledge the findings and progress made.

Link to Corporate Plan

This report is relevant to the Living priority included in the NCC Corporate Plan 2018-2021

Key issues

- The inspection of Northumberland children's services was undertaken by Ofsted between 20 and 31 January 2020.
- It judged the services to be Good in all areas inspected. This evidenced clear progress since the previous Ofsted inspection in 2016 which judged services to require improvement
- The ILACS framework requires local authorities who have been inspected to submit an action plan to Ofsted evidencing how they will address areas for improvement identified in the inspection. This was required and submitted in June 2020
- The areas for improvement identified through the inspection were:
 - The quality of written plans for all children.
 - The quality of analysis in some assessments of impact on children.
 - The quality of the recording of management oversight in supervision records.
 - Quality and sensitivity in the way later life letters are written for all children.

The improvement plan submitted to Ofsted detailed the actions and progress that have been made in relation to the identified areas for improvement at the time of submission. This includes noting the impact of Covid-19 where relevant. Progress is monitored on a monthly basis by senior managers in Children's Social Care as part of monitoring the overall Continuous Improvement Plan (CIP).

- Further to the areas formally identified for improvement in the Ofsted report as above, other elements of practice improvement given through verbal feedback during the inspection or noted in the report but not formally highlighted as above have been incorporated into the CIP to ensure we are maximising all learning to improve the quality of our services.

Background

Northumberland children's services had previously been inspected under the single inspection framework (SIF) in 2016 with the overall judgement that services required improvement to be good.

Because of the judgement of requiring improvement from the SIF inspection, the inspection under the ILACS framework was undertaken by HM inspectors over a two-week period on site, with a week prior to this undertaken off site.

Northumberland had also received previously a focused visit under the ILACS framework in 2018 which concentrated on the front door, the progress from which was considered in this inspection.

The local safeguarding children board (NSCC) requests a 6 monthly update on this area of work and this report incorporates the content of January's update to NSCC.

The local authority have now reinstated and are further developing their overall quality assurance framework and processes through a dedicated senior management post. While key activities are undertaken remotely e.g. practice days, the LA are able to maintain an overview of the quality of practice, where progress has been made and where further improvements are required including in relation to the areas identified at the inspection as detailed below,

UPDATE ON PROGRESS

Four areas for improvement arose from the ILACS inspection, focusing on: planning; assessment; management oversight; and later life letters (LLLs).

a. Plans - Quality of the written plans for all children.

Actions identified to improve the written plans have been put in place, including virtual staff training although slowed by Covid and a key element of this is the further implementation of Signs of Safety with the module being fully in place from April 2021. The quality assurance work has identified further improvements in the quality of written plans, particularly in relation to CIN and LAC, those seen being clear on outcomes required, what actions are needed by whom and when, to support this. This however does remain an area where further improvement is required to deliver the consistent quality of written plans in all areas of work and the implementation of the Signs of Safety (SOS) module with the associated practice developments supported by dedicated SoS trainers is a key element of this.

[here](#)

b. Assessments - Quality of analysis in some assessments re impact on children.

The identified actions to develop the consistent quality of practice in this area have been put in place through training and workshops and the ongoing development is further supported by the SoS described above.

The quality assurance work has consistently found that assessments are thorough, effectively capturing the views and experiences of children and that the analysis does balance risk and protective factors including impact on the child in most cases, but the development work and oversight needs to continue to ensure this happens in all cases.

c. **Management oversight** - Quality of the recording of management oversight in supervision records

As with the above sections, most actions are complete and implemented, including the delivery of development sessions to first line managers, and additional resources in the forms of models and tools having been rolled out. The quality assurance oversight has found regular and consistent management oversight of the work, with increasing evidence of a SoS structure to underpin the recording and supporting the timely progress of the case in the majority of instances. There is increasing evidence of reflection with the worker in the recording but this needs to be more consistently achieved, although when workers are spoken to as part of the QA work, they are very positive about the supervision and opportunities for reflection.

d. **Later Life Letters** - Quality and sensitivity in the way that later life letters are written for adopted children.

The planned development of the service where all children who are being placed for adoption are allocated to child permanency workers to bring more consistency to practice is now in place. The service has been trained and uses guidance for later life letters in line with national best practice and a themed audit is planned for February 2021 as, given the relatively small number of children involved, this will give sufficient numbers for a thorough overview of quality.

Implications

The effectiveness of the progress of the identified improvement areas will be considered by Ofsted in future contact with Northumberland under the ILACS framework.

Policy	The ILAC Inspection Framework is statutory and is part of government requirements for the regulation and scrutiny of children's services.
Finance and value for money	The inspection report identified the importance of resources invested as part of improving services.
Legal	As above, inspection framework is a statutory requirement.
Procurement	Not applicable.
Human	Recruiting and retaining experienced social workers is

Resources	critical to effective safeguarding practice.
Property	Not applicable.
Equalities (Impact Assessment attached) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	The inspection focuses on services to the most vulnerable children in Northumberland.
Risk Assessment	Not applicable
Crime & Disorder	Not applicable
Customer Consideration	The experiences of children are important to the inspection findings.
Carbon reduction	Not applicable
Health and Wellbeing	The inspection scrutinised practice around supporting the health and wellbeing of vulnerable children and young people.
Wards	All

Background papers

For the Ofsted ILACS report, click [here](#)

Report sign off

	Full name of officer
Monitoring Officer/Legal	Helen Lancaster
Executive Director of Finance & S151 Officer	Chris Hand
Relevant Executive Director	Cath McEvoy-Carr
Chief Executive	Daljit Lally
Portfolio Holder(s)	Guy Renner-Thompson

Author and Contact Details

Alan Hartwell, Senior Manager Performance & Systems Support. Contact Alan.Hartwell@northumberland.gov.uk.

NORTHUMBERLAND COUNTY COUNCIL

HEALTH & WELLBEING BOARD

FORWARD PLAN 2020 - 2021

Lesley Bennett, Senior Democratic Services Officer
Tel: 01670 622613
E-mail Lesley.Bennett@northumberland.gov.uk

Updated : 2 February 2020

FORTHCOMING ITEMS

ISSUE	OFFICER CONTACT
11 February 2021	
<ul style="list-style-type: none"> • Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan • Population Health Management • ILAC Inspection • ICS/ICP/LTP 	Liz Morgan Siobhan Brown Graham Reiter/Alan Hartwell Siobhan Brown/Claire Riley
11 March 2021	
<ul style="list-style-type: none"> • Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan 	Liz Morgan
8 April 2021	
<ul style="list-style-type: none"> • Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan 	Liz Morgan

MEETING DATE TO BE CONFIRMED

<ul style="list-style-type: none"> • CCG commissioning intentions and plans for 2020/21 • North East and North Cumbria Integrated Care System Strategic Five Year Plan 2019 • NTW Priorities Report • Care Home Quality Report (to include residents' own views) 	Siobhan Brown/Jen Coe Siobhan Brown Russell Patton Cath McEvoy-Carr
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Updated : 2 February 2020

<ul style="list-style-type: none"> ● Northumberland Cancer Strategy and Action Plan ● Urgent and Emergency Care - Strategic Care ● Child and Adolescent Mental Health ● County Lines (Spring 2020) ● CDOP Annual Report 	Robin Hudson Siobhan Brown
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REGULAR REPORTS

<p>Regular Reports</p> <ul style="list-style-type: none"> ● System Transformation Board Update ● SEND Written Statement Update - progress reports ● Population Health Management – Quarterly Update (Feb,May,Aug,Nov) <p>Annual Reports</p> <ul style="list-style-type: none"> ● Public Health Annual Report ● Northumbria Healthcare Foundation NHS Trust Annual Priorities Report ● Healthwatch Annual Report ● Northumberland Safeguarding Children Board (NSCB) Annual Report and Update of Issues Identified ● Safeguarding Adults Annual Report and Strategy Refresh ● Annual Health Protection Report ● Northumberland Cancer Strategy and Action Plan 	<p>?? Cath McEvoy-Carr Siobhan Brown</p> <p>Liz Morgan (APR) Claire Riley (MAY) David Thompson/Derry Nugent (JULY) Paula Mead (OCT)</p> <p>Paula Mead (OCT) Liz Morgan (OCT) Robin Hudson (DEC/JAN)</p>
<p>2 Yearly Report</p> <ul style="list-style-type: none"> ● Pharmaceutical Needs Assessment 	Liz Morgan (APR 2021)

**NORTHUMBERLAND COUNTY COUNCIL
HEALTH AND WELLBEING MONITORING REPORT 2019-2021**

Ref	Date	Report	Decision	Outcome
1.	13 June 2019	NHS Northumberland Clinical Commissioning Group delivery of Joint Health and Wellbeing Strategy 2018-28	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.	No further action required.
2.	13 June 2019	Northumberland Physical Activity Strategy	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.	No further action required.
3.		Provision of Dental Services in Rothbury and	RESOLVED that the update	No further action

Updated : 2 February 2020

		Hadston	be noted and comments from the Board be sent to NHS England	required.
4.	13 June 2019	Application for Consolidation of two Pharmacies in Alnwick	RESOLVED that the proposed two consolidation of the two Boots pharmacies in Alnwick be supported.	No further action required.
5.	8 August 2019	SEND Written Statement Update	RESOLVED that (1) The contents of the report be noted. (2) The ongoing developments be noted (3) Members continue to be kept informed of progress made	Report to future meetings as appropriate
6.	8 August 2019	Northumberland Joint Health and Wellbeing Strategy - Draft Action Plans	RESOLVED that (1) The information be noted. (2) agreement be given to establishing the above task and finish groups and (3) the membership and terms of reference of each task and finish group be confirmed at the next meeting of the Board	Report to September 2019 Board meeting
7.	12 September 2019	Director of Public Health Annual Report 2018	RESOLVED that (1) The report be noted and recommendations accepted. (2) The Health & Wellbeing	

			Board commits to the Prevention Concordat for Better Mental Health	
8.	12 September 2019	NHS Long Term Plan/NE North Cumbria Integrated Care System Update	RESOLVED that That the information provided be noted.	
9.	12 September 2019	Role of Voluntary Sector in supporting Health & Wellbeing Strategy and wider agenda	RESOLVED that (1) The value and support the VCSE can provide to public sector to improve health and wellbeing of people across the county. (2) VCSE continues as equal partner i strategic decision making and in co-production of health and care services (3) VCSE to be engaged at beginning stage of decision making process in order to ensure maximum potential of sector is actualised.	
10.	12 September 2019	Ofsted Joint Targeted Area Inspection	RESOLVED that The information and plans be noted.	
11.	12 September 2019	New Adult and Children's Safeguarding Arrangements	RESOLVED that The information and plans be	

			noted.	
12.	12 September 2019	Healthwatch Annual Report	RESOLVED that the report be received.	
13.	12 September 2019	Terms of Reference for agreed Task and Finish Groups	RESOLVED that (1) The terms of reference of the three Task & Finish Groups be agreed. (2) Councillor representation be agreed as follows:- Profile, Communications & Profile - W. Daley Impact of Board - C.R. Homer Terms of Reference & Governance - S. Dickinson (3) The reporting timeline be agreed.	
14.	10 October 2019	Local System Review Phase 2 Progress Report	RESOLVED to note the progress made by the project and make any further recommendations regarding the direction	
15.	10 October 2019	Joint Strategic Needs Assessment for Special Educational Needs and Disability (SEND JSNA)	RESOLVED (1) Board members to disseminate contents within their organisations (2) Findings from SEND JSNA considered and where appropriate, acted upon by those with the responsibility for delivering the SEND Strategy and the commissioning decisions	

			arising from it.	
16.	10 October 2019	Response to Prevention Green Paper	RESOLVED to agree the response to the consultation by the Director of Public Health on behalf of the Board.	
17.	14 November 2019	North Tyneside and Northumberland Safeguarding Adults Board	RESOLVED that the Annual Report 2018/19 and Annual Plan 2019/20 be received	
18.	14 November 2019	Final Annual Report 2018/19 Safeguarding Children in Northumberland	<p>RESOLVED that</p> <p>(1) the content of the Northumberland Safeguarding Children Board Final Annual Report be noted.</p> <p>(2) the replacement of the NSCB by the Northumberland Strategic Safeguarding Partnership (NSSP) as set out in the Children and Social Act 2017, be noted.</p> <p>(3) A report be submitted to the Board in spring 2020 providing more details about County Lines and the extent of the problem in</p>	

			the North East.	
19.	14 November 2019	Joint Winter Plan 2019/20	RESOLVED that the presentation be noted.	
20.	7 January 2020	Better Care Fund Update	<p>RESOLVED that</p> <p>(a) the submitted Better Care Fund 2019/21 plan which sets out how Northumberland will meet the nationally mandated conditions and maintain integration across health and social care be noted.</p> <p>(b) To continue to monitor the Better Care Fund 2019/21 and for progress updates to be provided on a regular basis.</p> <p>(c) To actively showcase the positive performance of services within Northumberland.</p>	
21.	13 February 2020	Task & Finish Groups	<p>RESOLVED that</p> <p>(1) the revised terms of reference, reporting arrangements, proposal to reduce the frequency</p>	

			<p>of meetings to bi-monthly and supporting operating principles be approved.</p> <p>(2) the recommendations for raising the profile of the Health and Wellbeing Board and for communication and engagement be supported; and a mechanism to implement them be agreed.</p> <p>(3) the plans to refresh the Joint Strategic Needs Assessment (JSNA) and the development of a Joint Health and Wellbeing Strategy Performance Dashboard and Outcomes Framework be supported.</p>	
22.	13 February 2020	Oral Health Strategy Update	<p>RESOLVED that</p> <p>(1) the progress made on the oral health action plan and next steps for delivery be noted;</p> <p>(2) the progress made in varying the existing community water fluoridation arrangements in</p>	

			<p>Northumberland be noted;</p> <p>(3) key questions and issues which were likely to be raised by communities and other stakeholders in response to the proposal to inform a future consultation process.</p>	
23	13 February 2020	Update on Novel Coronavirus	RESOLVED that the presentation be noted.	
24	9 July 2020	Draft Northumberland COVID-19 Outbreak Prevention and Control Plan	<p>(1) the draft local COVID-19 Outbreak Prevention and Control Plan be agreed.</p> <p>(2) the role of the Health & Wellbeing Board's role as the body responsible for the delivery of the plan as reflected in the proposed delegation be noted.</p> <p>(3) authority to amend the plan in the light of emerging evidence, changing guidance and operational pressures be delegated to the Director of Public Health, Chief Executive of the Council and the Chair of the Health & Wellbeing Board.</p> <p>(4) The membership of the Communications and Engagement Sub-group be agreed as follows:-</p>	

			<p>Councillor V. Jones (Chair) Director of Public Health Head of Communications, Northumberland County Council Head of Communications, Northumbria Healthcare NHS Trust Health & Wellbeing Board Members</p> <ul style="list-style-type: none"> • Councillor W Daley • Councillor R.R. Dodd • Councillor S. Dungworth • Councillor C.R. Homer • Councillor P.A. Jackson <p>Healthwatch (Derry Nugent) Voluntary Sector Representative Other representatives to be considered including from the business community</p>	
25	13 August 2020	Draft Northumberland COVID-19 Outbreak Prevention and Control Plan	RESOLVED that the report be noted.	
26	13 August 2020	Director of Public Health Annual Report 2019 – Creative Health	RESOLVED that (1) the content and recommendations of the Annual Report 2019 be supported.	

			<p>(2) discussion take place on approaches to developing a North East Creative Health Hub.</p> <p>(3) the role of Creative Health Champions in CCGs, NHS Trusts and Northumberland County Council be supported.</p>	
27	10 September 2020	Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan	RESOLVED that the report and information be received.	
28	10 September 2020	Northumberland Flu Plan 2020/21	RESOLVED that presentation be received.	
29	8 October 2020	Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan	RESOLVED that the report and information be received.	
30	12 November 2020	Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan	RESOLVED that the report and comments made, be noted	
31	12 November 2020	Population Health Management	RESOLVED that:- (a) the presentation be received, and (b) regular progress updates be received by the Health and Wellbeing Board on a quarterly basis	
32	12 November 2020	Communications and Engagement Sub-	RESOLVED that:-	

		Group	(a) the information be noted, and (b) all communications and engagement relating to COVID 19 be included within the Health and Wellbeing Board instead of being reported to the Communications and Engagement Sub Group.	
33	10 December 2020	Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan	RESOLVED that: 1. the report be noted; 2. the infection rate in Northumberland and current issues, be noted; 3. comments on the progress of the local COVID 19 Outbreak Prevention and Control Plan be noted, and 4. the approach being taken for rapid community testing be supported.	
34	10 December 2020	Update on Mental Health and Wellbeing in Northumberland	RESOLVED that:- 1. the report be noted; 2. progress made on Recommendations in Director of Public Health Annual Report 2018- Mental Wealth be noted; 3. feedback from our Services/Providers in the attached Mental Health	

			Scoping Paper including new ways of working during COVID 19 be noted, and 4. comments made on local response to provide extra capacity and the right response to support mental health and wellbeing be noted.	
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