

# Public Document Pack



## Northumberland County Council

**Your ref:**

**Our ref:**

**Enquiries to:** Andrea Todd

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**Tel direct:** 01670 622606

**Date:** 4 March 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 MARCH 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 Health and Well-being Board members as follows:-**

**Bradley, Briggs, Brown, R Dodd (Chair), S Dungworth, Firth, V Jones, Lothian, J Mackey, C McEvoy-Carr, Mead, Morgan, G Renner-Thompson, G Sanderson, G Syers (Vice-Chair), Thompson, Travers, Wardlaw and J Watson**

**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.**



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## **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  
- 10)

Minutes of the meeting of the Health and Wellbeing Board held on Thursday, 11 February 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.** NB Any member needing clarification must contact [monitoringofficer@northumberland.gov.uk](mailto:monitoringofficer@northumberland.gov.uk). Please refer to the guidance on disclosures at the rear of this agenda letter.

#### **4. ITEMS FOR DISCUSSION**

##### **4.1 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.

##### **4.2 COMMUNICATIONS AND ENGAGEMENT**

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

#### **5. HEALTH AND WELLBEING BOARD – FORWARD PLAN**

(Pages  
11 - 28)

To note/discuss details of forthcoming agenda items at future meetings; the latest version is enclosed as Appendix A.

#### **6. 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.

**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.

<b>Name (please print):</b>
<b>Meeting:</b>
<b>Date:</b>
<b>Item to which your interest relates:</b>
<b>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):</b>
<b>Nature of Non-registerable Personal Interest (please give details):</b>
<b>Are you intending to withdraw from the meeting?</b>

**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, 11 February 2021.

### PRESENT

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

### BOARD MEMBERS

Bailey, M. (substitute member)	McEvoy-Carr, C.
Brown, S.	Morgan, E.
Dungworth, S.	Riley, C. (substitute member)
Jones, V.	Thompson, D.
Lothian, J.	Travers, P.
Mackey, J. (part)	Warrington, J. (substitute member)
Mead, P.	Watson, J.

### ALSO IN ATTENDANCE

Bell, A.	Communications
Hudson, R.	Service Director: Transformation
Malone, C.	and Integrated Care
Mitcheson, R.	Service Director: Children's
	Social Care
Reiter, G.	Senior Democratic Services
	Officer
Bennett, L.M.	

### 72. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor G. Renner-Thompson, R. Firth, and G. Syers.

### 73. MINUTES

**RESOLVED** that the minutes of the meeting of the Health and Wellbeing Board held on Thursday, 14 January 2021, as circulated, be confirmed and signed by the Chair.

## ITEMS FOR DISCUSSION

### 74. INTEGRATED CARE SYSTEMS

Members received a presentation and update from Sir Jim Mackey. (A copy of the presentation is filed with the signed minutes as Appendix A.)

The following points were raised:

- ICS legislative changes were being launched today.
- The NHS had been considering this matter since 2016 following confusion arising out of the 2012 reforms.
- There would be a move away from the competitive approach towards a more collaborative approach.
- There were efforts to create a more local approach and function within the ICS and make it a legal body which could receive funding.
- Emphasis on working with partners such as Local Authorities with regard to health improvement. However, the ICS covered a number of Local Authorities and Primary Care Networks etc and the operating network would be quite complex as a result.
- There was much less emphasis on place in the media and politics and this should give more freedom and space to shape Northumberland's needs and similarly in North Tyneside and Newcastle.
- It was hoped that this would build on the Transformation Board working that was in place and review the membership and fully embrace Primary Care Networks and use that as a mechanism for the ICS to devolve things to Northumberland.
- Big focus on health improvement, inequalities and the impact of COVID.
- There were still a lot of legal processes to go through.
- The ability to shape this towards local needs was welcome and it was important that this was used to prevent a national template being imposed.

The following comments were made:

- The VCSE sector had a huge role to play in Northumberland and it was important to consider how it could be incorporated into the Transformation Board arrangements. The membership would need to be refreshed to include representation from the VCSE and other bodies.
- The general Local Government response had been generally mixed and the level of integration varied greatly. There also was nervousness on how to encourage integration across the country.
- It needed to go further to tidy up national bodies and rationalise the regional structure. There needed to be a watching brief to avoid unnecessary expansion and red tape.
- There was a very strong central view that Health & Wellbeing Boards should hold the system to account.

**RESOLVED** that the presentation and comments made be noted.

## 75. HEALTH IMPROVEMENT FOR NORTHUMBERLAND

Members received a presentation from Siobhan Brown and Robin Hudson on Health Improvement for Northumberland. (A copy of the presentation is filed with the signed minutes as Appendix B).

The following points were raised as part of the presentation:

- Based on the four key priorities in the Health & Wellbeing Strategy, eight areas of work had been identified. It was known that outcomes varied across Northumberland and it was not just healthcare but everyone working together.
- Three building blocks were Infrastructure, Intelligence and Interventions
- Population Health Areas
  - The wider determinants of health
  - Our health behaviours and lifestyles
  - An integrated health and care system
  - The places and communities we live in
- Direct impact of actions on health outcomes
- Two case studies
  - Blackpool – intervention with residents of multiple occupancy housing. Barbara suffering from depression, living in poor quality housing, unemployed and recently bereaved.
  - Pudsey, Leeds – moderate frailty patient intervention. Identifying risk. Poor nutrition led to poor outcomes.
- Health Improvement Journey
  - Infrastructure – Leadership and System Team
  - Culture – Community Co-design
  - Resources – Project team ‘social movement’
  - Intelligence – Datasets and Information governance
  - PHM Academy – Senate and Learning arena
  - Intervention – map all relevant work already underway to form coherent whole
  - Project work – finance and contracting programme.
  - Identifying barriers and blocks and activation measures. Look at the readiness to change and help a person move to a place where they are ready to change.

The following comments were made in response to queries:

- This work was joined up with Northumberland County Council and was aimed at re-energising and refocusing work with the Council.
- Systems Transformation Board – looked at best start in life in the County and challenging and determining what work was going on and any impact across partnership areas.
- The Board was reassured that this work was joined up. The work on health policies that the Council was pushing forward with were to achieve the same aims but by a different mechanism. If a person was treated in isolation and then discharged into same circumstances, then the cycle of ill health would continue.

Ch.'s Initials.....

addressing the social determinants puts individuals in good position to become well and maintain wellbeing.

**RESOLVED** that the presentation and comments made be noted.

## **76.1 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 presentation is 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:

- Case rates across the LA7 were broadly similar with a peak in early January followed by a steady fall.
- Comparison between the situation on 6 January 2021 with that of 8 February 2021. Cases were at two thirds of the early level and was a testament to the efforts of the community to comply with regulations.
- The Northumberland epidemic curve showed a gradual reduction. The rate of decline was not as rapid as that seen after the first lockdown as the restrictions were not as strong.
- The Kent New Variant was now the predominant virus across the country and two-thirds to three-quarters of all Northumberland cases were this variant.
- There had been a decrease in cases across all age groups but there was some evidence that levels amongst school age children were not dropping as quickly.
- PCR testing sites were operational across the county along with a mobile service.
- The positivity rate was slowly reducing.
- Lateral Flow Tests for asymptomatic people were being carried out including in schools and care homes.
- Targeted community testing was providing wide availability of testing across Northumberland. Sites had opened at Ashington, Hexham, Alnwick and Berwick staffed by Northumberland County Council and Active Northumberland staff.
- Local tracing partnership had started last week to develop a holistic local tracing process and to contact those who had not been responded to NHS Test and Trace within 24 hours. There was the ability to have a wider discussion of a person's circumstances and to discover if they needed additional support to self isolate.
- Informal intelligence gathering was leading to improved data quality.

Ch.'s Initials.....

- There was a recognised significant inequality in the uptake of the vaccine and a Vaccination Equity Plan was being developed to make sure that this was mitigated and to work proactively with the community.

The following comments were made:

- A number of queries had been raised with Healthwatch as follows:
  - Information regarding a very small number of people who had experienced difficulty in accessing the vaccine.
  - Concerns from relatives of care home residents regarding the restrictions and worries about contact. The situation was more positive now.
  - Unpaid carers had difficulty accessing the vaccine and a list was being produced.
  - The response from Northumberland County Council had always been positive and made a difference to those involved. The positive feedback was welcomed.
- There was no change in the vaccine priority order relating to teachers. The focus was still with those most at risk. Most of cohorts 1-4 had been vaccinated now and the next phase of the rollout was awaited. A decision relating to occupational groups would be made further down line.
- The police were known to be taking a strong approach with those flaunting the lockdown rules. The numbers contacted by the police were not known.
- The message was being pushed strongly at those who had received their first vaccination to emphasise that they still needed follow the same rules as everyone else.

**RESOLVED** that the presentation and comments made be noted.

## 76.2 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:-

- 500,000 vaccinations had been carried out in the North East and Yorkshire region, 70% of which were delivered via primary care.
- Northumberland expected to meet the national target of 15 February to complete priority groups 1-4.
- Primary Care was making excellent progress despite the challenges of having little control of the supply of vaccine. All care home residents and staff had been offered a vaccine.
- Hospital vaccination hubs had vaccinated 18,000 front line staff.
- Challenges included minimising waste and identifying frontline health and social care staff from private providers.
- National vaccination centre was based at the Centre for Life and used a national online booking system. However, people could still choose to be vaccinated via their own PCN.

- Vaccine was supplied via a push model
- It was expected that second doses would be begin w/c 8 March.
- After vaccination, people were still required to follow the national rules re. PPE, lockdown and social distancing.
- Priority groups 5-9 should be completed by late spring and the whole programme by late November 2021.
- A roving model had been proposed to reach more rural areas and harder to reach communities in Northumberland.
- It was expected that it would be 4-6 weeks before a significant reduction in hospital admissions and deaths was seen and 4-6 months for a significant reduction in community transmission.
- The key message to the population was to be patient and wait to be called for vaccination.

The following comments were made:

- PCNs were enthusiastic about the vaccination programme and keen to lead and co-ordinate it, rather than asking people to go to a mass vaccination site.
- There had been very few refusals to date and people were generally very positive about the vaccine.
- Some care home staff had been anxious about the vaccine and work had been done with them to provide reassurance. 78% of care home staff had now been vaccinated.
- Behavioural insight work was being carried out and would investigate the reasons behind these anxieties. It was known that some young women were less confident and work was being done to dispel myths surrounding vaccination.
- It was felt that local GP practices had gone above and beyond in arranging vaccinations.
- It was important to be aware of potential pressures and the public to act sensibly and not to ignore normal medical issues.

**RESOLVED** that the presentation and comments made be noted.

## 77. COMMUNICATIONS AND ENGAGEMENT

Claire Malone, Public Health Communications Lead, gave a communications and engagement update (a copy of the presentation is filed with the signed minutes).

The update included:

- The national messages from the Government and NHS were continuing to be shared along with reminders of the key advice given.
- Also information re-emphasising key messages about vaccination and trying to dispel some of the myths surrounding it.
- Sharing of dashboard information
- Promotion of community testing.

- Proactive and reactive work with the four wraparound groups such as the newsletter for care homes, information for schools and work with LA7 on business pack for hospitality businesses to help them at the end of lockdown.
- Working closely with high risk wraparound group.
- As well as regular briefing working with the regional campaign with LA7. Developing workplace safety campaign.
- Vaccine hesitancy particularly with BAME
- Digital vans working over half term in popular hotspots. Messages were also being carried on buses, bin wagons and fire engines.
- The Community Champions scheme was up and running with over 50 champions having been recruited. Recruitment was still ongoing. 27 had already been trained with the remainder receiving their induction today. They would receive weekly updates. The champions would have a key role in providing advice especially at end of lockdown. The MCS team coordinator was the key contact. Roll out with business to help spread work.
- The Beat COVID NE campaign was still running. Since 22 January 2021 actively advertising on radio, TV and newspapers.
- Diarists were keeping diaries to be published in the press and hub. Keep evaluation going to ensure monitoring awareness.
- Next steps, keep on with national message and refresh town centre signage, continue recruiting community champions.
- Behavioural insights programme continuing with care home, teaching and health & social care staff across 11 Local Authorities. Feedback should be available in the next few weeks.

**RESOLVED** that the information provided within the presentation be noted.

## **78. REPORT OF EXECUTIVE DIRECTOR OF ADULT SOCIAL CARE & CHILDREN'S SERVICES**

### **Inspection of Local Authority Children's Services (ILACS)**

Members were informed for the findings of this successful Ofsted inspection undertaken between 20-31 January 2020, and progress on the subsequent improvement plan. (Report filed with the signed minutes as Appendix C).

Service Director: Children's Social Care reported that Northumberland Children's Services had been judged as Good in all areas inspected. The following areas for improvement had been identified and the report detailed steps taken since the inspection:-

- 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.
- The quality and sensitivity in the way later life letters are written for all children.

**RESOLVED** that the findings and progress be acknowledged.

**79. 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.

**80. DATE OF NEXT MEETING**

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

**CHAIRMAN** \_\_\_\_\_

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

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# **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](mailto:Lesley.Bennett@northumberland.gov.uk)

Updated : 1 March 2021

## FORTHCOMING ITEMS

ISSUE	OFFICER CONTACT
<b>11 March 2021</b>	
<ul style="list-style-type: none"> <li>• Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan</li> </ul>	Liz Morgan
<b>8 April 2021</b>	
<ul style="list-style-type: none"> <li>• Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan</li> <li>• Joint Commissioning</li> </ul>	Liz Morgan Helen Bowyer

### MEETING DATE TO BE CONFIRMED

<ul style="list-style-type: none"> <li>• CCG commissioning intentions and plans for 2020/21</li> <li>• North East and North Cumbria Integrated Care System Strategic Five Year Plan 2019</li> <li>• NTW Priorities Report</li> <li>• Care Home Quality Report (to include residents' own views)</li> <li>• Northumberland Cancer Strategy and Action Plan</li> <li>• Urgent and Emergency Care - Strategic Care</li> <li>• Child and Adolescent Mental Health</li> <li>• County Lines (Spring 2020)</li> <li>• CDOP Annual Report</li> </ul>	Siobhan Brown/Jen Coe Siobhan Brown  Russell Patton Cath McEvoy-Carr Robin Hudson Siobhan Brown
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Updated : 1 March 2021

**REGULAR REPORTS**

<p><b>Regular Reports</b></p> <ul style="list-style-type: none"> <li>● System Transformation Board Update</li> <li>● SEND Written Statement Update - progress reports</li> <li>● Population Health Management – Quarterly Update (Feb,May,Aug,Nov)</li> </ul> <p><b>Annual Reports</b></p> <ul style="list-style-type: none"> <li>● Public Health Annual Report</li> <li>● Northumbria Healthcare Foundation NHS Trust Annual Priorities Report</li> <li>● Healthwatch Annual Report</li> <li>● Northumberland Safeguarding Children Board (NSCB) Annual Report and Update of Issues Identified</li> <li>● Safeguarding Adults Annual Report and Strategy Refresh</li> <li>● Annual Health Protection Report</li> <li>● Northumberland Cancer Strategy and Action Plan</li> </ul>	<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><b>2 Yearly Report</b></p> <ul style="list-style-type: none"> <li>● Pharmaceutical Needs Assessment</li> </ul>	<p>Liz Morgan (APR 2021)</p>

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

<b>Ref</b>	<b>Date</b>	<b>Report</b>	<b>Decision</b>	<b>Outcome</b>
1.	13 June 2019	NHS Northumberland Clinical Commissioning Group delivery of Joint Health and Wellbeing Strategy 2018-28	<b>RESOLVED</b> 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	<b>RESOLVED</b> 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 Hadston	<b>RESOLVED</b> that the update be noted and comments from the Board be sent to NHS England	No further action required.
4.	13 June 2019	Application for Consolidation of two Pharmacies in Alnwick	<b>RESOLVED</b> 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	<b>RESOLVED</b> 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	<b>RESOLVED</b> 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	<b>RESOLVED</b> 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	<b>RESOLVED</b> that  That the information provided be noted.	
9.	12 September 2019	Role of Voluntary Sector in supporting Health & Wellbeing Strategy and wider agenda	<b>RESOLVED</b> 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	<b>RESOLVED</b> that  The information and plans be noted.	
11.	12 September 2019	New Adult and Children's Safeguarding Arrangements	<b>RESOLVED</b> that	

			The information and plans be noted.	
12.	12 September 2019	Healthwatch Annual Report	<b>RESOLVED</b> that the report be received.	
13.	12 September 2019	Terms of Reference for agreed Task and Finish Groups	<b>RESOLVED</b> 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	<b>RESOLVED</b> 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)	<b>RESOLVED</b>  (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	<b>RESOLVED</b> 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	<b>RESOLVED</b> 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><b>RESOLVED</b> 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</p>	

			extent of the problem in the North East.	
19.	14 November 2019	Joint Winter Plan 2019/20	<b>RESOLVED</b> that the presentation be noted.	
20.	7 January 2020	Better Care Fund Update	<p><b>RESOLVED</b> 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><b>RESOLVED</b> that</p> <p>(1) the revised terms of reference, reporting arrangements, proposal</p>	

			<p>to reduce the frequency 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><b>RESOLVED</b> 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</p>	

			<p>arrangements in 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	<b>RESOLVED</b> 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 &amp; 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 &amp; Wellbeing Board.</p> <p>(4) The membership of the Communications and</p>	

			<p>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 &amp; Wellbeing Board Members</p> <ul style="list-style-type: none"> <li>• Councillor W Daley</li> <li>• Councillor R.R. Dodd</li> <li>• Councillor S. Dungworth</li> <li>• Councillor C.R. Homer</li> <li>• Councillor P.A. Jackson</li> </ul> <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	<b>RESOLVED</b> that the report be noted.	
26	13 August 2020	Director of Public Health Annual Report 2019 – Creative Health	<b>RESOLVED</b> that  (1) the content and recommendations of the	

			<p>Annual Report 2019 be supported.</p> <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	<b>RESOLVED</b> that the report and information be received.	
28	10 September 2020	Northumberland Flu Plan 2020/21	<b>RESOLVED</b> that presentation be received.	
29	8 October 2020	Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan	<b>RESOLVED</b> that the report and information be received.	
30	12 November 2020	Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan	<b>RESOLVED</b> that the report and comments made, be noted	
31	12 November 2020	Population Health Management	<b>RESOLVED</b> 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-Group	<b>RESOLVED</b> that:- (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	<b>RESOLVED</b> 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	<b>RESOLVED</b> that:- 1. the report be noted; 2. progress made on Recommendations in Director of Public Health Annual Report 2018- Mental Wealth be noted;	

			<p>3. feedback from our Services/Providers in the attached Mental Health Scoping Paper including new ways of working during COVID 19 be noted, and</p> <p>4. comments made on local response to provide extra capacity and the right response to support mental health and wellbeing be noted.</p>	
35	14 January 2021	Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan	<p><b>RESOLVED</b> that:-</p> <ol style="list-style-type: none"> <li>1. the information be noted;</li> <li>2. the infection rate in Northumberland and current issues, be noted, and</li> <li>3. comments on the progress of the local COVID 19 Outbreak Prevention and Control Plan be noted.</li> </ol>	
36	14 January 2021	COVID 19 Vaccine Roll Out	<p><b>RESOLVED</b> that the presentation and comments made be noted.</p>	

37	14 January 2021	<b>Northumberland Strategic Safeguarding Partnership (NSSP) Annual Report April 2019- September 2020</b>	<b>RESOLVED</b> that the report be received for information.	
38	14 January 2021	<b>North Tyneside and Northumberland Safeguarding Adults Annual Report – 2019/20</b>	<b>RESOLVED</b> that the report be noted.	
39	14 January 2021	<b>Communications and Engagement</b>	<b>RESOLVED</b> that the information provided within the presentation be noted.	
40	11 February 2021	<b>Integrated Care Systems</b>	<b>RESOLVED</b> that the presentation and comments made be noted.	
41	11 February 2021	<b>Health Improvement for Northumberland</b>	<b>RESOLVED</b> that the presentation and comments made be noted.	
42	11 February 2021	<b>Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan</b>	<b>RESOLVED</b> that the presentation and comments made be noted.	
43	11 February 2021	<b>COVID19 Vaccine Roll Out</b>	<b>RESOLVED</b> that the presentation and comments made be noted.	

44	11 February 2021	<b>Communications and Engagement</b>	<b>RESOLVED</b> that the information provided within the presentation be noted.	
45	11 February 2021	<b>Inspection of Local Authority Children's Services (ILACS)</b>	<b>RESOLVED</b> that the findings and progress be acknowledged.	

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