

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

At the meeting of the **Health and Well-being Board** held at Meeting Space, Block 1, Floor 2, County Hall on Thursday, 14 April 2022 at 10.00 am.

PRESENT

B Flux (Chair) (in the Chair)

MEMBERS

M Bailey (substitute)
J Lothian
L Morgan
W Pattison
E Simpson
J Watson

S Brown
P Mead
D Nugent (substitute)
G Sanderson
G Syers

OFFICERS

L M Bennett
A Johnson
G O'Neill

Senior Democratic Services Officer
Northumberland CCG
Interim Deputy Director of Public Health

53 APOLOGIES FOR ABSENCE

Apologies for absence were received from J. Boyack, R. O'Farrell, W. Pattison, G. Renner-Thompson, D. Thompson and P. Travers.

54 MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 10 March 2022, as circulated, be confirmed as a true record and signed by the Chair:

55 LIVING WITH COVID

Members received a presentation from Liz Morgan, Interim Executive Director for Public Health and Community Services.

Liz Morgan highlighted the following key areas:-

- **Changing the way we manage the pandemic** – There was still a high number of cases in the UK. The pandemic would continue to take its course and it was important to expect the unexpected over the next 18 months/two

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years. The high prevalence of COVID did not appear to be translating into high hospital admissions at the same levels as they had previously, however, hospitals were still under significant pressure.

- **Principles –**
 - Encouraging safer behaviours through public health advice.
 - Protecting people most vulnerable to COVID-19
 - Maintaining resilience
 - Securing innovations
- **Changes to Testing –** Free testing had largely ceased and was replaced by a more targeted approach
 - Testing for care – in hospitals, community and primary care, on emergency/unplanned admission, in advance of elective admission and on discharge into other care settings.
 - Testing to treat – High risk patients in the community – symptomatic testing to access treatment.
 - Testing to protect – symptomatic and asymptomatic testing in high risk settings such as NHS staff, care homes, social workers, hospices and detention settings.
- **Surveillance –** The ONS survey was the main source of information currently and it was estimated that 1 in 13 people had COVID-19 in the week ending 2 April 2022. There was some evidence that the rate of increase was slowing.
- The case rates were levelling off in some age groups but still increasing in others. Some sectors not covered by the ONS survey were covered by the Vivaldi and Siren studies.
- **Advice to the public**
 - Living safely with respiratory infections including COVID-19 – get vaccinated, ventilation and fresh air, good hand and respiratory hygiene, choose to wear a face covering.
 - Guidance for people with symptoms of respiratory infection including COVID-19 – people with respiratory symptoms and high temperature or who do not feel well enough to work should stay at home if they can.
 - After positive test, stay at home for at least five days (if you can).
 - Follow guidance to minimise spread of COVID.
 - Advise against presenteeism.
- **Opportunities –**
 - Good practice of COVID-19 vaccination programme to be applied to other vaccination programmes.
 - Build on infection prevention and control practices and processes built up during pandemic.
 - Pivot the role of the Health Protection Board to consider wider health protection issues.
 - Work across the LA7 and wider North East area re. goals, short to medium term priorities and next steps.
- **Communications**
 - There had been a very successful programme based on behavioural insights. Messages appeared to resonate with the public when they came from local NHS partners and the Local Authority.
 - Emphasis on keeping the message simple and consistent and explain why this shift was being made and nuanced for different communities.
- **Key Messages**

- Further waves were expected over the next few years, and it was important to be able to respond to these quickly with vaccination, mass testing and contact tracing.
- Vaccination remained the main protection from severe disease and death and boosters would be required.
- It was important to continue with basic hygiene measures which were effective in reducing transmission of COVID-19 and other respiratory diseases.

The following comments were made:-

- There was no longer a statutory requirement to self-isolate but people were advised to do so if they felt unwell. It was noted that many in less secure jobs or with less generous benefits packages may not be able to afford to do so.
- There may be an opportunity to look at sickness benefit packages to see if they were still fit for purpose and to try to ensure that no-one was disadvantaged. This was a matter for the Government.
- The retention of the Health Protection Board and its widened remit was welcomed. Gaps in the areas of immunisations, health care acquired infections and cancer screening affected some of Northumberland's most deprived populations. Some of the lessons learned through the pandemic could be applied to other programmes.
- There were still higher than average staff absence rates within the Northumbria Trust. COVID-19 was still putting an enormous strain on services and there was still a lot of activity that had not needed to be dealt with prior to the pandemic.
- Anecdotally, it was believed that the infection was lasting for longer, even in fully vaccinated people and causing people to be quite unwell. The impact of the virus did shift with each variant.
- Recovery of services was being monitored very carefully and targets based on COVID-19 case numbers falling. However, case rates remained high along with expectations of services

RESOLVED that

- (1) the presentation be received.
- (2) the COVID-19 Local Outbreak Control Management Plan be withdrawn.
- (3) The Health & Wellbeing Board's role as the COVID-19 Control Board and Engagement Board be stood down.
- (4) The Health Protection Board be maintained with broader terms of reference to provide assurance across a wider range of health protection issues – infectious disease management, health care associated infections, immunisation uptake, cancer screening, surge testing and vaccination and future pandemic planning.

56 **HEALTH INEQUALITIES SUMMIT**

Members received a presentation from Gill O'Neill, Deputy Director for Public Health. Initials.....

Health.

Gill O'Neill highlighted the following key areas:-

- The summit had taken place on 25 March 2022, chaired/facilitated by Professor Chris Bentley and with the keynote speaker, Cormac Russell and was working towards production of an Inequalities Plan for Northumberland.
- The event was not badged under any one organisation but aimed was to bring together a number of inequalities plans. Discussions included immersive experience, sharing examples of local best practice, social determinants and holding ourselves to account to deliver.
- **Key Messages from Cormac Russell**
 - Asset Based Community Development – working alongside communities and enabling them to do things for themselves.
- **Key Messages from Professor Chris Bentley**
 - Thinking about issues from a civic level responsibility perspective and what were the best levers to use all the tools in the tool box but also how best to enhance services at the right time and right place but also what could come from community. This would enable true 'Place' based working.
- **Interface between civic and community and services and community**
- Workshops identified the current position regarding civic into community seams and services into community seams. Discussions surrounded moving from Emerging/Developing/Maturing and Thriving. Attendees' opinion had been that Northumberland was emerging to developing when considering the whole system how to best work from a community centred perspective and to maximise the opportunities with civic responsibilities, services and empowering communities. However, it was stressed that there were pockets of mature and thriving examples.
- **Key Ambitions**
 - Improve data and insights sharing
 - Upscale community centred approaches as the core delivery model, using the three questions from Cormac Russell
 - What is it that communities can do best?
 - What do communities require help with?
 - What do communities need outside agencies to do for them?
 - Align the organisations and resources from a cultural and workforce perspective.
 - Look at everything through an inequalities lens.

The following comments were made:-

- It was acknowledged that there was disappointment from the voluntary sector representative that they had not been invited to attend the event. Invitations had been very restricted in order to keep the event COVID-19 safe. It was noted that invitations had been spread out over the NHS, Local Authority, private sector and VCS. Advice had been taken from Citizens Advice and Northumberland Communities Together on attendance by VCSE organisations. The Summit had only been the start of the conversation and there would then be further local events to enable a richer conversation. Membership of the Task Group referred to was still to be discussed.

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- Although there had not been an opportunity for members of the local community to attend, there had been video injects such as from the group 'Forget-Me-Nots', from a young man about his life experience and from a front line teacher.
- It was good to be recognised to be at the 'Emerging' stage and that a culture change was required. It was suggested that 'Emerging Together' may be a more appropriate title.
- The aim was to decide what more could be done across a range of areas. Ideally the Action Plan should be ready by September 2022 in order to feed into the 2023/24 budget process.
- It was stressed that the summit was an 'Inequalities' Summit and not a 'Health Inequalities' Summit. A shift in thinking was required in terms of the collective understanding of what health was and what created a healthy life. The prevailing narrative was that health was the absence of disease and driven by personal responsibility, making healthier choices, and how health services were accessed. Focusing on 'Inequalities' required a move to thinking about the wider determinants as the building blocks of a healthy life.
- How the citizen's voice was written into the Action Plan would be very important.

RESOLVED that

- (1) a Task Group be established under the Health & Wellbeing Board to progress the locality events and the Action Plan.
- (2) the Summit's priority areas be agreed and included in the Inequalities Action Plan.
 - To agree better share data and insights.
 - To agree to work towards and embed a shared understanding and delivery of a community centred approach
 - To work together to better share resources
 - To consider all policies, strategies and action plans through an inequalities lens.
- (3) to work towards a draft plan in the summer of 2022 and to formally sign it off in September 2022.

57 CHILD DEATH OVERVIEW PANEL (CDOP) ANNUAL REPORT (APRIL 2020-MARCH 2021)

Members received the Child Death Overview Panel Annual Report from Alison Johnson, Northumberland CCG.

Alison Johnson raised the following key points:-

- This was the first annual report of the reconstituted Panel which covered Gateshead, Newcastle, Northumberland, North and South Tyneside, and Sunderland. The purpose of the Panel was to scrutinise the circumstances of every child's death and, if appropriate, provide challenge to the agencies involved to enhance learning and make recommendations to improve service delivery and patient experience.

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- In each case the cause of death was classified and contributory factors identified along with any modifiable factors. Recommendations were also made to prevent future similar deaths or to improve the safety and welfare of children in the local area and further afield.
- A total of 82 deaths had been reviewed (20 of which were in Northumberland). Nine had modifiable factors including maternal smoking, parental drug misuse, high maternal BMI, a child who did not have the flu vaccine, late pregnancy booking including drug misuse and alcohol misuse.
- The ages of the child deaths were not broken down, however, the highest category of child death 45% (37) was within the first 27 days of life.
- An example of actions taken included:
 - After the death of a young person after ingesting MDMA, the Substance Misuse Team had worked with Public Health to deliver a session in schools on recognising the signs of substance misuse and first aid.
 - Introduction of a question on food allergies was incorporated into existing asthma review templates following the death of a child from anaphylaxis.
- A breakdown of the modifiable factors and ages of children for each area had been requested

The following comments were made:-

- It was confirmed that still births were not included in the figures.
- The request for a further breakdown of modifiable factors was welcomed along with assurance that the appropriate processes were in place to assess the deaths. Alison Johnson confirmed that she attended all of the review and that any learning from issues highlighted would be taken forward.
- The review process itself was assessed to ensure that it remained robust.
- The Panel report had previously gone to the Children's Safeguarding Partnership but was now felt to be more Public Health related. The Partnership had taken on board the modifiable factors to be the areas that it should focus on. For example, the issue of safe sleeping had resulted in work being carried out with Midwives and Health Visitors and interventions put into place at the recommendation of the Safeguarding Partnership.
- The Annual Report would continue to be submitted to the Safeguarding Partnership as well as the Health & Wellbeing Board.
- It was suggested that there was an opportunity for all of the CDOP Panels across the region to collaborate and share reports.

The Chair thanked Alison Johnson for the report.

RESOLVED that the report be received.

58 **HEALTH AND WELLBEING BOARD – FORWARD PLAN**

Members received the latest version of the Forward Plan.

RESOLVED that the Forward Plan be noted.

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59 **DATE OF NEXT MEETING**

The next meeting will be held on Thursday, 12 May 2022, at 10.00 a.m. in County Hall, Morpeth.

CHAIR.....

DATE.....

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