

# Public Document Pack

## NORTHUMBERLAND COUNTY COUNCIL

### HEALTH AND WELL-BEING BOARD

At the meeting of the **Health and Well-being Board** held at Council Chamber, County Hall, Morpeth on Thursday, 10 November 2022 at 10.00 am.

#### PRESENT

P Ezhilchelvan (Chair) (in the Chair)

#### MEMBERS

G Binning  
N Bradley  
R Mitcheson  
G O'Neill  
G Reiter  
E Simpson  
M Taylor  
P Travers

J Boyack  
S Lamb  
R O'Farrell  
W Pattison  
G Sanderson  
G Syers  
D Thompson  
J Watson

#### OFFICERS

L M Bennett  
P Rooney

Senior Democratic Services Officer  
Director of Strategy and Planning, ICB

#### 103 APOLOGIES FOR ABSENCE

Apologies for absence were received from J. Daniel, P. Mead, L. Morgan, H. Snowden, C. Wardlaw, C. Wheatley, and Councillor G. Renner-Thompson.

#### 104 MINUTES

**RESOLVED** that the minutes of the meeting of the Health and Wellbeing Board held on 13 October 2022, as circulated, be confirmed as a true record and signed by the Chair.

#### 105 NORTHUMBERLAND FIRE & RESCUE SERVICE'S COLLABORATIVE APPROACH TO SAFETY AND WELLBEING

Graeme Binning, Deputy Chief Fire Officer, provided a presentation outlining the Northumberland Fire & Rescue Service's collaborative approach to safety and wellbeing. He raised the following key issues:-

- Statutory duties for Fire & Rescue Services in Fire and Rescue Framework for England 2018, including
  - targeting those individuals or households who are at greatest risk for fire in the home; those most likely to engage in arson or deliberate fire

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- setting.....
- identify individuals' wider vulnerabilities and exposure to 'risks beyond fire'.
- A duty to collaborate and keeping collaboration opportunities under review and not precluding wider collaboration with other local partners, such as local authorities.....'
- Northumberland Fire & Rescue Service contributed to many elements of the Health and Wellbeing Strategy.
- General Approach to Intelligence Led. The Safe & Wellbeing Policy had been launched in July 2022. Efforts were being made to identify citizens most at risk of injury or harm. The policy had been produced in conjunction with a number of external partners. The focus was 'making every contact count'.
- A whole systems contribution. Home fire safety was still a priority along with a wider scope to look at slips, trips and falls, dementia, alcohol and smoking. An all-risk questionnaire was in place along with referral partner pathways.
- When we don't collaborate - an example was described detailing the effects of a fire death and the wider impact of that event on the local community. This may not have occurred had a number of organisations collaborated
- When we collaborate - an example was described of a case where organisations had collaborated providing an improved outcome for the person involved.
- The Fire & Rescue Service welcomed the opportunity to become a member of the Health & Wellbeing Board and to work with other organisations to give the best outcome for the residents of Northumberland.

The following responses were made to comments from Members-

- The Fire & Rescue Service had committed to its Corporate Parenting Promise which was its committed to Looked After Children and how they would fit into its priorities.
- An opportunity to work with the Harrogate NHS Trust on its Environmental Assessment Tool was welcomed.
- The collaboration with Northumberland Communities Together was much appreciated and further work going forward would be welcomed. Some officers had been identified to work on asset based community training.
- Future collaboration with CNTW was welcomed and would be discussed outside the meeting.
- It was acknowledged that there was a need to understand the needs of people who may be deaf or visually impaired. Some work had already begun in this area.

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

## 106 **JOINT HEALTH & WELLBEING STRATEGY THEMATIC GROUPS UPDATES**

Members received verbal updates from the thematic groups as follows:-

### **Empowering Communities**

Gill O'Neill, Deputy Director of Public Health reported as follows:-

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The three priorities for this thematic group contained in the Strategy were:

- Ensure that partners, providers, practitioners and the systems they work in promote and encompass a 'more than medicine' approach.
- Provide people and communities with access to networks and activities which will support good health and resilience.
- Support people to gain knowledge, skills and confidence they need to be active partners in managing and understanding their own health and health care.

There had been significant organisational and system change since the priorities were agreed and there had still been a lot of progress on this work since the strategy was written and now there were:

- NCT and its Strategic Board
- Thriving Together and the 13 thematic networks
  - o Tackling inequalities task force (operational)
- VCSE Liaison Group
- Inequalities Plan and the HWBB Steering Group
- ICS level -scoping the social prescribing offer
- Health Watch board

It had been discussed if this was about strategically creating a collaborative approach to asset based community development and doing that through our wider workforce inclusive of social prescribers, health trainers, link workers, locality coordinators etc.

It was proposed that the first steps would be:

- Chairs of the groups listed above to talk to their groups about coming together in a system workshop to scope out a gap analysis of what and how we were already working towards the priorities in the strategy and where we might wish to focus our collective attention.
- Workshop December/January to discuss and agree how to work collaboratively across existing groups and if one group could be morphed to become the Empowering People and Communities Thematic Board or if individual groups were retained but to agree to come together a few times a year to ensure cohesive practice and delivery.
- To report back to Health & Wellbeing Board in January/February pending agreement of the workshop date.

### **Best Start in Life**

Graham Reiter, Service Director - Children's Social Care and Interim DCS, provided the following update:-

- Best quality education
- Children feeling safe and supported in all areas of life
- Support children, young people and their families to make positive lifestyle and social choices.

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The Department was already looking at the range of governance arrangements in place regarding partnership work around safeguarding children and young people strategic plan, healthy families. These could be streamlined to sit under this thematic area. There were a number of activities ongoing including:-

- Wholesale review of education provision
- Continue to invest in the capital programmes to create an environment which promoted learning.
- Work with schools via school improvements to target children with free school meals who need additional support to reach their potential.
- Maximise the use of the pupil premium.
- Ensure that children and young people get the right support at the right time. First point of contact services had been looked at to try and look at and streamline these services. Try to prevent any escalation into statutory work and avoid the need for intervention.
- Family Hubs were a crucial development bringing partners together. This would include 0-19 work.
- Social work operation and the continual improvement in this area.
- Integration of children and adults Safeguarding Partnership work was being progressed.
- There was a key focus around special education needs and disabilities. There had been significant improvements in this area but remained areas for improvement.
- Emotional resilience and wellbeing of children and young people.
- Northumberland Education and Emotional Wellbeing Support Team created as part of a very innovative piece of work working alongside social work teams identifying the emotional and wellbeing support needs for vulnerable children and young people.

### **Whole System Approach**

Alistair Blair and Rachel Mitcheson, NENC ICB, updated Members as follows:-

- This was a continuation of ongoing work. Focus on making every contact count across the health sector
- and looking with an inequalities lens identifying people from deprived communities
- looking at specific targeted interventions.
- mental health was very important within this and issues such as the cost of living would cause issues across this sector.
- The Integrated Care Board (ICB) was a very new organisation and would be looking at how to use the current System Transformation Board (STB) differently to enable more decisions to be made and link in with the statutory requirements of the ICB with regard to partnerships. A paper on governance arrangements could be submitted to a meeting of the Health & Wellbeing Board for information.

In answer to a query the following comments were made:-

- How do we demonstrate the outcomes of Making Every Contact Count? - It was possible that as a result of a single contact, a person may end up with multiple contact points. So it could, in fact, be a springboard to accessing

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multiple other services and it was important to ensure that there was a measurable impact on the quality of a person's life. It may be that this was harder to measure and it may be better to measure the overarching reduction in inequalities rather than reducing the number of contacts.

- There were different ways to measure and it was difficult to quantify what had been avoided. Indicators used by the Health & Wellbeing Board may need to be refreshed. The use of case studies was vital along with service user feedback. Joint performance score cards could be developed across individual services.

### **Wider Determinants**

Gill O'Neill reported that it was hoped that there would be a more detailed update to the December meeting.

The following points were noted:-

- The priority focus was around warm homes, jobs and transport.
- The issue was similar to that for Empowering Communities regarding whether there should be one group or a number to aid a collective understanding.

**RESOLVED** that the updates from the thematic groups be received.

## 107 **INEQUALITIES PLAN - COMPACT**

Graham Syers reported that all member organisations had been requested to take away the essence of the Inequalities Plan and ensure that their organisations had an understanding of it and were signed up to it. Members were requested to update the Board on what stage their organisation was at. It was suggested that organisations be requested to formally sign up at the December meeting of the Health & Wellbeing Board.

From a Primary Care perspective, it had been discussed with PCN Groups and there was a part of the Primary Care Commissioned Service which was about asking practices as part of their primary care groupings to commit to a piece of work. It had already been agreed that the primary care networks would sign up to the Compact.

Within CNTW, the Inequalities Plan fitted perfectly with what the organisation was already pulling together in its Annual Plan. It was confirmed that the Northumbria Trust was 'walking the walk' and there were already a number of inequalities conversations going on between clinicians.

**RESOLVED** that partner organisations be requested to formally sign up to the Inequalities Plan at the Health & Wellbeing Board meeting on 8 December 2022.

## 108 **LIVING WITH COVID**

Members received a verbal update from Gill O'Neill and an update on the Covid and flu vaccination programme from Rachel Mitcheson, NENC ICB Northumberland.

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Gill O'Neill raised the following key points:-

- ONS Survey data at 4 November 2022 was showing a decline in Covid cases across England with an estimated 1:35 people testing positive.
- In Northumberland, estimated cases identified from lateral flow and PCR tests was also declining with 46.63 per 100,000 testing positive.
- The 'Hands, Face, Space' message remained the same and it was important to remain vigilant and to prioritise vaccination. In crowded spaces, masks remained an option. Now that we were moving into winter, with both Covid and flu circulating it was important to keep the airflow moving and if feeling unwell to stay at home, if possible.

Rachel Mitcheson, NENC ICB, and Alistair Blair, Northumbria Healthcare Trust updated Members on the current Covid and flu vaccination programmes and hospital situation and raised the following key points:-

- 111,000 booster jabs had been delivered in Northumberland and the uptake across all eligible cohorts was 57.3% which was above the England and North East and Cumbria averages.
- It was vital to maintain momentum, particularly with regard to the 50-64 year age group as this group appeared to be less keen to come forward. A new national campaign had been launched.
- Vaccinations were still being carried out in care homes where there had previously been outbreaks preventing the vaccination teams from entering.
- Over the last few months, the number of hospital cases with Covid had not been admitted because of Covid had decreased.
- It was important not to look at Covid in isolation but to also look at flu. Data from Australia had indicated that a high number of flu cases should be expected earlier in the season than normal, but this had not happened to date.
- It was expected that Covid cases would continue to plateau off over the next month but there was some epidemiological evidence that they may pick up again in January 2023.
- Covid was not the cause of operational pressures at the moment.

**RESOLVED** that the updates be received.

## 109 **HEALTH AND WELLBEING BOARD – FORWARD PLAN**

Members discussed a number of items for inclusion in or removal from the Forward Plan. It was suggested that 'Living with Covid' be removed from the Forward Plan on the understanding that it could return should Covid become a concern again in the future.

**RESOLVED** that the Forward Plan be noted with the following additions.

- Northumbria Police Presentation
- Inequalities Plan – Compact Sign Up
- 0-19 Service Structure and Model
- Northumberland Communities Together Update to include cost of living crisis and warm hubs.

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- Better Care Fund Plan
- System Pressures to include GP services and Accident & Emergency service.
- Core20Plus5

It was possible that some items may be more appropriately dealt with in informal Development Sessions in the future.

#### 110 **URGENT BUSINESS (IF ANY)**

The Chair reported that he had been made aware of the following and agreed that they be raised as items of urgent business.

The Chair reported that he was attending the next Joint OSC for the North East and North Cumbria ICS and North & Central ICPS. He was happy to raise any issues at the meeting which Members may give to him.

#### 111 **DATE OF NEXT MEETING**

The next meeting will be held on Thursday, 8 December 2022, at 10.00 a.m. in County Hall, Morpeth.

*Dr. Graham Syers, Vice Chair, took the Chair for the following item.*

#### 112 **DRAFT ICB INTEGRATED CARE STRATEGY**

Members received a presentation from Peter Rooney, Director of Strategy and Planning NENC ICB Northumberland. A copy of the presentation is filed with the signed minutes.

Mr. Rooney made the following key points:-

- The Integrated Care Strategy (ICP) was a statutory committee involving partner organisations and stakeholders and formed part of the arrangements for the Integrated Care System (ICS). It was required to develop an Integrated Care Strategy by December 2022. ICBs and local authorities were required to have regard to the strategy when making decisions and commissioning or delivering services. The strategy must use the best evidence.
- The structure, and overarching visions, goals and enablers were outlined. The vision was to create better health and wellbeing for all through longer healthier life expectancy, excellent health care services and fairer health outcomes. This could be achieved through the workforce, working together to strengthen communities, using improved technology, equipment and facilities, and making best use of resources and protecting the environment
- Assets and Case for Change – health outcomes were some of the worst in England with inequalities correlating with socio-economic deprivation. Life expectancy and healthy life expectancy for both women and men were lower than the England average.
- Draft Key Commitments were:-
  - Reduce the gap in healthy life expectancy
  - Reduce smoking prevalence from 13% of over 18s in 2020 to 5% of

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below in 2030.

- Reduce inequality in life expectancy between the most deprived and least deprived deciles within ICP by 25% by 2030.
- Reduce suicide rate to below England average in 2019/21 by 2030.
- The Core20plus5 approach was designed to support ICS to drive targeted action in healthcare inequalities improvement. Aimed at the most deprived 20% and at the following five key clinical areas; maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis, hypertension case finding
- It was aimed to achieve a 'Good' or 'Outstanding' CQC rating and improve sustainability of the most challenged parts of the system. To enable personalised care and improve support to unpaid carers. The development of provider collaboration would be supported. To ensure parity of esteem between mental health, learning disability, autism services and physical health. Integration to be improved and services valued equally across sectors.
- A lot of engagement work was taking place and any feedback on the draft strategy was welcomed.
- It was hoped that the local areas would continue with the fantastic work they were already doing.
- The draft would be considered again by the ICP on 15 December 2022.

The following comments and responses were made:-

- It was possible that when targets were set for such a large geographical area such as Northumberland, some measures may disadvantage some other areas and it was important to avoid this. Improvements in all metrics, everywhere was desirable but obviously, the biggest improvement should be where it was most needed. Some difficult decisions would need to be made. Some measures had a minimum baseline which should not be reduced such as healthy life expectancy.
- Ambulance service – there were many examples of patients not getting the service that they should across a number of NHS standards and commitments. It had been decided to look at more long-term population health measures and deal with the challenge of rebalancing longer term ambitions and immediate service delivery.
- Issues relating to children needed to be addressed and was currently underdeveloped in the strategy. Any appropriate evidence would be welcomed. Most comments relating to children were in relation to their emotional and mental health.
- If society was fairer and there was less deprivation, then some of the health related issues would solve themselves. Three issues to look at were how to engage with partnerships, how we advocate and that there were things that could be done for example regarding people from deprived areas tended to present late with their symptoms.
- The strategy may mean different things for different communities, particularly in a very diverse county such as Northumberland. There needed to be focus where it was most needed. It may be possible to describe what it may mean for each local authority area.

Members were welcome to pass any further comments on to Gill O'Neil or Graham Syers, in order that a formal response could be submitted.

Ch.'s Initials.....



**RESOLVED** that the presentation be received.

**CHAIR**.....

**DATE**.....

Ch.'s Initials.....

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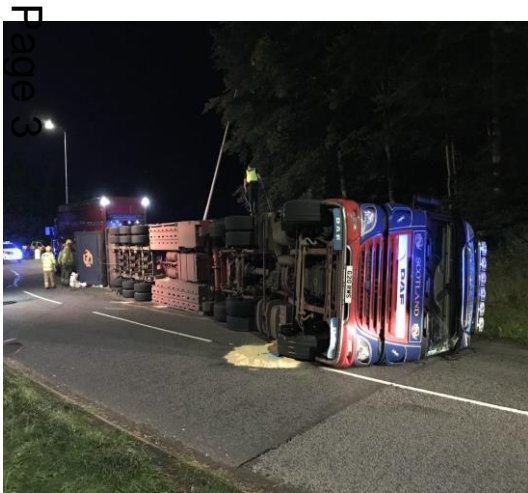
Northumberland  
Health &  
Wellbeing Board  
10<sup>th</sup> November  
2022

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A Collaborative  
Approach to Safety  
& Wellbeing



# QUIZ



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## Fire And Rescue Services' Statutory Duties

### ➤ Fire and Rescue Framework for England 2018

- 2.4 – Fire and Rescue Authorities to target their prevention resources on:  
*those individuals or households who are at greatest risk for fire in the home; those most likely to engage in arson or deliberate fire setting....*
- 2.6 – In many cases, fire and rescue staff may be in a position to:  
*Identify individuals' wider vulnerabilities and exposure to 'risks beyond fire'.*

### Page 4 ➤ Fire and Rescue Framework for England 2018

- 2.12 – Policing and Crime Act 2017 – duty on Fire and Rescue Authorities to keep collaboration opportunities under review.....
- 2.14 – The duty does not preclude wider collaboration with other local partners, such as local authorities.....

**We are the Local Authority !!!**

# Northumberland Fire & Rescue Service – Health and Wellbeing Strategy

## ➤ 4 Key Themes of Strategy

- Safe and Wellbeing Programme
- Princes Trust Team Programme
- Schools Education Programme
- Extinguish Fire Awareness Programme
- Fire Cadets

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## From General Approach to Intelligence Led

- Home Fire Safety Check Policy – Devised and implemented by NFRS.
- Safe and Wellbeing Policy July 2022 – First ever NFRS co-produced policy.
  - Northumberland County Council
  - Northumberland Communities Together
  - Telecare
  - Action for Children
  - Alzheimer’s Society
  - Delirium specialist
  - Health Improvement Service
  - Integrated Wellbeing Service
  - Northumbria Healthcare
  - Northumberland Recovery Partnership
  - Smoking Cessation Service

# MAKING EVERY CONTACT COUNT





# A WHOLE SYSTEMS CONTRIBUTION

## ➤ Northumberland Fire and Rescue Service Safe and Wellbeing priorities:

- Home Fire Safety
- Slips, Trips and Falls
- Dementia
- Alcohol and Smoking

## Page 7 Comprehensive Questionnaire

- All risks questionnaire
- Referral partner pathways

The image shows a questionnaire form titled "Safe and Wellbeing Visit 2022-23" from the Northumberland Fire and Rescue Service. The form includes sections for "Checklist" and "QA action checklist for completion". The checklist section has several rows with checkboxes and lines for notes. The QA action checklist section has fields for "QA action completed", "Signature", and "Date". The form also features the Northumberland Fire and Rescue Service logo and the slogan "Making Northumberland Safer".



# WHEN WE DON'T COLLABORATE



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# WHEN WE COLLABORATE

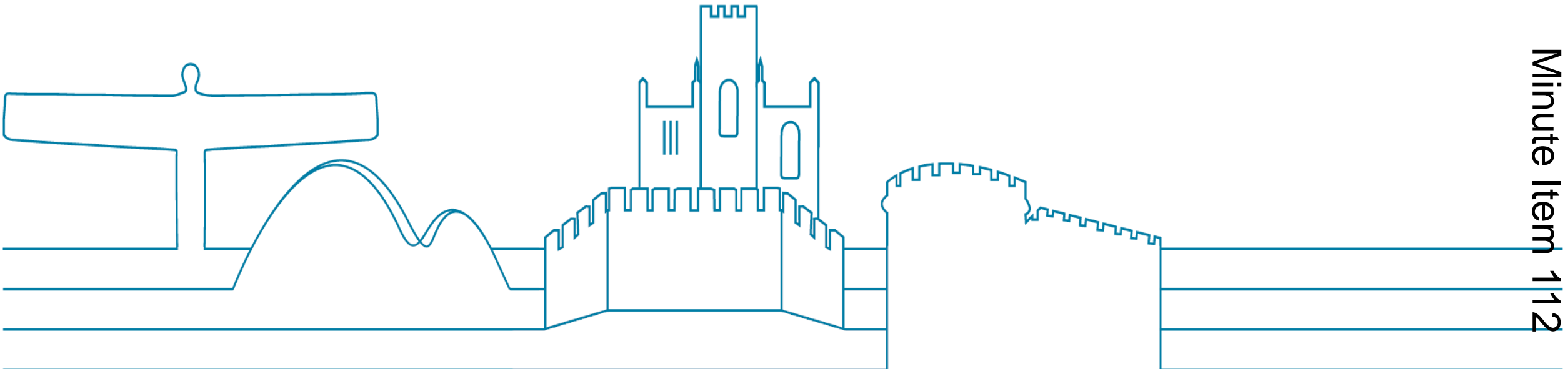


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# Thank You and Questions

# North East and North Cumbria Draft Integrated Care Strategy





# North East and North Cumbria Integrated Care Partnership (ICP) Strategy

- The ICP is a statutory committee, established by the NHS and local government as **equal partners**, and involving partner organisations and stakeholders. It forms part of the arrangements for the Integrated Care System (ICS).
- Each Integrated Care Partnership is required to develop an **integrated care strategy** covering the whole ICP population by December 2022
- ICBs and local authorities must **'have regard to'** the strategy when making decisions, and commissioning or delivering services
- The strategy must use the **best evidence**, building from local assessments of needs (JSNAs), and enable integration and innovation.

# Structure of the Draft Strategy

- Vision, Goals and Enablers
- Building on our Assets and the Case for Change
- Longer, Healthier Life Expectancy and Fairer Outcomes
- Health and Care Services and Enablers
- Involvement and Delivering the Strategy

# Vision, Goals and Enablers

Better health and wellbeing for all our people and communities

Longer,  
healthier  
life expectancy

Excellent  
health and care services

Fairer  
health outcomes

A skilled, sufficient,  
compassionate and  
empowered  
workforce

Working together  
to strengthen our  
places and  
neighbourhoods

Innovating with  
improved  
technology,  
equipment and  
facilities

Making best use of  
our resources and  
protecting our  
environment



# Assets and Case for Change

- We have strong communities, an amazing Voluntary, Community and Social Enterprise sector, World Class natural assets and vibrant industries
- We have a strong foundation of partnership working, an outstanding health and care workforce, and some of the best research and development programmes of any system
- Our health outcomes are some of the worst in England, with deep and protracted inequalities, which correlate with socio-economic deprivation
- Life expectancy at birth is 81 (women) and 76.9 (men), compared to 82.6 and 78.7 for England
- Healthy life expectancy is 60.2 (women) and 59.4 (men), compared to 63.9 and 63.1 for England.

# Draft Key Commitments

- We will reduce the gap in **healthy life expectancy** between our ICP and the England average by at least 25% by 2030, and aim to raise the average healthy life expectancy to a minimum of 60 years in every Local Authority by 2030
- We will reduce **smoking prevalence** from 13% of people aged over 18 in 2020 to 5% or below by 2030.
- We will reduce the **inequality in life expectancy** between the most deprived and least deprived deciles within our ICP by 25% by 2030
- We will reduce the **suicide rate** from 13 per 100, 000 population in 2019/2021 to below the England average of 10.4 per 100, 000 population in 2019/2021 by 2030.

# Longer, Healthier Life Expectancy

- We will raise overall levels of health and improve at pace where the need is higher
- We will act as **Anchor Institutions** supporting social and economic development
- We will ensure **Community Centred and Asset Based** approaches building on the knowledge, skills, experience, resilience, and expertise in communities.
- We will implement evidence-based **prevention programmes** including smoking cessation, alcohol reduction, and healthy weight programmes, and support wider systems enabling good education, employment, fair pay, and better homes and neighbourhoods
- We will maximise routine adult and childhood **vaccination programmes**, covid and seasonal flu vaccination programmes, and reduce iatrogenic harms.

# Fairer Outcomes – Delivering Core20plus5



## REDUCING HEALTHCARE INEQUALITIES

**CORE20**  
The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

**PLUS**  
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Target population

# CORE20 PLUS 5

Key clinical areas of health inequalities

1



**MATERNITY**  
ensuring continuity of care for 75% of women from BAME communities and from the most deprived groups

2



**SEVERE MENTAL ILLNESS (SMI)**  
ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

3



**CHRONIC RESPIRATORY DISEASE**  
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4



**EARLY CANCER DIAGNOSIS**  
75% of cases diagnosed at stage 1 or 2 by 2028

5



**HYPERTENSION CASE-FINDING**  
and optimal management and lipid optimal management



**SMOKING CESSATION**  
positively impacts all 5 key clinical areas

# Excellent Health and Care Services

- We will improve **quality**, more organisations will achieve a 'Good' or 'Outstanding' CQC rating and improve the **sustainability** of the most challenged parts of our system
- We will enable **personalised care**, organised around the holistic needs of people and improve the support offered to **unpaid carers**
- We will support the development of **provider collaboration** and value the voluntary, community and social enterprise sector as equal partners
- We will ensure **parity of esteem** between mental health, learning disability and autism services and physical health
- We will improve **integration** between physical and mental health, primary and secondary care, and health and social care, and value services equally across sectors.

# Enablers

- A skilled, sufficient, compassionate and empowered **workforce**: we will improve recruitment and retention, and enable people to work in positive cultural environments
- Working together to strengthen our **places and neighbourhoods**: we will support social and economic wellbeing, and enabling services to work together
- Innovating with improved **technology, equipment, estates and facilities**: we will maximise the opportunities to utilise existing, and embrace new technologies, and invest wisely in maintaining and improving contemporary estates, facilities and equipment
- Making best and equitable use of our **resources and protecting our environment**: we will develop sustainable financial plans, and protect the environment.

# Engagement

- Strategy Steering Group jointly chaired between the NHS and Local Government
- Call for evidence – over 300 documents received
- Stakeholder engagement and survey in November
- Local ICPs and Health and Wellbeing Boards discussions where possible
- Working with Health Watch and the Voluntary, Community and Social Enterprise sector to engage experts by experience
- Publicly available draft document and survey for feedback

# Delivering the Strategy

- Detailed delivery plans and the NHS Joint Forward Plan by end of March 2023
- Refresh of Place plans in light of the big, systemwide commitments we agree in the strategy, with room for local definition and flexibility for local context
- Working together as partners to align system drivers to deliver of the strategic priorities
- Clear accountability and regular, transparent reporting of progress.



# Questions, discussion and feedback



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