

## 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, 14 March 2024 at 10.00 am.

#### PRESENT

P Ezhilchelvan (Chair) (in the Chair)

#### MEMBERS

N Bradley	V Jones
S Kennedy (Substitute)	S McCartney
B Moulder (Substitute)	G O'Neill
W Pattison	G Reiter
S Rennison	G Sanderson
H Snowdon	P Standfield
G Syers	J Watson
R Wigham (Substitute)	

#### OFFICERS

H Bowers	Democratic Services Officer
K Marynissen	Public Health Trainee
L Robertshaw	Public Health Speciality Registrar

#### 63 APOLOGIES FOR ABSENCE

Apologies for absence were received from A. Blair, G. Binning, A. Conway and Councillor M. Purvis.

#### 64 MINUTES

**RESOLVED** that the minutes of the meeting of the Health and Wellbeing Board held on 8 February 2024, as circulated, be confirmed as a true record and signed by the Chair.

#### 65 DISCLOSURES OF INTEREST

P. Standfield declared an interest in item 4 – Northumberland Adult Social Services Self-Assessment (LASAIR) and agenda item 6 – Director of Public Health Annual Report 2023 – Ageing Well in Northumberland as he was currently employed as Chief Executive of Abbeyfield Northumbria.

#### 66 NORTHUMBERLAND ADULT SERVICES SELF-ASSESSMENT (LASAIR)

Members received the current version of the Adult Services Self-Assessment

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(LASAIR) document for Northumberland which had been developed in preparation for the Local Authority CQC inspection. The self-assessment provided an overview of how Northumberland's Adult Social Care Service met the Care Act 2014 legislative requirements including a summary of the key strategic priority areas, strengths and risks and challenges.

Councillor Pattison, Cabinet Member for Caring for Adults reported that the document had been produced to look at the strengths and needs of how Adult Social Care Services met the requirements of the Health Care Act 2024 and how the Council were committed to providing a high quality service.

A presentation was shared by Sarah Zarraga, Senior Manager, Adult Social Care.

Key issues included:-

- Legislative Context
  - o The Health and Care Act 2022 gave the CQC new regulatory powers to assess Local Authorities delivery of Adult Social Care.
  - o The CQC was the independent regulatory of health and social care in England with responsibility for the regulation of Providers, Local Authorities and Integrated Care Systems.
  - o The independent assessment of Local Authorities commenced on 1 April 2013.
- The CQC Single Assessment Framework
  - o Single Assessment Framework for Providers, Local Authorities and Integrated Care Systems.
  - o Five Key Questions – Are services safe, effective, caring, responsive and well led.
  - o Quality Statements – there were a set of 9 Quality Statements applicable to Local Authority Assessments.
  - o Ratings – there was no change to the 4 ratings – Outstanding, Good, Requires improvement and Inadequate.
- The CQC Single Assessment Framework assessed Providers, Local Authorities and Integrated Care Systems with a consistent set of key themes from registration to ongoing assessment.
- 4 Themes with 9 Quality Statements:
  - o Working with people
  - o Providing support
  - o Ensuring Safety
  - o Leadership
- Preparation for the Self-Assessments involved:
  - o An established CQC Core Team, CQC Senior Management Team and internal CQV Lead Officers.
  - o Production of Quality Statement Returns which supported service areas to demonstrate how they contributed to each of the 9 Quality Statements.
  - o Review and update of Policies and Procedures.
  - o A CQC Evidence Library.
  - o Production of Local Authority Self-Assessment (LASAIR).
- The Self-Assessment was a comprehensive overview of how legislative requirements were met under the Care Act and aligned to the 4 themes of the CQC Assessment, underpinned by internal evidence library, updated on

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- a quarterly basis.
- The Self-Assessment was made up of Northumberland; Key strategic priority areas; Key strengths and Key risks and challenges.
- Local demographics used to identify our ageing population and reference our market position statement which summarised the health and care needs of our adult population. It referenced the Corporate Plan underpinned by Corporate Vision and Priorities with examples of integration with key stakeholders.
- Key strengths included supporting unpaid carers, preventative support and engagement and co-production.
- Key strengths included strong integrated partnerships, Social Work Academy and Safeguarding Partnership and Multi-Agency Safeguarding Hub.
- Key risks and challenges – workforce capacity, engagement and co-productions, direct payments and carers.
- Timeline:
  - o 5 pilot site LAs inspected April 2023 – September 2023
  - o 20 further LACs to be inspected September 2023 – April 2024
  - o Notification of inspection on 19 February 2024
  - o Local Authority Return submitted 8 March 2024.
  - o A site assessment to take place within 6 months of notification date

The following comments were made:-

- One of the key risks was workforce capacity but this was the same for all other authorities. However, the numbers of people in Northumberland requiring domiciliary care had reduced from 270 to 35 through improving processes which was a good direction of travel.
- The strength-based approach focused on integration between Social Workers and clients to enhance their quality of life and to focus on what was going well. CQC would see evidence of a strength-based approach.
- We are continually looking to see what system technology could be utilised for each regional group to support different facets of adult services. There was a current pilot for Mobilise, a web-based solution.
- Direct Payments were particularly low in Northumberland, with authorities being under pressure to increase the numbers. Some authorities sent Direct Payments to the carer to buy equipment, Northumberland gave the equipment to the carer in the hope to empower people to control their own lives.
- Individual action plans were timetabled into work.
- The LASAIR version circulated to members had been updated and this would be shared again.

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

## 67 **TRANSPORT HEALTH NEEDS ASSESSMENT**

Members received a presentation on what was currently being provided in terms of public and community transport across Northumberland, what was needed by the people of Northumberland and where gaps are. The report was presented by Kaat Marynissen, Public Health Trainee.

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Councillor Jones introduced the report and referred to the lack transport which was acknowledged as an inequality in the Health & Wellbeing Strategy and transport was one of the building blocks of a good life. The report was about the availability of public and community transport and to identify gaps.

A number of key points were raised in the presentation including:

- Looking at population needs and the current provision.
- Public transport theoretically was available to all with fixed routes and fares.
- Community transport was community led with volunteer driver schemes, patient transport and home to school transport.
- The work grew from the Health Inequalities Plan
- Health defined in 3 keys areas – access to health care services; economic health and social health.
- The Place Standard Tool was often used to develop the Inequalities Plan.
- Different scores in different areas guided the report. Rurality and sparse areas gave rise to different challenges.
- Four key themes – geography; socio-economic, protected characteristics and accessibility.
- Since the pandemic there had been a drop in the usage in public transport and numbers were still lower than pre-pandemic
- The darker areas of the maps identified the higher areas of deprivation. The dense cluster in the rural areas showed higher deprivation where transport was sparser and evening services less in rural areas.
- More services could be run commercially in the southeast of the county.
- The impact of getting to and from work and travel time.
- The diminishing capacity of providers, eg costs and increases.
- What do we need?
  - o Reliability and how to sustain the service.
  - o Reach, the network has shrunk over the past few years.
  - o Flexibility – travel time and timetabling.
  - o Affordability – appreciation of the £2 cap and concessionary passes.
  - o Accessibility- ensuring passengers with extra needs are supported eg, visual and access to information.
  - o Safety – personal and safeguarding.
- The overarching recommendations of the assessment were:
  - o To prioritise transport as a key factor in sustaining good health with healthcare partners; work with businesses and employability schemes to incorporate into the JHWB strategy.
  - o To ensure sustainability of public transport network for regular data analysis of networks; highlight rural transport needs in regional work; lobby for continuation of the £2 cap fare and invest in digital platform for public transport.
  - o To ensure sustainability of community transport network with longer term funding and collaboration between VCSFE and LA.
  - o To support those at highest risk of transport related exclusion by a place-based approach to community transport, increase awareness of concessionary passes and accessibility.

The following comments were made:

- The presentation would be forwarded to S. Rennison.

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- As the assessment mainly concentrated on the current transport provided, there had been an in-depth look into air quality. The transport need had mainly focused in the rural areas.
- A follow up report would be brought back in 12 month's time.
- Discussion took place on the issue missing bus timetables; investment into an interactive infrastructure and the maintenance of bus stops and whether the Council or Parish and Town Councils were responsible.
- A summary should be sent to the leaders and portfolio holders of the Combined Authority and the whole report to Henry Kippin.

**RESOLVED** that the Health & Wellbeing Board receive and endorse the recommendations detailed in Chapter 7 of the full report and to embed those into the Joint Health and Wellbeing Strategy.

## 68 **DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2023 - AGEING WELL IN NORTHUMBERLAND**

Members received the Director of Public Health (DPH) Annual Report for 2023. The report focused on ageing well in Northumberland and highlighted the way that could promote independence and function ability in older adults.

A short introduction was given by Gill O'Neill, Director of Public Health who explained that the report looked at ageing well and its importance for the demography of Northumberland and the focus of good health.

Luke Robertshaw explained that Public Health had led on the development of the report with input from Adult Social Care and the Voluntary Sector.

A presentation was shared with the following key information:

- Directors of Public Health had a duty to write an Annual Public Health Report on the health of the local people and a duty to publish.
- The graph showed that Northumberland had the highest population of 55+ in the North East local authority areas.
- The average life expectancy in the most deprived areas was 18 years less than those in the least deprived areas.
- The report focused on promoting 5 key areas of function:
  - o Meeting basic needs
  - o Being mobile
  - o Contributing to society
  - o Building and maintaining relationships
  - o Learning to grow and making decisions
- Meeting the basic needs:
  - o Good housing
  - o Healthy diet and nutrition
  - o Financial wellbeing
  - o Staying healthy for longer
  - o Health and Social Care when needed.
- The recommendations of the report for working together to promote ageing well across the county were:
  - o Promote a strengths based narrative on ageing well.
  - o Consider ways to embed ageing well in all our areas of work.

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- o Continue to support and promote the Ageing Well Network.
- o Continued to monitor available data.
- o Continue to pursue our approach of Asset Based Community Development.
- Three areas of the report stood out as requiring a stronger focus:
  - o Ensuring that ageist attitudes and behaviours were challenged and stamped out across institutions and communities.
  - o More could be done to increase awareness of the need for older adults to maintain strength and balance.
  - o We must work with our communities to combat social isolation.

(Councillor Watson left the meeting at 11:25 am).

The following comments were made:

- It was good to see a narrative flip focusing on ageing well and not ill health.
- This was a useful document for the Fire Services as a reference document and would be used for reference.
- A request was made for the summary of recommendations on what had been achieved to be brought back. The Director of Public Health was keen for this to happen and would be a way forward in the future. She informed members that the next DPH report would focus on moving more. If deeper conversation was required in other multi-disciplinary groups, she was keen to have discussion with the relative service areas.

**RESOLVED** that the report be considered and the findings in the independent Director of Public Health Report 2023 be accepted.

69 **COUNTY PARTNERSHIP AND INSTITUTE OF HEALTH EQUITY GOVERNANCE**

Members received an update and presentation from Gill O'Neill, Executive Director of Public Health.

The Board was informed that the mission was to focus on people and reduce the gap in experiences across health, education, employment and social outcomes and to ensure good building blocks for a good life.

An inequalities lens was taken through a strength-based approach from the assets available in Northumberland.

The Health & Wellbeing Board had recently been reframed working with different partnerships, updating the strategic community safety partnership and working collectively with the Safeguarding Board and the voluntary sector.

There had been a gap in the economic partnership in different forums and there was now the opportunity to bring the public and voluntary sector together.

The Northumberland County Partnership and Health & Wellbeing Board would bring the most senior people together with the common purpose of tackling inequalities.

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A shadow meeting had taken place last October with partners.

The membership would consist of chief officers,

The first inaugural meeting was proposed for the morning of 17 April to take place before the Showcase Event.

A contract had been jointly funded between the Local Authority and ICB to work with the Institute of Health Inequality. This would be a 2-year relationship with a deep dive into housing and employment in year one and the October event would focus on housing and health.

Stories would be shared through the JNSAA and taken to the first County Partnership meeting.

The governance arrangements for the Partnership had been discussed and the proposals were that the Partnership would meet in April, July and October with stakeholder events. The Health & Wellbeing Board could act as an Advisory Board and members were asked how they would like this to be taken forward. Different options were discussed, and it was agreed that the meetings be held in a closed forum.

Councillor Pattison left the meeting at 11.45 am).

An offsite meeting with a partner host was suggested.

**RESOLVED** that the information be noted.

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

Members noted details of forthcoming agenda items at future meetings.

Health & Wellbeing Strategy

71 **DATE OF NEXT MEETING**

The next meeting will be held on Thursday, 11 April 2024, at 10.00 am in County Hall, Morpeth.

**CHAIR**.....

**DATE**.....

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