

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Wellbeing Board** held in County Hall, Morpeth on Thursday, 14 July 2022 at 10.00 a.m.

PRESENT

Councillor P. Ezhilchelvan
(Chair, in the Chair)

BOARD MEMBERS

Anderson, E. (substitute)	Pattison, W.
Blair, A.	Sanderson, H.G.H.
Boyack, J.	Simpson, E.
Brown, S.	Syers, G.
Lothian, J.	Thompson, D.
Mead, P.	Travers, P.
O'Neill, G. (substitute)	

ALSO PRESENT

Jones, V.	Chair of Health & Wellbeing OSC
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IN ATTENDANCE

C. Angus	Scrutiny Officer
L.M. Bennett	Senior Democratic Service Officer
D. Nugent	Healthwatch
C. Wheatley	Northumbria Police

69. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors G. Renner-Thompson, J. Watson and S. Lamb, E. Morgan, R. O'Farrell, and G. Reiter.

70. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 12 May 2022, as circulated, be confirmed as a true record and signed by the Chair.

71. INTEGRATING SERVICES SUPPORTING CHILDREN AND YOUNG PEOPLE

Members received a report seeking support for the approach Northumberland was planning to take to progress a children and young people's (CYP) model for integrated system working.

Gill O'Neill, Interim Deputy Director of Public Health, made the following key points:-

- This was an early thinking report for discussion and to provide a context for the approach that could be taken and building on work already happening including:-
 - Evolution of the Family Hubs Model and
 - Healthy Family Partnership Board
- It was aimed to improve life chances for children growing up in Northumberland and aspiring to close the health, social and educational inequality gap. This would be a two year journey building on the significant strengths and assets in local communities and the interventions currently offered:-
 - Integration could improve
 - Outcomes for children and families
 - Service user experience
 - Efficiency across organisations/services
 - National policy requirement
- A number of metrics were already in place in the Joint Health & Wellbeing Strategy. The aspirations were set high for a child born in 2024 and was in relation to how the today's gaps from an inequality aspect were closed.
- How far do we take integration? Was it looking at the whole system and Northumberland £ - commissioning and delivering differently with shared leadership, outcomes and risks with our CYP and families.
- Interface with Inequalities Plan – the interface was critical, and it was important to improve sharing of data and insights, upscale community centred approaches, align organisations and resources and looking through an inequalities lens.
- At neighbourhood level – what could be done with civic leverage, how could services be enhanced and how to ensure to think community first?
- Children's integration was a complex picture. It was important to move beyond the health and social care system. Collaborative work was ongoing with a wider system interface including Strategic Boards. Virtual interaction was emphasised along with place-based offers such as community centres and leisure centres.
- Starting with a culture and leadership perspective – without these shared values and behaviours it would not be possible to achieve the vision aspired to.
- Layers of culture and leadership change – a first senior collaboration workshop had been held to identify actions including working with middle managers and front-line staff and having locality conversations.
- Future state...to be determined as a collaboration
- Working with Family Hubs, refreshing the CYPSP, having a population health management approach, shared outcomes, digital systems in harmony, joint commissioning, risk sharing and join leadership in everything we do.

The following comments were made:-

- For a child born in 2024, there were key measures such as school readiness and there was national standardised data on physical literacy, speech and language. There was a lot of variety across Northumberland. If the position of families was better understood there could be work to close that gap. It was hoped to see whether a difference had been made in 2030 when the child born in 2024 would be six years old.
- A workshop had taking place to look at the Health and Care White Paper and what that meant for 'Place' and all the points raised had been echoed there. Membership included the System Transformation Board and other key people including the new Chief Executive of the Integrated Care Board. It was exciting to consider what could be done around inequalities going forward.
- This would be closely linked with the Joint Health & Wellbeing Strategy and the 'Best Start in Life', which had already been referred to, was a key pillar of that Strategy along with a resilient communities component and this work would traverse across those areas. It was also important to look at other metrics which could be pulled out to focus on collectively.
- The work of the Safeguarding Partnership was acknowledged, and it was suggested that reference to it be strengthened in the document.
- Although structures were changing due to the ICS, place based discussions could still take place.
- The report was not about setting in place new structures but more about working collectively to build on what was already in existence.

RESOLVED that

- (1) the comments of the Board be noted.
- (2) The evolution/expansion of the Family Hubs model as the mechanism to drive forward CYP integration and the governance process be approved;
- (3) The proposed approach to culture and leadership change and interface with community centred/place-based approaches to tackle inequalities be supported.

72. AGEING WELL SERVICE REVIEW

Gill O'Neill, Interim Deputy Director of Public Health, presented an update on healthy aging activity; a refreshed consideration of the evaluation of the Ageing Well Programme completed in January 2020; and the proposed next steps.

The following comments were made:-

- Northumberland's population was ageing, and this was most evident in the rural population. 25.1% of the population was estimated to be aged 65+ in 2020 E to the England average of 18.5%.
- A service review of the Ageing Well Programme was undertaken in 2019 and the Ageing Well Partnership Board was in place to provide strategic leadership.

- The programme had been very well received along with the vibrant network it produced. The Board was felt to need broader system representation and greater accountability and to work towards clearer outcomes and metrics.
- The programme was now being looked at again and the original recommendations were felt to still be appropriate and robust. The next steps were
 - Refresh the Board with broader, system wide membership reaching out into housing, North of Tyne etc.
 - Rename it the Health Ageing Board.
 - Develop a strategy and work plan which would interface with other work taking place such as the developing Dementia Strategy and Physical Activity Strategy and Inequalities Plan.
 - Director of Public Health to chair the Board as an interim measure while an independent Chair was sought.

Members made the following comments:-

- A recent Ageing Well event had been held at Powburn which had been a very good event and also well attended.
- It was suggested that more should be done to encourage and enlist the support of volunteers in the community. This would be added to the considerations during the refresh of the Ageing Well Strategy.

RESOLVED that

- (1) the comments of the Board be noted.
- (2) the refresh of a strategic Northumberland Healthy Ageing Board accountable to the Health and Wellbeing Board be supported.
- (3) Inclusion of the importance of volunteering to be considered during the refresh.
- (4) The refreshed Northumberland Health Ageing Board be chaired by the Director of Public Health.
- (5) the decision to appoint an independent chair of the Health Ageing Board be delegated to the Director of Public Health in consultation with the portfolio holder for Adult Wellbeing.

73. LIVING WITH COVID

Members received a verbal update from Gill O'Neill, Interim Deputy Director for Public Health.

Gill O'Neill highlighted the following key areas:-

- Week ending 29 June 2022, ONS survey figures estimated that 1:25 people in England were infected. This was an increase over all areas but

particularly in London, South West, and the North East and over all age groups with the highest prevalence in secondary school and working age adults.

- It was estimated that the BA.4 and BA.5 Omicron variants were now responsible for 60% of cases.
- Hospital admissions with COVID had increased since the end of May with 15 per day in Northumberland and 70 in hospital. However, most were not in hospital because of COVID but were discovered to be positive on testing. Numbers on mechanical ventilation remained low.
- Staff absences remained the biggest issue.
- Northumberland had one of the highest rates of vaccination uptake. Spring booster uptake was approximately 85%. Interim advice had been issued about the autumn booster programme and would include residents in care homes (older adults and staff), front line health and social care staff, 65+ years old, and adults 16-64 years old.
- Nationally comms regarding combined flu and COVID was being looked at.
- A new 'Listen to Liz' video was to be made emphasising the need for people to stay at home if ill, to be vaccinated and wear a mask if in close proximity to vulnerable people.

The following comments were made:-

- The main issue for the Northumbria Health Trust was currently staffing issues were having a significant impact in both primary and secondary care. Although there were not high numbers of people who were very ill with COVID, more people may still attend A&E. Patients testing positive could lead to cancellation of surgery at short notice.
- It was suggested that an interactive session be held around 'Place' to look at how well the County Council and its partners were working together and at any issues particularly relating to Northumberland. It was noted that the Board was having an informal development session immediately following the meeting and that issues such as this could be considered.

RESOLVED that the verbal update be received.

74. HEALTH AND WELLBEING BOARD FORWARD PLAN

Members received the latest version of the Forward Plan. The Chair reported that the Living with COVID item would be less prominent on the agenda in future.

RESOLVED that the Forward Plan be noted.

75. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 11 August 2022, at 10.00 a.m. in County Hall, Morpeth.

CHAIR _____

DATE _____