NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Wellbeing Board** held in County Hall, Morpeth on Thursday, 11 August 2022 at 10.00 a.m.

PRESENT

Councillor P. Ezhilchelvan
(Chair, in the Chair)

BOARD MEMBERS

Blair, A.	Pattison, W.
Lamb, S.	Syers, G.
Lothian, J.	Travers, P.
Mead, P.	Young, M. (substitute)
Mitcheson, R.	Watson, J.
Morgan, L.	

OTHER COUNCILLORS

Jones, V.	

IN ATTENDANCE

L.M. Bennett	Senior Democratic Service Officer
S. Allen	Chief Executive (North East & North Cumbria ICB)
Dr. K. Bush	Public Health Registrar

76. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors H.G.H. Sanderson, E. Simpson and G. Reiter, D. Thompson.

77. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 14 July 2022, as circulated, be confirmed as a true record and signed by the Chair.

78. ICS UPDATE

Members received a verbal update and presentation from Sam Allen, Chief Executive of the North East & North Cumbria Integrated Care Board.

- Integrated Care System (ICS) included all organisations responsible for public health and wellbeing and worked through the following bodies
    - Integrated Care Board (ICB) – taking on responsibilities of eight CCGs and some NHS England functions. Working at 'place level' in 13 Local Authority areas.
    - Integrated Care Partnership (ICP) – joint committee of ICB including voluntary sector, patient fora and 13 Local Authorities. Responsible for developing Integrated Care Strategy.
- Strategic aims of ICBs set by Government
    - Improve outcomes in population health and health care
    - Tackle inequalities in outcomes, experience and access.
    - Enhance productivity and value for money
    - Help the NHS support broader social and economic development
- Challenges inherited by ICB – some of worst health outcomes in England, health inequalities, increasing demands on emergency care services, restoration of elective services after COVID, disparities in access to services across ICS area, and inconsistent staffing structures across the former CCGs.
- What will stay the same?
    - Statutory role of Local Authorities in improving health and wellbeing of local population.
    - Duty to collaborate between NHS organisations and Local Authorities.
    - Statutory duty of Health & Wellbeing Boards
    - Operational continuity and stability.
    - NHS representation at Health & Wellbeing Boards
    - Joint working between ICB teams and Local Authorities.
- What will change?
    - ICB will replace eight CCGs
    - Streamlined decision making
    - Statutory Integrated Care Partnership with Integrated Care Strategy.
    - Support for broader social and economic development in region.
    - Renewed focus on health inequalities
- ICB functions discharged at regional level and place listed.
- One ICS wide ICP built up from four locally focused ICPs, recognising existing partnerships will be created.
- System side ICP – meet annually with membership comprising ICB and all thirteen Local Authorities (plus other partners).
- Locally based ICPs – meet frequently with membership from ICB place teams, Local Authorities, Trusts and PCNs.

The following comments were made in response to questions from Members:-

- This review was different to those previously because it was the first time that there had been such a focus on, and statutory duty in legislation on, health inequalities, also the Health & Care Strategy over a five year period and a longer term financial settlement. This was a very challenging time for all public sector services and the wider community, particularly as it was anticipated that there would be an economic recession. There would

be an opportunity to harness and address vacancies across the service and have more sustainable services.

- It was acknowledged that delivering health services in remote areas was very different to delivering them in urban areas. There was an ideal opportunity to ensure this issue was visible as part of the Health & Care Strategy. This would also involve discussions with staff delivering care in those communities and reducing barriers.
- A good start in addressing longstanding inequalities had been made by holding the Health Inequalities Summit and bringing in experts, understanding the data, and asking communities. The solutions were out in the community and could only be solved by working together. Issues were related to environment, availability of resources, legacy of industry and the wider social determinants such as housing, affordability and breaking some deeply entrenched cycles. The North East was the leading area for the proportion of children living in poverty. There was a need now for concerted action rather than more reports.
- It was acknowledged that there were limited numbers of staff and clinicians in the more remote areas and Primary Care was beginning to struggle. These assets would be treated in the best way possible. The Board would be open and honest.
- The close working relationship between the Adult and Children's Safeguarding Boards and the former CCG would remain in place and a 'place' based response to safeguarding would be maintained. There would also be an opportunity to look at strategic themes across the North East and North Cumbria.
- It was stressed that although the NHS had an important role to play in addressing inequalities, it was vital that it was a shared endeavour with other organisations. The NHS could not solve everything.
- The Care Quality Commission would be inspecting services in the future and assess how they were being delivered and the outcomes.
- It was acknowledged that change to systems could take place before the outcomes of previous change had come to fruition. Some areas could take many years before the outcome was clear whereas others could be addressed more quickly. It was not possible to deal with all inequalities immediately, but those that could have the biggest impact would be prioritised.
- Areas where inequalities should be prioritised included children and young people, respiratory illness, drug related deaths. Northumberland needed to be very clear about which of the inequalities would be tackled, how it would be measured, and how to know what progress was being made against each.

RESOLVED that the presentation and comments be noted.

79. A HEALTH NEEDS ASSESSMENT OF BENEFITS AND DEBT ADVICE FOR NORTHUMBERLAND

Members received the findings and recommendations of the recently completed health needs assessment of benefits and debt advice for Northumberland and to seek their views on the recommendations and next steps. The report was presented by Dr Kathryn Bush.

Dr. Bush raised the following key issues:-

- The assessment was carried out in late 2021 and considered the type of needs, unmet needs and implications.
- **Normative Need** (published evidence and expert opinion)
  - The Marmot Reviews highlighted the links between income and health. People living in the most deprived areas lived shorter lives and a longer proportion of their lives in poor health compared to those in less deprived areas.
  - Welfare benefits and debt advice could improve health through increased income to buy food, providing heating and indirectly to lower stress, improve mental health, and generally engage more with health services.
  - There was a two way relationship between debt and health.
  - The Department for Work and Pensions estimated at approximately £7.1 billion, was unclaimed each year (pension credit, housing benefit, income support/employment and support allowance.) Unclaimed benefits in Northumberland could be £31.8 million per year.
  - Increase in inflation and overall cost of living – those with the lowest incomes are most severely affected by rising costs.
- **Comparative Need** (how we compare with other places)
  - Northumberland presented unique problems due to its geography and widespread rural population.
  - Healthy life expectancy was lower than national average and decreasing.
  - Suicide rates higher than national and North East average.
  - North East of England had lowest median weekly earnings in the country
  - Northumberland had higher number of children living in poverty in working families than in non-working families.
- **Felt Need** (What people say they need)
  - 2015 Residents' Survey Findings
  - Adequate income top factor contributing to health and wellbeing
  - 14% faced difficulties paying fuel and energy bills
  - 9% had difficulties buying food and 2% were reliant on high interest money lenders
  - 19% did not use the internet.
- **2022 Survey Results**
  - Citizens Advice Bureau – most commonly named source for benefits and debt advice
  - Some people needed advice but did not access it

    - 8% did not know where to get it
    - 6% were concerned about confidentiality
    - Others had difficulty accessing advice or were too embarrassed.
- **Expressed Need** (which services people were currently using)
    - Many organisations provided basic budgeting and financial advice but referred on for benefits advice or debt management.
    - Citizen's Advice Northumberland was signposted by other agencies
    - Northumberland Communities together provided advice and discretionary grants to residents.
    - Northumberland County Council's Welfare Rights Team provided training and support to care managers and social workers.
    - Citizens Advice Northumberland gave advice to 22,582 clients in 2019-20 and covered benefits and debt advice
- **Potential Unmet Needs Identified**
    - Between February 2019 and January 2020 51% calls to Citizens Advice were unanswered. The pandemic resulted in an overall increase in numbers requiring and accessing advice services.
    - Families who had previously been 'just about managing' were now facing financial problems.
    - Challenge of meeting needs of rural populations and residents with low income highlighted.
- **Report Implications**
    - Advice services in Northumberland not currently meeting the increasing needs of population.
    - Increase core service funding
    - Invest in wider capacity building over the next three years.
    - Increase planned investment from £420,000 per annum to £520,000 per annum.

The following comments were made:

- The Northumbria Healthcare NHS Foundation Trust offered debt advice to all staff and so it was important to recognise the support offered by organisations to their staff.
- It should also be acknowledged that there was a lot of social prescribing activity within Primary Care related to debt management and help in accessing debt services.
- There may be a role for Northumberland Communities Together in improving access to the internet for the 19% (2015) of residents reported to have no access. There was often a view that everyone could access digital technology, but this was not the case. It was important to find ways to help people to access the internet without having to pay.
- The issue was wider than just people's finances and often also related to housing problems.
- The principle of 'Making Every Contact Count' was valuable and it was hoped that it would be possible to improve the ability of workers to recognise where help was needed and signpost a patient to appropriate services.

- Comparison figures were obtained by looking at neighbouring Local Authority areas and areas where the cost of living was similar to Northumberland. It was clear that workers in the North East were earning less. Lower income was also a contributing factor in health outcomes.
- Many people needing help to fill in forms or seek advice found it difficult to access advice services by telephone or face to face. The survey had revealed that sometimes the opening times of town centre hubs did not fit in with public transport. Citizens Advice had made the decision in 2017 to increase its service by telephone and digital means.
- Job roles should be created which would address rurality problems and allowed proper targeting to ensure that the right people got the right message. There needed to be a consistent approach to ensure that these staff were properly trained and ensure that they were regularly updated.
- Provision of welfare and benefit advice within NHS partner organisations was an issue that could be picked up through the ICS Strategy to ensure a consistent approach.

RESOLVED that

(1) Members' comments on the evidence in the report and Advice Services Health Needs Assessment Summary be noted.

(2) The importance of the role that advice services have in reducing inequalities be acknowledged.

(3) The role of advice services with Northumberland's system-wide Inequalities Action Plan be noted; and

(4) The contribution of partners to support access to welfare and benefits advice for their staff, patients, and residents, be agreed.

80. LIVING WITH COVID

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

Liz Morgan highlighted the following key areas:-

- The current wave of COVID infections appeared to be falling off and ONS data estimated prevalence had fallen from 1:20 to 1:25 for week ending 26 July 2022. This was true of all regions and age groups.
- Hospital admissions and bed occupancy relating to COVID was also falling.
- No emerging new variants currently.
- Key messages to the public remained wearing face coverings in busy places, isolate if unwell, handwashing, good respiratory hygiene and getting vaccinated.

Rachel Mitcheson updated Members on the current position with the vaccination programme as follows:-

- 87% uptake within the eligible population which was comparable with the first booster uptake.
- In the over 75s and immunosuppressed, the uptake was above average whereas in care homes it was slightly below average. The offer had been made to all patients.
- The evergreen offer remained open across all cohorts along with second doses for 5 – 11 year olds.
- A COVID booster would be offered to all aged over 50 and those 16+ and at risk and frontline health and social care workers.
- The flu vaccination programme had been extended to the same cohorts.
- All but four GP practices had opted in to delivering the autumn programme. The community pharmacy expression of interest process was still ongoing.
- At least one GP led vaccination site in each PCN with additional coverage provided by community pharmacies and/or pop up/roving clinics.
- The estimated start date was 12 September 2022 for cohorts 1 and 2. With remaining cohorts being staggered.
- It was expected that a modified, bivalent, vaccine would be used for the COVID programme and further information was awaited.
- Vaccination would be available 91 days after the most recent booster injection. Supply would be based on national 'demand profiles'.
- PCNs would prioritise vaccination of care home and housebound residents.
- There was a desire to co administer but the different arrangements for delivery would make this difficult.

RESOLVED that the verbal update be received.

81. BOARD DEVELOPMENT SESSION – REVIEW

Members received a verbal update and presentation from Graham Syers, Vice-Chair, arising from the development session which followed the July meeting.

The following key points were made:-

- The Session had considered
  - Whether the Joint Health and Wellbeing Strategy was still fit for purpose post COVID?
  - The relationship between the Health & Wellbeing Board and Scrutiny
  - The emerging relationship between the Health & Wellbeing Board and the STB/ICB?
- A small task and finish group be set up to take forward the following plan of action:-
  - Review of Board membership to reflect the four themes of the strategic plan and send invitations to join the Board. (September 2022)
  - The Inequalities Plan would be discussed at the September Board meeting.

- To consider if any existing groups could take ownership of a thematic area of the plan or if a new group required establishment. (October 2022)
- To have an executive sponsor for each themed area to chair the sub group cutting across the STB and Health and Wellbeing Board. (October 2022)
- To request a metrics update for 2021/22, four years into the plan and have another development session exploring if the metrics remain the best ones (January 2023)

RESOLVED that

(1) the update be received and noted.

(2) Liz Morgan and Rachel Mitcheson to discuss development of the task and finish group.

82. HEALTH AND WELLBEING BOARD FORWARD PLAN

Members received the latest version of the Forward Plan. An update to the Joint Strategic Needs Assessment to be added to the October 2022 meeting. In response to a request an NHS England representative would be invited to a forthcoming meeting to discuss plans for dental services.

RESOLVED that the Forward Plan be noted.

83. DATE OF NEXT MEETING

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

CHAIR _____

DATE _____