

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Wellbeing Board** held in County Hall, Morpeth on Thursday, 13 October 2022 at 10.00 a.m.

PRESENT

Councillor P. Ezhilchelvan
(Chair, in the Chair)

BOARD MEMBERS

Binning, G.	Pattison, W.
Blair, A.	Sanderson, H.G.H.
Boyack, J.	Syers, G.
Bradley, N.	Thompson, D.
Lamb, S.	Travers, P.
Morgan, L.	Wardlaw, C.

IN ATTENDANCE

A Bell	NENC ICB Northumberland
L.M. Bennett	Senior Democratic Services Officer
D. Cummins	NENC ICB Northumberland
R. Hay	NENC ICB Northumberland
P. Lee	Public Health Consultant
C. Lynch	NENC ICB Northumberland

93. APOLOGIES FOR ABSENCE

Apologies for absence were received from G. Reiter, P. Mead, R. Mitcheson, H. Snowden, M. Taylor, C. Wheatley, Councillors G. Renner-Thompson and E. Simpson.

94. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 8 September 2022, as circulated, be confirmed as a true record and signed by the Chair.

95. NORTHUMBERLAND HEALTHY WEIGHT DECLARATION

Members were asked to consider adoption of the Healthy Weight Declaration and how it could contribute towards ongoing work within Northumberland using Whole Systems approach to support healthy weight.

Liz Morgan, Interim Executive Director of Public Health and Community Services, presented the report. The Healthy Weight Declaration was being progressed jointly with North Tyneside Council and Northumbria Healthcare NHS Foundation Trust. It aimed to raise awareness of healthy weight and it was known that unhealthy weight and obesity was becoming an increasing issue especially in children. Members' support for the Healthy Weight Declaration was sought and it would act as a launch pad for a range of activities across the whole of the system over the next few years. Prior to the pandemic, work had been ongoing to support a whole system approach to healthy weight and this was a good opportunity to continue this work and make an impact.

The following comments were made:-

- Activity would be focused on childhood obesity as overweight children tended to become overweight adults. The focus on children would be part of the best start in life approach and the importance of focusing on children and their families at the earliest possible stage. There would be engagement with the Education Department to see what could be done within the school environment.
- There was a close link to the current cost of living issue with some families having to spend a considerable part of their budget on providing a health plate for their families. This was not sustainable for many families.

RESOLVED that

- (1) the Healthy Weight Declaration (and its 16 commitments for action) for Northumberland County Council be adopted.
- (2) A joint launch of the Healthy Weight Declaration between Northumberland County Council, North Tyneside Council and Northumbria Healthcare NHS Foundation Trust be supported.

96. NORTHUMBERLAND JOINT STRATEGIC NEEDS ASSESSMENT

Members were informed of the proposed process to refresh the Joint Strategic Needs Assessment (JSNA) and received an update on progress from Pam Lee, Public Health Consultant.

The newly created webpage on the Northumberland County Council website was displayed for Members' information prior to going live to the public. Pam Lee explained that, in order to provide some structure and to refresh the JSNA, it was proposed to create a Steering Group. This would include refreshing the Joint Health & Wellbeing Strategy by working through other plans such as the Inequalities Plan and taking into account the cost of living crisis.

The Officer Steering Group would determine the priorities for the JSNA, which areas would be worked on and in which order, as well as taking ownership of the recommendations and actions. It would come back to the Health & Wellbeing

Board if an action needed to be escalated. Within the JSNA framework, assets were referred to but this was not explicit in the title. The JSNA would, therefore, now be known as the Joint Strategic Needs and Assets Assessment. Other important documents such as the Inequalities Plan and Pharmaceutical Needs Assessment would also be linked via the webpage.

Members welcomed the report and the website which it was hoped would go live to the public later in the day.

RESOLVED that

- (1) The JSNA should include both needs and assets to reflect the Northumberland Inequalities Plan 2022-32.
- (2) The establishment of a JSNA Steering Group to co-ordinate current work attached to the report as Appendix 5 be agreed.
- (3) the priorities and timelines as attached to the report as Appendix 5 be agreed.

97. POPULATION HEALTH MANAGEMENT UPDATE

Members received a Population Health Management update from David Cummins and Alan Bell, NENC ICB Northumberland Place.

The following key issues were raised:-

- The seven Primary Care Networks in Northumberland had each identified a project(s) which they would be focus on. These included child poverty, obesity, smoking and cancer.
- In areas of the South East of Northumberland, there were significant levels of inequalities, deprivation and low income. For example, average household income after tax in Morpeth was £44,000 compared to £26,000 in Ashington. There were big gaps in life expectancy for both men and women between different parts of the county.
- PCN population health management projects were detailed as follows and each was assigned a Public Health Consultant
 - **Cramlington/Seaton Valley** – Chronic disease/depression. 100-150 patients aged 35-65 living within the most deprived decile and suffering with depression and CVD/COPD would be invited to be part of the project.
 - **Valens** – Frequent Flyers (High Intensity Users) – 433 patients with 10+ GP appointments in the last 12 months. Provide with bespoke intervention such as links with local pharmacies and practice nurse etc.
 - **Wansbeck** – Child Poverty – Hotspots in Hirst and Ashington Central and focus on 15 patients aged 11-12). Child poverty in Wansbeck 26% compared to the national average of 17%. Multiple

stakeholders including Cygnus Support, local regeneration groups, safeguarding team and CAB.

- **Well Up North** – Obesity – Targeting parents of children in top 20% of weight. Workshops with stakeholders had been held. Referrals from Health Visitors, school nurses, early years settings, GPs etc.
- **Northumbria** – Smoking/Cancer – Focus on deprived areas of Cramlington and variable uptake of cancer screening. Hope to identify a vulnerable cohort for the project.
- **West** – Alcohol Identification and Brief Advice – Focus on 30-60 patients with BMI of 30+ and anxiety. Cohorts less likely to be asked about alcohol to be identified. Include Mental Health practitioners and include the Northumberland Recovery Project.
- **Blyth** – A&E attendances (0-4 years). There had been a significant increase in the number of A&E and Urgent Care attendances. Focus on Cowpen and Kitty Brewster which had the highest rates. Engaging with families to find why they are using A&E and using Healthwatch to survey families. Secondary focus on childhood obesity
- Common themes running throughout the projects were data sharing/access to data/analysis of data/complexity and engagement. It was hoped to get data sharing agreements in place.
- Next steps and conclusions
 - Wide range of projects which support the inequalities agenda
 - PCN workshop planned for October with an opportunity to share initial learning
 - Importance of long-term data sharing agreements/MOUs between all health and care providers.

The following comments were made:-

- Patient Participation Groups could have an important role in engagement within each PCN. Their involvement would be raised with the leader of each project. Within the Valens PCN, there was a move towards the PPG changing its focus to health inequalities
- It was important that this work along with the Health Inequalities Plan dovetailed and that neither went off at a tangent.
- Many of the projects aligned closely with thematic leads within the restructuring and remodelling of the 0-19 service. Key posts would be appointed to including a community anchor post which would develop partnerships and ensure strong links with all partners. There needed to be a single point of contact within the 0-19 service.
- Monitoring progress was important, and the Health & Wellbeing Board was the ideal body to do this. Remaining focused on the issues in hand was vital.
- Work was already ongoing regarding the low level of uptake of benefits and helping individuals to make claims. It was hoped that benefit advisers would have a presence in GP surgeries.
- Childhood obesity was a very complex area.

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- Data sharing issues were currently hindering the projects and it was a tricky problem to resolve. A solution would be found with support from all involved.

The Chairman thanked Alan Bell and David Cummins for their presentation.

RESOLVED that

- (1) the presentation be received
- (2) regular updates be received every three months.

98. LIVING WITH COVID

Members received a verbal update from Liz Morgan and an update on the covid and flu vaccination programme from Richard Hay and Claire Lynch, NENC ICB Northumberland.

Liz Morgan raised the following key points:-

- ONS data for the week ending 24 September 2022 showed that prevalence in England and Northern Ireland had risen from 1:65 to 1:50.
- Prevalence was highest in the North East in primary age children, the over 35s and over 70s.
- Although there were a few variants in circulation it was likely that the increases were due to waning immunity and behavioural factors such as spending more time indoors.
- Australia had suffered its highest level of flu cases compared to recent and pre-pandemic years and the flu season had started earlier in May/June.
- It was hoped to avoid concurrent peaks in both flu and Covid.
- The important message was to encourage everyone to have a vaccination as it was the best way to reduce the risk of Covid. If symptoms developed, then people should stay at home if they could. 'Hands Face Space' remained an important message.
- The Northumbria Healthcare NHS Foundation Trust currently had 84 positive inpatients and two in ITU. Most patients had been admitted with Covid rather than because of it.
- 1% of staff sickness was due to Covid which created logistical issues such as cancellation of operations and other pressures. There was not the depth of statistics that had been available previously.

Richard Hay and Claire Lynch, NENC ICB, updated Members on the current vaccination programmes and raised the following key points:-

Covid and Flu Vaccination Programmes

Covid

- The two vaccination programmes were running alongside each other but remained separate.
- The Covid booster programme had begun in early September at 21 designated sites in Northumberland and was starting by prioritising the most vulnerable residents. Eligible cohorts were
 - Residents and staff in care homes for older adults
 - Frontline health and social care workers
 - All adults aged 50 and over
 - Persons aged 5-49 in a clinical risk group or who are household contacts of people with immunosuppression
 - Persons aged 16-49 who were carers.
- Vaccination sites comprised PCN centres, community pharmacies, the hospital hub, a roving vaccine unit, the school immunisation service, community nursing team and local pop up clinics.
- Updated versions of the mRNA Covid vaccines (Pfizer and Moderna). Half of the dose targeted the original virus strain and the other targeted the Omicron variant. The booster was shown to trigger a strong immune response. Novavax vaccine was available for those at clinical risk e.g. allergic reactions.
- Bookings could be made either via the National Booking Service or locally through PCN sites and local pop up clinics.
- PCNs would be offering local appointments to eligible cohorts in order. However, more invitations had been sent out than there were currently appointments available.
- Booster uptake was strong and it was important that public confidence and trust was maintained. Vaccination was the best way to protect against serious illness.
- The need for patience was stressed as there was sufficient vaccine for all.

Flu

- Eligible cohorts were aligned with the Covid booster programme but including pregnant women, children aged 2-3 years, all primary school children and secondary school children in Years 7, 8 and 9.
- All 36 of Northumberland GP surgeries had signed up to deliver the programme along with a number of community pharmacies and the school age immunisation service.
- Uptake of the vaccine, so far, was good and slightly ahead of some cohorts in 2021. Where supplies allowed there was coadministration of Covid and flu but patients were encouraged not to wait and to take each vaccine when offered.
- Work was ongoing to improve uptake amongst pregnant women and 2-3 year olds.
- There were a number of local and national campaigns aimed at maximising uptake. A wide network of providers and partners were working together to maximise uptake along with the Northumberland Vaccine Collaborative and NENC Vaccination Board. Reducing inequalities was a key priority

The following comments were made:-

- It was suggested the national booking system be improved to show where sites were even if there were currently no available appointments. More locally it would be possible to share a map showing all the sites and the various routes to obtain a vaccination. It was important that messaging was clear to ensure that people did not give up.
- The evergreen offer remained open to anyone who had missed an initial vaccination and/or boosters.
- West PCN was operating out of Hexham Mart and good levels of uptake were reported. There was also the potential for an outreach service reaching Bellingham and Haltwhistle. Age UK operated transport to PCN sites.

99. DEVELOPMENT SESSION DISCUSSION

Health & Wellbeing Strategy

Graham Syers reported that following the Development Session in July, the following leads had been assigned to different themes and there was the expectation that they would come back having developed an action plan against it:-

Theme	Lead Member	Executive Director	Public Health Support
Best Start in Life	Cllr. Wayne Daley	Graham Reiter/ Audrey Kinghorn	Jon Lawler
Empowering Communities	Cllr. Caroline Ball	Liz Morgan/Gill O'Neill	Karen McCabe
Wider Determinants	Cllr. Veronica Jones	Rob Murfin	Liz Robinson
Whole System Approach	Cllr. Paul Ezhilchelvan	Rachel Micheson/ Alistair Blair	Jim Brown

The leads would be contacted and asked to go back to the Health & Wellbeing Strategy within the appropriate timeframes for reporting back to the Health & Wellbeing Board.

Compact

Part of the Inequalities Plan had a compact which was to say that our Partner members would take this compact to their organisations, to discuss and request that they sign up to ensure everyone was committed to taking action. A progress update should be provided at the next meeting.

RESOLVED that the verbal report be noted.

100. HEALTH AND WELLBEING BOARD FORWARD PLAN

RESOLVED that the Forward Plan be noted with the addition of the following items for the next meeting:

- Health & Wellbeing Strategy Themes
- Compact

101. URGENT BUSINESS

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 presented a copy of the agenda for 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. The following issues was raised:-

- It was important that the ICS did not think of the NHS workforce in isolation and must also include the social care workforce. The inclusion of the voluntary workforce was also very important or there would be limitations in what could be achieved.
- Mental Health Collaborative and Mental Health Partnership were to be decision makers going forward and what were the implications at Place? Previously there had been close working arrangement with the CCG but it was uncertain how this would move forward with the ICB and the allocation of funds across the system.
- ICS Structures – there had been discussion at the monthly meeting of Chairs, Council Leaders across the footprint and there had already been the first ICP meeting. There was now work to be done about what the Sub ICP would look like and to ensure that Local Authorities were working in partnership with health. These meetings were likely to meet quarterly. Plans for the Sub ICP membership would be reported to a future Health & Wellbeing Board.

102. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 10 November 2022, at 10.00 a.m. in County Hall, Morpeth.

CHAIR _____

DATE _____

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