

## NORTHUMBERLAND COUNTY COUNCIL

### HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Wellbeing Board** held in County Hall, Morpeth on Thursday, 8 December 2022 at 10.00 a.m.

#### PRESENT

Councillor P. Ezhilchelvan  
(Chair, in the Chair)

#### BOARD MEMBERS

Bailey, M (substitute)	Pattison, W.
Binning, G.	Reiter, G.
Blair, A.	Sanderson, H.G.H.
Curry, A (substitute)	Syers, G.
Lamb, S.	Taylor, M.
Lothian, J.	Thompson, D.
Mitcheson, R.	Travers, P.
Morgan, L	Watson, J.
Murfin, R.	Wardlaw, C.

#### IN ATTENDANCE

L.M. Bennett	Senior Democratic Services Officer
K. Lynch	Senior Public Health Manager
S. Eaton	Northumbria Healthcare Foundation NHS Trust
P. Lee	Public Health Consultant
E. Richardson	Senior Manager Specialist Services

#### 113. APOLOGIES FOR ABSENCE

Apologies for absence were received from N. Bradley, J. Daniel, P. Mead, H. Snowden, C. Wheatley, and Councillors L. Simpson and G. Renner-Thompson.

#### 114. MINUTES

**RESOLVED** that the minutes of the meeting of the Health and Wellbeing Board held on 10 November 2022, as circulated, be confirmed as a true record and signed by the Chair.

## 115. DEVELOPING NORTHUMBERLAND'S COLLABORATIVE APPROACH TO TOBACCO CONTROL

Members received a report and presentation from Kerry Lynch, Senior Public Health Manager. The report outlined action towards a collaborative approach to tackling tobacco use in Northumberland, including an update on vaping, and asking the Health & Wellbeing Board to endorse national recommendations, influence national action and provide direction for our local approach

Kerry Lynch raised the following key issues:-

- Smoking prevalence was declining nationally and significant progress had been made in the North East. In Northumberland overall adult smoking rates had dropped from 18.8% in 2012 to 11.8%.
- Smoking was closely linked with health inequalities and further work was needed to reduce smoking rates particularly amongst the most vulnerable and disadvantaged residents and communities.
- Areas of significant concern were
  - **Pregnancy** – smoking in pregnancy was five times more common in the most deprived groups compared to the least.
  - **Mental Health** – Amongst those diagnosed with serious mental health illness, smoking rates were estimated to be around 37.1% in Northumberland
  - **Illicit tobacco** – 77% of those buying illicit tobacco were from the three lowest social and economic groups in society, disproportionately affecting the poorest communities.
- The current National Tobacco Plan expired at the end of 2022, and it was hoped that the Health & Wellbeing Board would be able to influence Government policy to draw up another national statement on smoking.
- It was hoped that partner organisations would come together as a collaborative partnership and focus on areas that were not currently being worked on and sign up to relevant declarations. Declarations included the NHS Smokefree Pledge and Local Government Declaration on Tobacco Control. It was also hoped that the national picture could be influenced by writing to the Secretary of State.

The following comments were made:-

- There was a disconnect between e-cigarettes (vaping) which were either a route to coming off inhaled tobacco or a risk modification. There was no access to e-cigarettes on smoking cessation courses. The use of e-cigarettes for smoking cessation should be encouraged. It was acknowledged that switching to an e-cigarette carried a fraction of the risk of inhaled tobacco. The County Council's Community Stop Smoking Service had received a grant from the ICS to pilot vaping amongst people with serious mental illness. This work was just commencing in Wansbeck and West PCNs.
- No specific work was planned in schools. The evidence was that if the adult world was changed then this would, in turn, influence children and

young people. The percentage of young people smoking or vaping was now very low.

- Northumberland Fire & Rescue Service was aware not only of the home safety risks of smoking but also other risks relating to alcohol, dementia and deprivation.
- Trading Standards had successfully prosecuted businesses selling illicit tobacco and vapes. It was vital to ensure that e-cigarettes were compliant if smokers were to be encouraged to switch to their use.
- CNTW was working with people with serious mental health problems looking at their use of vapes that they were supplied with and noting the different quality.

## **RESOLVED**

- (1) that Members' comments be noted.
- (2) that the Chair of the Health & Wellbeing Board write to the Secretary of State for Health and Social Care to urge government to publish a new Tobacco Control Plan which includes recommendations made in the APPG report (2021) and the independent review of tobacco policy (Khan Review 2022).
- (3) that Northumberland County Council becomes a signatory to the 2022 Local Government Declaration on Tobacco Control attached as Appendix 2 to the report.

## **116. THE SAFE HAVEN/ALTERNATIVES TO CRISIS NORTHUMBERLAND PROJECT**

Members received a presentation from Pam Travers, Group Director North Locality CNTW.

Pam Travers raised the following points:-

- £300,000 had been identified to develop a Safe Haven/Alternatives to Crisis proposal in Northumberland. A small group had been put together to work on the proposal.
- The location was identified after looking at population level and deprivation. Suitable accommodation had been located in Ashington.
- Safe Haven would be run by a third sector provider.
- The Safe Haven would provide a welcoming and non-clinical environment to support people experiencing psychological distress. They would offer a safe place with support out of hours over evenings and weekends.
- It was aimed to get more partners involved and that anyone could get access to the support they needed.
- Trained staff would be present and promoting recovery, emotional and social support in a non medicalised environment.
- Now that a suitable building had been identified, alterations were under way prior to opening.

The following comments were made:-

- Members welcomed the Safe Haven initiative and particularly referred to its out of hours opening.
- It was acknowledged that there would be ongoing revenue costs and these were still under discussion.
- There would also be a virtual option which would be beneficial to provide some coverage over the large county. There would not be a catchment area.
- It was hoped to expand the Safe Haven service to other areas of Northumberland. There were already Safe Havens in Newcastle and North Tyneside.
- The Ashington site should be opened early in the next financial year.

The Chair thanked Pam Travers for her presentation.

**RESOLVED** that the presentation be received.

#### **117. NORTHUMBRIA HEALTHCARE FOUNDATION TRUST HEADLINE PERFORMANCE DETAILS AND WINTER PLANS**

Members received a report on headline performance details and winter plans from Alistair Blair and Simon Eaton of Northumbria Healthcare Foundation Trust.

Alistair Blair provided the following update:-

- Detailed figures of the Trust's performance for October 2022 were provided in the presentation including
- Ambulance handover delays – 114 cases of over one hour
- A&E attendances – 90% seen and discharged/admitted within the four hour window. The national target was 90%, however, this was the best performance in the country.
- Wait for scans and diagnostics – 96.8% waiting less than six weeks.
- Referrals within 18 weeks – 82.2% - some specialities such as Urology had massive volume and pressures and this skewed the figures. There were a variety of reasons why a small number of patients were waiting over one year.
- Cancer – 95% of suspected cases were seen within two weeks and diagnostics within 28 days. Again, there were many different reasons why treatment may be delayed.
- A&E attendances were at an all time high and this reflected pressures within the system. The national standard was 95% and Northumbria was the highest performing Trust nationally at 90.2%
- Nationally for diagnostics, Northumbria was in the top 10 with 95.2% performance.
- Nationally for referrals, Northumbria was the highest performing Trust at 82.5%.

- Although there were still some issues, Northumbria was performing very well in comparison with its peers. Performance was monitored on a weekly basis and residents were getting a much better deal than other areas.

Simon Eaton updated Members on the Winter Plan 2022/23 as follows:-

- The overall numbers of patients in the system were higher than just before Covid and there had been no dip in attendances during summer 2022. This was leading to the workforce being very overstretched.
- The plan considered all aspects of the overall system and included bed requirements, critical care capacity, elective recovery, community services, external partners, and staffing and recruitment (health & wellbeing of staff). Responsiveness and agility were key.
- Winter plans were very well rehearsed across the system and the Trust was working to address those issues.
- Covid and other winter illnesses such as flu and novovirus along with prevention and control; impact on flow; reinforcing handwashing.
- The primary aim was to continue to deliver high quality care and maintain patient safety. This included ambulance waiting times which were a concern nationally at present, overcrowding, discharge and minimisation of risk.
- Staff Wellbeing Portal – This included support to staff whilst in work but also generally.
- External Partners – There was close working with other partner organisations such as the North East Ambulance Service, PCNs and Primary Care

The following comments were raised:-

- There were a variety of reasons why a cancer patient may still be waiting for treatment outside the target timescale. This could often be due to an informed decision by the patient such as they wish to go on holiday before commencing treatment or taking time to look at all the treatment options available to them. It was not always a delay in the system.
- Regarding the comparisons with other Health Trusts in the country, the Trusts in the top 10 for various issues was fairly stable. On average NHS performance was decreasing and not performing as well as it was three years ago.
- From a Primary Care point of view, Northumberland was performing very well.
- The System Transformation Board (STB) had regular updates on the performance of the ambulance service, primary care etc. The Health & Wellbeing Board could seek assurance from the STB on performance in these services.

The Chair thanked Alistair Blair and Simon Eaton for their presentations.

**RESOLVED** that the presentations be received.

## 118. NORTHUMBERLAND COMMUNITIES TOGETHER – COST OF LIVING CRISIS

Members received a presentation from Emma Richardson, Senior Manager Specialist Services, updating them on the work of Northumberland Communities Together, its collaborative and corporate touchpoints with VCSE colleagues, and an overview of the action plan responding to the current costs of living pressures.

Emma Richardson raised the following points:-

- Refresh – There was a high level of partnership and collaboration with a number of different organisations and bodies. The opportunity for a lot of this work had increased over the last few days and was culminating in the production of the Inequalities Plan.
- Core Support – Northumberland Communities Together (NCT) aimed to provide the most appropriate and effective support to residents. Support included grants from the Household Support Fund, Welfare Assistance, hardship, fuel grants and energy efficiency advice. It was emphasised that a lot of delivery of services was through partner organisations.
- In the Community – A lot of organisations were involved with community hubs and these would tie in well with the Safe Havens. Listening to users was very important. Pop up programmes and take up campaigns were known to be important especially in areas where take up of a particular benefit payment such as pension credit may be low. This awareness raising was, again, being undertaken in collaboration with VCSE organisations. Teaching and learning opportunities were also available within the flagship Cramlington Hub. Some young people with additional needs had now found apprenticeship positions and employment as a result.
- Corporate Touchpoints with VCSE - Thriving Together was part of the Inequalities Plan commitment. VCSE Support Contract facilitated the touchpoints with the community sector and had been awarded to Northumbrian Citizens Advice. Cross sector working was important along with building relations and collaboration.
- Why Thriving Together matters – Decisions could be made within resources and avoiding duplication. Looking for new ways of working and a readiness to apply for and mobilise funding
- VCS Liaison Group – The group met bi-monthly with a co-led agenda and attendees from the County Council and Thriving Together with best fit VCSE and officer representation as required.
- Cost of Living, Poverty and Hardship - This formed part of the Inequalities Plan and recognised the need to prevent widening of inequalities during the current cost of living pressures.
  - Nominal allocations from Public Health reserves – proposals will be agreed over the 18 month course of the action plan.
  - Exploring additional funding from the Integrated Care Board to join up the approaches across the system.
  - Effective targeted hardship support and applied business intelligence
- Areas of particular attention to the Public Health funding allocation
  - Food - proposed £130,000 – work with food providers to ensure continued provision of quality food support over next few months.

120+ Warm Spaces with hot free or affordable meal in community venues. Expansion of community fridges, larders and shops.

- Fuel – proposed £230,000 – cost of living support hub and information leaflets. Targeted to residents with chronic conditions adversely affected by cold homes, home visits and prioritisation of households for energy efficiency and support intervention.
- Children and Young People – proposed £200,000 – addressing child poverty through school setting and working with education colleagues to find best approaches to support
- Access to advice and information and building resilience – proposed £240,000 – cost of living hub website containing reliable up to date information and support, warm spaces and places mapped, citizens advice to expand core offers and targeted leaflet, digital and trusted partner information sharing.

The following comments were made:

- Northumberland Communities Together had originally been created at the start of the Covid pandemic to offer support to vulnerable residents.
- It would be useful if there was a session to help all key partners on the Board fully understand what each other were there for and to have a wider peripheral vision to see how all of the services joined up.

The Chair thanked Emma Richardson for the presentation.

**RESOLVED** that the presentation be received.

## **119. INTEGRATED CARE BOARD UPDATE ON PLACE-BASED WORKING IN NORTHUMBERLAND**

Members received a verbal update from Rachel Mitcheson, Director of Place and Integrated Services – Northumberland.

Rachel Mitcheson made the following comments:-

- The Integrated Care Board (ICB) was now six months old.
- There were two partnership working elements
- Integrated Care Partnership (ICP) – this was the statutory element of the ICB and had brought all 13 'Places' together. It met biannually and was responsible for ensuring that the ICB was moving in the right direction in a strategic way.
- Meetings would be held in the north and there had been discussions about it being the local group for partnership working.
- The System Transformation Board (STB) was the Place based board and, in the past, had been the consultative board but it was now moving towards becoming an ICB committee. Terms of reference and membership were being looked at. The committee would operate as a shadow committee prior to becoming operational in April 2023.

**RESOLVED** that the verbal report be received.

## 120. JOINT HEALTH & WELLBEING STRATEGY THEMATIC GROUPS

Members received a verbal progress report from the Wider Determinants Thematic Group from Rob Murfin, Interim Executive Director of Planning & Local Services.

Rob Murfin raised the following issues:-

- The wider determinants of health involved looking at the spatial patterns of inequality; where people had poorer health; where there were different elements of different layers of disadvantage.
- How health inequality played out in different places was the single most statistically clear spatial pattern of inequality. It happened in particular places and to particular groups of people.
- The issues around the wider determinants of health had been first identified in the late nineteenth century but, sadly, were still issues today.
- Weighting of issues – what importance was put on issues. For example, properly designed houses could lead to fewer trips and falls and therefore less demand on hospital services.
- Initial immediate actions - tackle fuel poverty, support for people to live independently in the right housing, make sure that people with health issues rooted in employment have them normalised compared to the general population and local transport policy with proper flexible options in all areas particularly in rural areas.
- It was important to put the right weight on all of these issues.
- The debate needed to become mainstream in the same way that climate change had become.

The following comments were made:-

- It was acknowledged that the issues were not new. The type of housing being built in Northumberland was high end and expensive and did not address the issues. It was commented that 60% of Local Authorities did not have any standards for adaptability in housing e.g. doorways wide enough for wheelchairs or level access. Going forward it was important to ensure that whenever a new strategy was being devised it must be considered through the inequalities lens.
- There was a risk of making the issue overly complicated. Place based issues were social multi variant issues and the same answer to the same problem may not be the same in different places.
- There was a risk of extending what the ICB could do as the NHS needed to concentrate on healthcare inequalities. There were things that the ICB could do around the wider determinants of health within the Trust's anchor organisations and own workforce but there was a need to avoid potential duplication of activity. Representatives on the ICB Board included the Director of Public Health, Director of Adult Social Care, Director of Children's Services etc and so they should be able to adequately represent the wider determinants when those issues arose. There was



also a significant public health input to the ICB and developing its policies and strategies.

- Spatial planning could be the greatest legacy that could be left for the future.

**RESOLVED** that the verbal update be received.

## **121. HEALTH AND WELLBEING BOARD FORWARD PLAN**

**RESOLVED** that the Forward Plan be noted.

## **122. URGENT BUSINESS**

The Chair announced that this meeting was the last with Liz Morgan as Director of Public Health. She had been with Northumberland County Council for six years which included the Covid pandemic during which time she had provided a tremendous service. The Chair noted that Liz had been extremely supportive to him when he took over the role Chair of the Health & Wellbeing Board. The Chair thanked Liz for all of her work and service and presented her with a bouquet of flowers on behalf of the Health & Wellbeing Board.

The Chair announced that Pam Travers from CNTW was retiring and that this was also her last meeting. The Chair presented Pam with a bouquet of flowers on behalf of the Health & Wellbeing Board.

## **123. DATE OF NEXT MEETING**

The next meeting will be held on Thursday, 12 January 2023, at 10.00 am in County Hall, Morpeth.

**CHAIR** \_\_\_\_\_

**DATE** \_\_\_\_\_