

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Wellbeing Board** held in County Hall, Morpeth on Thursday, 9 March 2023 at 10.00 a.m.

PRESENT

Councillor P. Ezhilchelvan
(Chair, in the Chair)

BOARD MEMBERS

Binning, G.	O'Neill, G.
Blair, A.	Reiter, G.
Bradley, N.	Renner-Thompson, G
Charge, Z (substitute)	Snowdon, H.
McCartney, S.	Syers, G.
Mitcheson, R.	Thompson, D.
Moulder, B. (substitute)	Wardlaw, C.

IN ATTENDANCE

S. Anderson	Harrogate & District NHS Foundation Trust
L.M. Bennett	Senior Democratic Services Officer
A. Icceton	Harrogate & District NHS Foundation Trust
J. Lawler	Public Health Consultant
K. Marynissen	Public Health Trainee
P. Phelps	North East & North Cumbria Integrated Care Board

132. APOLOGIES FOR ABSENCE

Apologies for absence were received from Suzanne Lamb, Victoria McFarlane-Reid, Rob Murfin, Claire Wheatley and Councillors W. Pattison, H.G.H. Sanderson, L. Simpson and J. Watson.

133. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 12 January 2023, as circulated, be confirmed as a true record and signed by the Chair.

134. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2021/22 – HEALTHY WEIGHT FOR ALL CHILDREN

Members received the independent Director of Public Health Annual Report for 2021/22 which focused on healthy weight in children and highlighted the importance of creating the conditions to enable all children to be a healthy weight. The report was introduced by Gill O'Neill, Executive Director of Public Health, Inequalities and Stronger Communities, and a presentation made by Kaat Marynissen, Public Health Trainee. A copy of the presentation is filed with the signed minutes.

Gill O'Neill reported that this was Liz Morgan's final report and a good legacy for her on this important issue. Many Board Members had contributed to the report, and it was added that all of the case studies were Northumberland based. Kaat Marynissen highlighted the key points of the Annual Report:

- Healthy weight was incredibly important for physical and mental health being associated with lower rates of anxiety and depression. Children were more likely to do well at school. Economically, there were huge benefits as obesity was the second highest burden on the NHS after smoking.
- In Northumberland in 2020/21, 26.7% of children aged 4-5 years were overweight or had obese and 40% by the age of 10-11 years. 2021/22 figures were very similar. Covid did have an effect with a national trend of increased obesity and there was still an increase on pre-pandemic figures.
- Obesity was more likely to affect boys, particularly relating to severe obesity. The Northumberland trend was following the national trend. Poorer households were disproportionately affected by obesity
- It was now believed that obesity was not just individual responsibility and 'willpower' but also caused by environmental factors. Within the home, barriers to healthy weight included increased portion sizes, healthy food was less affordable than calorie dense alternatives particularly for poorer households. Poorer households had to spend almost half of their disposable income to eat healthily, whereas it was only 11% for the wealthiest fifth of households. The cost of living crisis was creating increased use of food banks. Breastfeeding rates were increasing in Northumberland over the last three years but was still below the national average.
- Reliance on takeaway food had increased during the pandemic and this trend was continuing. Advertising also tended to be for more unhealthy food (HFSS – high in fat, salt and sugar). Barriers to physical activity included access to equipment, confidence and skills (such as cycling). Northumberland was a car dependent culture due to its rurality.
- Schools were trying to add physical activity in the daily routine and provide healthy and nutritious food. There was an issue for some families which were not eligible for free school meals but could not afford to provide a healthy packed lunch and may resort to healthier options. Physical activity was known to reduce with age especially in girls.
- There was still a lack of recognition of weight issues amongst parents and healthcare professionals and a lot of stigma surrounding weight. This made it difficult to breakdown some of the barriers. A lot of data was available and thought needed to be given as to how to use this going forward.

- Northumberland County Council had recently signed the Healthy Weight Declaration and the Joint Health & Wellbeing Strategy and there was a lot of good work ongoing.
- Recommendations of the report were:-
 - Reframing our approach – moving from an individualistic approach to look at supporting children to live health, active lives through schools, the home, communities and healthcare systems.
 - Communication and sharing good practice – clarifying what support was available to help families achieve and maintain healthy weight and how to access the support.
 - Collaboration – develop a healthy weight alliance to build on the good work already being done bringing communities and agencies together to ensure a coordinated approach.
 - Strategy development and implementation – healthy weight to be a core priority in strategies such as the Northumberland Food Insecurity Plan and Northumberland Physical Activity Plan.
 - Using data and local insights – make best use of data to inform plans and prioritise future work to target areas where they are most needed.

The following comments were made:-

- It was queried how easy it was for Northumberland County Council to influence schools which were now academies and how receptive they were to this type of approach. It was explained that it was proposed to have a total reset and start the conversation with schools again. It was hoped that the Healthy Weight Alliance would have a strong education component and build on the good work happening in lots of schools. The 0-19 Team would work collaboratively with schools as part of its new model.
- As yet there were no instances of Northumberland County Council refusing permission for new hot few takeaways within 400m of a school. The policy had been in place since March 2022 and was yet to be tested. It was reported that both Newcastle and Durham had refused takeaways as a result of their policies.

RESOLVED that

- (1) the content of the DPH Annual Report 2021/22 be noted;
- (2) comments on the contribution that Health and Wellbeing Board partners can make to healthy weight in children be noted;
- (3) the findings in the independent DPH Annual Report 2021/22 attached as appendix 1 to this report be agreed and endorsed.

135. 0-19 GROWING HEALTH SERVICE SUMMARY REPORT

Members received an update report describing progress to date and giving assurance that the team delivers a high quality, responsive and effective service

Ch.'s Initials.....

Health & Wellbeing Board, 9 March 2023

to the children, young people and families of Northumberland. A detailed presentation was provided by Ashley Iceton and Samantha Anderson, Harrogate & District NHS Foundation Trust and is filed with the signed minutes.

The following key areas were raised:-

- The 0-19 Service Model aimed to meet the key priorities of the partnership arrangements and support integration and collaboration with local authority partners, Family Hub model and key stakeholders.
- Restructuring changes were influenced by experience and best practice and the model would evolve and developing to respond to local and national changes and need. Key contacts and structure was displayed for information.
- Three areas had been agreed; the North, Central South East and Central West. Some managers were in post and recruitment for other posts was ongoing.
- Three pillars had been introduced to deliver the 5-19 service – Safeguarding, Emotional Health and Resilience, and Public Health with each pillar having a lead.
- Key Performance Indicators were displayed covering antenatal to 2.5 years.
- Infant Feeding Pillar – this was led by a specialist nurse and an action plan was in place to lead the service going forward. Support would be available throughout the county in line with UNICEF standards
- Public Health Pillar – referral criteria were listed.
 - School profiles would be offered to all schools in Northumberland and schools would be asked to identify three priorities and these would include digital delivery, targeted delivery into schools or signposting within the system. NCMP screening would be offered throughout the year.
 - There had been a surge in referrals for children with low mood and low level anxiety. A waiting list was in operation and parents/carers received a list of other potential resources which they could access.
- Emotional Health and Resilience Pillar – partnership working to develop a service criteria to support early intervention and level 1 support. Sensory pathway was being developed with partners to enable support for children and young people with possible neurodiversity. There was a long term plan to appoint four Children’s Psychological Wellbeing Practitioners.
- Safeguarding Pillar – Safeguarding clinical lead posts had been appointed and their role would be to include face to face support for complex case management
- Innovative Roles – new roles included Community Anchor, Community Triage Nurse and The Project Support Officer
- Estates Strategy – a sustainable estates strategy had been designed to meet the needs of the service and residents. A first move had been made in the west of the county. Work to develop and strengthen relationships with GP practices would be ongoing. Clinical staff would be able to go out to carry out their work but still have a single point of contact manned by administrative staff.
- Key achievements and quality improvements 2021-23 were listed.

- Key challenges and areas for development were listed.

The following comments were made:-

- Samantha Anderson had met with representatives of the Fire & Rescue Service to discuss systems and process including increasing awareness of fire safety when visiting homes. Fire service staff would also be able to talk about wider issues. A referral form was being developed which could sit within the Harrogate Trust's own systems. Scoping work was being carried out to utilise Hexham Community Fire Station for a weekly infant wellbeing clinic.
- The team was congratulated on being awarded team of the month as this seemed to be well deserved recognition of the work that was being carried out.
- It was important to include the role of primary care and GP practices as they also had an integral role to supporting families. Stakeholder events were to be held where representatives would come out to meet primary care colleagues to start strengthening the relationship and partnership working.
- A lot of integration was embedded within the 0-19 service via the Family Hub development, and it was hoped to co-opt primary care representation on the Family Hubs workstreams and Implementation Group. The Community Anchor role was fundamental and aligned well with the Inequalities Strategy and emphasising capitalising on community assets.
- Family Health Needs Assessment had a section on Fathers including their emotional health and health promotion. This was an important factor in the whole family dynamic. Information on fathers was not routinely collected but it was hoped by doing this (with their agreement) going forward it would enable to share with primary care that this contact had taken place.
- The service had been open and honest in that it had a waiting list and especially around the Emotional Health & Resilience Pillar there had been investment in training and looking at referrals which did not hit the criteria and how these children could be supported. Relax Kids was an emotional wellbeing session and would be supported and then signposting children on to more appropriate agencies if needed. Waiting times were also subject to scrutiny via the Safeguarding Partnership.

RESOLVED that the presentation be noted.

136. HEALTH INEQUALITIES FUNDING ALLOCATION ACROSS THE NORTH EAST AND NORTH CUMBRIA INTEGRATED CARE BOARD

Members received a brief overview of the programmes approved by the ICB Executive and highlights how this will benefit residents in Northumberland. The report was presented by Gill O'Neill, Executive Director of Public Health, Inequalities and Stronger Communities.

RESOLVED that the report be received.

137. IMPROVING PATIENT EXPERIENCE TO ACCESSING PRIMARY CARE

Members received a presentation from Pamela Phelps, Senior Head of Commissioning Primary Care (NENC ICB), and Hilary Snowdon, Local Medical Committee. A copy of the presentation is filed with the signed minutes.

The following key points were raised:

- There were 36 practices which was down 10 since 2013/14 but with an increase in the number of patients of 12,000. The 'weighted' element of that population registered with a practice had increased by 30,000. This was leading to more complexity with patients when converted into workload, and complexities and more time and capacity was needed to support families.
- An overview of the workforce was shown and also the age profile with the population of Northumberland seeking support from Primary Care and General Practice. There had been an increase of 130 in staff employed by practices across Northumberland but a small decrease in the number of GPs. The increase in staff reflected a shift in patients' reliance on just seeing a GP and realising that support was also available at pharmacies, physiotherapists etc.
- An overview of the Primary Care estate, main sites and surgeries had been carried out. A number of surgeries needed to expand due to the number of patients needing to be seen. The required capacity for appointments and in the estate were being looked at and also to align with other services such as the 0-19 service and mental health.
- There was a marked increase in the number of appointments even from before Covid. Details were given of the number of appointments available in Northumberland and the numbers of face to face appointments and home visits. 82% of patients got an appointment within two weeks. The demographics and demand varied between practices and was reflective of the populations registered and the workforce skill mix in each. It was stressed that the data set did not include all appointments. Unfortunately, there was an increasing trend in missed appointments when the patient did not attend.
- In order to improve patient experience, it was important to understand patient experience. A five year Delivery Plan was being produced across the ICB and focusing on primary care, so including dentistry, optometry

and pharmacy. There would be an emphasis on patients being cared for by the Primary Healthcare Team within a practice and not just their GP.

- It was important that the Health & Wellbeing Board had the opportunity to inform this agenda.

The following comments were made:-

- It was noted that work to make healthcare services more accessible to fishermen at Amble had been very well received and it was suggested that a similar arrangement be considered for hill farmers.
- The public did feel that there was an access problem locally and nationally. There was a need to move away from the term General Practice and more towards Primary Care Teams. There was a view by some that if you did not see your GP, then you were not receiving the best care, however, the most appropriate care may be elsewhere.
- There needed to be a realisation about the value received from Primary Care in relation to the amount invested in it and the financial pressures affecting it. Primary Care colleagues should feel supported to try to prevent them from wishing to leave.
- Healthwatch received more queries about access to GPs than any other subject and it was reassuring to learn that there was a plan in place to improve this.
- Before any change to a GP Practice, such as closure, there had to be full engagement with the community and there were meetings with the Health & Wellbeing Overview & Scrutiny Committee, the Primary Care Applications Working Group, and local Councillors. A new framework was coming into place to reiterate where decisions were made and transparency of decision making was at the heart of that. Any decision to close would be made by the ICB.
- The new GP contract required all patients to leave the surgery with an outcome of some sort, whether that be an appointment or being signposted elsewhere.
- Online consultations had been useful during the pandemic and were welcomed by many patients, but not all. These consultations would remain available, however, there was still a pressure to increase the number of face to face consultations. It was noted that the negative aspect of online consultations was that they were an added demand on the GP's time. It was important to do what was best for the individual patient. The ability to receive photographs online or by text had been a very big advantage.

RESOLVED to note the presentation.

138. HEALTH AND WELLBEING BOARD – FORWARD PLAN

Members noted details of forthcoming agenda items at future meetings; the latest version is enclosed.

139. DATE OF NEXT MEETING

Ch.'s Initials.....

Health & Wellbeing Board, 9 March 2023

The next meeting will be held on Thursday, 13 April 2023, at 10.00 am in County Hall, Morpeth.

CHAIR _____

DATE _____