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 June 2023 at 10.00 a.m.

PRESENT

Councillor P. Ezhilchelvan
(Chair, in the Chair)

BOARD MEMBERS

Binning, G.	O'Neill, G.
Blair, A.	Pattison, W.
Bradley, N.	Reiter, G.
Iceton, A	Simpson, E.
McFarnlane-Reid, V.	Syers, G.
Mitcheson, R.	Thompson, D.
Murfin, R.	Whittaker, L. (Substitute)

IN ATTENDANCE

L.M. Bennett	Senior Democratic Services Officer
J Harland	Northumbria Healthcare NHS Foundation Trust
K Higgins	Employability and Inclusion Manager
D. Nugent	Healthwatch
L Robinson	Senior Public Health Manager
R Taggert	Northumbria Healthcare NHS Foundation Trust

1. MEMBERSHIP AND TERMS OF REFERENCE

Members noted the membership and terms of reference which had been agreed by the Full Council meeting on 17 May 2023.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from S. McCartney, H. Snowdon, and Councillors D. Ferguson, G. Renner-Thompson, J.G. Watson.

3. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 11 May 2023, as circulated, be confirmed as a true record and signed by the Chair.

4. THE COMMUNITY PROMISE UPDATE

Members received a presentation and summary from Alistair Blair, Executive Medical Director at Northumbria Healthcare NHS Foundation Trust, on the latest work being done to support communities and staff through the award winning corporate social responsibility programme. Presentation filed with signed minutes.

The following key points were raised:

- Northumbria Healthcare NHS Foundation Trust was the first NHS Trust in the country to commit to focusing on a full range of ways it could make a difference to improving the community it served.
- The commitment was based around six key themes; poverty, education, economy, employment, environment and wellbeing. It was acknowledged that some staff were deprived or came from deprived communities.
- Across the Trust area the following had been provided:-
    - Financial wellbeing clinics
    - 42 days of free main meals
    - Access to the Community Bank for 1,040 members
    - 1,300 free places at Alnwick Gardens
    - 545 discounted travel passes
    - 3,800 subsidised fresh food boxes
- Events were held in schools to show school children how they could have a career within the NHS.
- A further list of positive results to date was provided which included:-
    - A 30% increase in apprentices over three years. 25% of apprentices came from deprived communities and 5.5% had a disability compared to NHS average of 3%. Recruitment from BAME groups had increased.
    - Two Widening Participation Officers had engaged with 73 career events.
- There was potential for joint work with other organisations and to develop work with ex-offenders and the homeless. There could be further strategic work with Northumberland County Council.

Members welcomed the presentation and made the following comments:-

- Use of the community bank encouraging financial wellbeing were also priorities for Northumberland County Council. It would be good to collaborate with other organisations to share learning with them.
- Staff were more likely to engage with initiatives if they were local and at the right scale.
- There was a cost to the initiatives but that had to be balanced with a decrease in staff illness and absence.
- This work could be looked at and built on at the Inequalities Round Table which was being held in July.

RESOLVED that the presentation be received.

5. HEALTH INEQUALITIES – NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST

Members received presentations from Jill Harland and Robert Taggert, Northumbria Healthcare NHS Foundation Trust, updating Members on the Trust's work on inequalities. Presentations filed with signed minutes.

Jill Harland highlighted the following key points:-

- It was important to recognise that approximately 80% of health inequalities and the influence surrounding them was outside the NHS and was about the wider determinants of health. However, the NHS still had a key role to play.
- The Health Inequalities Programme Board had been set up post Covid and it had strategic oversight on what the Trust was doing. Its objectives were how to understand health inequalities and quantify and embed that understanding into the Trust's routine reporting.
- Everything would be brought together under one umbrella and raise the profile of health inequalities, bring partners together and to work with a collective lens.
- The Board met monthly and considered the different priorities, what was known about them, where the inequalities were, what could be improved and what was needed to make changes.
- Priority areas had been identified along with the actions that needed to be taken. Priorities included:-
    - Health while waiting – to look at quality of a patient's life while waiting for treatment
    - Staff Health Needs Assessment – to look at what the health inequalities were for staff. Two 'deep dives' relating to musculoskeletal health and financial wellbeing in salary bands 1 to 3.
    - Local Health Index – joint working with public health colleagues to look at local data for a more granular understanding of place. There was now an experimental version of the local health index to look at three domains; healthy people, healthy lives and healthy places to make comparison with the national average. A proposal had been submitted to NHS England and it was hoped that it would be able to be opened up and used at an ICS level.
    - Lung Cancer Case Finding Pilot – Over 55s with COPD and living in more deprived areas were at higher risk of developing lung cancer. A pilot scheme had resulted in a higher than international average detection rate. Pilot scheme based on Valens PCN.
    - Tobacco Dependency Treatment Service – patients were offered Nicotine Replacement Therapy within two hours of admission. Connection with patients was maintained for a time after discharge.
    - Best Start in Life – smoking cessation services to promote healthier pregnancies.

    - The Community Promise – initiatives by the Trust to promote staff and wellbeing.
    - Colposcopy – addressing health inequalities in attendance. Non-attendance at appointments was highest in gynaecology and colposcopy and in younger women and in more deprived areas. Reasons were mainly due to transport issues, anxiety, and health literacy. Interventions had resulted in an improvement in attendance rates.
    - A Quality Improvement Approach had been developed – Planning Pilot, Evaluate and Disseminate
- Three areas of focus for year 2 were:-
    - Developing the capacity and capability for a population health laboratory approach – health inequalities metrics in routine reporting
    - Embed and integrate approaches to tackle health inequalities across the Trust's work.
    - Complete initial pilot projects, adopt good practice and disseminate widely – new projects.

Robert Taggert highlighted key points relating to the Interactive Public Health Dashboard:-

- The aim was to create a more interactive format for the dashboard. Metrics would be updated in real time, easy to use and navigate and be informative.
- Five dashboards were currently in development looking through an inequalities lens with the Cancer SOF metrics dashboard being close to completion. Self harm and RTT SOF metrics dashboards were ready for review and the dashboards for A&E waiting times and fuel poverty and respiratory A&E visits were in progress.
- Cancer SOF Metrics Dashboard had three caveats:–
    - First treatment for new tumour or metastatic tumour only
    - 62 day wait clock starts at time of first appointment to time of first treatment
    - Appointment and treatment both with the Trust only
- Information available on the dashboard was shown along with the levels of information available interactively. Further information was available on average waiting times by rurality, IMD quintile, referral type and cancer site. Waiting times were greater for those in more deprived areas compared to the more affluent.
- Other possible future SOF dashboards included access rates for mental health and safe high quality care looking at C.Diff and gram negative infection rates.

The following comments were made:-

- Only patients whose treatment was totally within the Trust would be included. There was no control over waiting times for other Trusts.
- The dashboards started with facts and figures but there would be a focus on speaking to patients about their experience.

- It was acknowledged that there may be pockets of health inequalities within more affluent areas, and it was important to ensure that they were not missed.
- The Trust was looking at inequalities from a patient perspective whereas the Health & Wellbeing Board was looking from a residents' perspective, however, these were the same people. It was hoped that there would be much closer alignment with datasets.
- A link up should be considered between Adult Social Care and Public Health Consultants and a connection with CNTW regarding mental health would be useful.

RESOLVED that the presentations be received.

6. TOWARDS A COLLABORATIVE APPROACH TO REDUCING INEQUALITIES IN EMPLOYMENT OUTCOMES FOR OUR POPULATION

Members received a presentation from Liz Robinson, Senior Public Health Manager, and Kevin Higgins, Employability and Inclusion Manager. Presentation filed with signed minutes.

Liz Robinson and Kevin Higgins highlighted the following key points:-

- Reminder of key issues
  - High level of inactivity with 46,700 working people being economically inactive with 10,800 due to long term sickness and 7,900 wanting to work.
  - Relatively low unemployment rate but high incidence of long term unemployment
  - Health inequalities in labour market intensified post Covid.
  - Mental health, muscular skeletal issues and diabetes were the main causes of inactivity
  - Place disparity across the county.
- Reminder of Northumberland responses including
  - The ICB, North of Tyne Combined Authority, Public Health and Economy Leads were collaborating on a North of Tyne Work and Health Strategy and improving service integration.
  - Northumberland Inequalities Plan 2022-32
  - Establishment of Northumberland Employment Partnership and Employability Network
  - Health & Wellbeing Board's consultation.
  - Major Employers Forum and Employer pledge summer 2023
  - Refreshed Northeast Work and Health Network to share learning and good practice.
- Findings from North of Tyne Combined Authority and ICB commissioned research
  - Seize the opportunity of devolution and strengthening our strategic partnerships
  - Make strategic connections and develop a shared programme of Public Service Reform to address inequalities by pooling capacity

and decision making. Develop robust evidence base on what worked to inform the investment principles of strategic partners.

- Integrating frontline health and employment support.
  - Co-design formal work and health system to connect primary care, voluntary sector and employment support services.
  - Develop local models of intensive and integrated support.
- Creating and promoting opportunities for good work in the local public and private sector including
  - Work with anchor institutions to widen local employment pathways
  - Improve local supply chains and improve employment conditions and increase socially productive use of wealth and assets.
  - Work with local employers to improve job retention for people with health conditions.
  - Promote the principles of good work through initiatives like the Better Health at Work Scheme and Good Work Pledge.
- Response from Health & Wellbeing Board survey including
  - **What would support people with long term health conditions to get into and stay in work?** Responses including:-
  - Flexible working, reasonable adjustments supportive sickness absence policies. Preparing for work earlier in health recovery. Transferrable skills. Open dialogue about work and training needs as part of health discussions. Link workers/health coaches to offer health, employability self help, support referrals whilst on waiting lists.
  - **Where could we go further?** Responses including:-
  - Employability triage services to go to community settings. Place work coaches in GP practices. Upskill link workers to understand barriers/benefits of work and employability support. Develop Northumberland anchor institutions network to maximise economic levers of large organisations. More employer engagement about the economically inactive and the asset they could be to the workforce. One skills platform to share training opportunities. Pooling funds, co-commissioning and co design of health and employability services.
- Next Steps
  - There was a Major Employer Forum in July
  - Continue to work in collaboration with partner organisations to develop the North of Tyne Work and Health Strategy and produce short, medium and long term proposals. Report back on the draft strategy to a future meeting of the Health & Wellbeing Board.
  - Scope the opportunities of developing shared core Social Value commitments as Anchor Institutions.
  - Seize opportunities to expand the North of Tyne Combined Authority strategic development on work on health to a wider footprint.

The following comments were made:-

- There were many people whose parents and grandparents were not economically active and so these people had no experience of working. Their aspirations were reinforced by their family's inactivity. It was

acknowledged that people needed to see that having a job was a realistic option.

- It was also important to note that investment and innovation in an area or town may not result in job opportunities for local residents and the economically inactive. In these instances, many jobs were filled by people from other areas.

RESOLVED

(1) that the presentation be received.

(2) the Health & Wellbeing Board survey be recirculated to Members.

7. JOINT HEALTH AND WELLBEING STRATEGY

Members received a verbal update from Gill O'Neill, Executive Director for Public Health (DPH), Inequalities & Stronger Communities.

Gill O'Neill informed Members that the update of the Joint Health and Wellbeing Strategy was taking longer than anticipated to complete. An officer group had been set up to look at the strategy. It was complex to align measures to demonstrate what progress was being made other than overarching progress. A summary report would be provided to show the significant amount of work done to date and also to appreciate that we are in a completely different place to five years ago when the Strategy was first produced. The membership of the Health & Wellbeing Board had changed in order to reflect the wider determinants of health. It was also planned to align the Joint Strategic Needs Assessment Steering Group with the strategy group.

RESOLVED that

(1) the update report be received

(2) a summary report be provided for the October Health & Wellbeing Board meeting.

8. HEALTH AND WELLBEING BOARD – FORWARD PLAN

Members noted details of forthcoming agenda items at future meetings.

9. INTEGRATED CARE BOARD – UPDATE

Members were informed that, unfortunately, Levi Buckley, ICB Executive Place Director for the North, was unable to attend the meeting. Rachel Mitcheson, Director of Place and Integrated Services, reported that the ICB was required to find a 30% running cost reduction by the end of 2025/26 and this would obviously lead to more change and transformation. The Board would be updated at future meetings.

10. CHAIRMAN'S ANNOUNCEMENTS

1. Pharmacy Update

The Chair reported that he had discussed the concerns of the Health & Wellbeing Board about the closure of pharmacies with officers and had written to the Secretary of State for Health to request that the funding model be reconsidered and to stress the need for more trained pharmacists.

2. David Thompson – Healthwatch

The Chair informed Members that David Thompson was retiring as Chair of Healthwatch and this would be his last meeting. On behalf of the Board he thanked him very much for his service to the Board.

11. URGENT BUSINESS

Better Care Fund

Neil Bradley informed the Board that the Discharge grant now formed part of the Better Care Fund (BCF) and the format for reporting had only been received three weeks ago for submission by the end of June. This did not allow time to present the BCF plan to the Board for approval. In consultation with the Chair, it had been agreed to submit the plan, virtually, to all Board Members to allow a short time for any comments. The plan would then be submitted retrospectively to the Board's August meeting for approval and consideration.

12. DATE OF NEXT MEETING

It was noted that the July meeting was cancelled to enable the Inequalities Round Table to take place. The next meeting will be held on Thursday, 10 August 2023, at 10.00 am in County Hall, Morpeth.

The following future meeting dates were noted:-

14 September 2023
12 October 2023
9 November 2023
14 December 2023
11 January 2024
8 February 2024
14 March 2024
11 April 2024
9 May 2024

CHAIR _____

DATE _____