

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Wellbeing Board** held in County Hall, Morpeth on Thursday, 12 October 2023 at 10.00 a.m.

PRESENT

Councillor P. Ezhilchelvan
(Chair, in the Chair)

BOARD MEMBERS

Bradley, N.	Paterson, L (Substitute)
Conway, A.	Pattison, W.
Conway, P.	Reiter, G.
Jenkins, C. (Substitute)	Standfield, P.
Jones, V.	Syers, G.
Moulder, B. (Substitute)	Waring, K. (Substitute)
O'Neill, G.	Watson, J.

IN ATTENDANCE

L.M. Bennett	Senior Democratic Services Officer
Dr. J. Brown	Consultant in Public Health
A. Kingham	Executive Director for Children, Young People & Education
J. Lawler	Consultant in Public Health

30. APOLOGIES FOR ABSENCE

Apologies for absence were received from G. Binning, V. McFarlane-Reid, S. Rennison, and Councillors G. Renner-Thompson, G. Sanderson, E. Simpson.

31. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 14 September 2023, as circulated, be confirmed as a true record and signed by the Chair.

32. UPDATE ON AND REFRESH OF THE JOINT HEALTH AND WELLBEING STRATEGY 2018-2028

(1) 'Adopting a Whole System Approach to Health and Care'

Members received an update on achievements against the theme of 'Adopting a whole system approach to health and care' and to refresh and propose

amendments to priorities, actions and indicators or evidence of achievement for this theme. The report was presented by Dr. Jim Brown, Consultant in Public health.

The following key points were raised.

- 'Adopting a whole system approach to health and care' was one of four themes of the 2018-28 Joint Health & Wellbeing Strategy.
- The Systems Transformation Board (STB) had agreed to take ownership of this theme and set up a task and finish group to review and refresh the theme. Membership was drawn from a number of bodies including the Health & Wellbeing Board, ICB, and Northumbria Healthcare Foundation Trust.
- There had been improvements relating to smoking prevalence and percentage of physically active adults. However, there was a worsening trend in alcohol related hospital admissions and self-reported wellbeing.
- There were many examples of integration which had occurred within Northumberland across sectors such as healthcare, public health, education, social care and the voluntary and community sector, physical and mental healthcare.
- It was proposed that the three priorities for the theme be updated as follows:-
 - **Priority 1** – Refocus and prioritise prevention and health promotion.
 - **Priority 2** - Drive integrated, coordinated, personalised care, and user and resident involvement in the health and (social) care system.
 - **Priority 3** – Ensure access to, experiences of, and outcomes from services that contribute to health and wellbeing are equitable.
- Details of the relevant actions and indicators/evidence of progress for each priority were provided.
- Other areas for consideration were:-
 - Whole system approaches to sexual and reproductive health and drugs
 - Improvements to dental access
 - Endorsements for integrated neighbourhood teams
 - Need to dovetail priorities and actions between themes.
- Members' comments were welcomed.

A number of comments were made, including:-

- What was the scope of integrated neighbourhood teams and how would we know when we had one? What tasks would be undertaken by an integrated neighbourhood team and how would they be measured? How would this be done involving the community?
- The issue of neighbourhood teams must not be allowed to drift. The ICB was probably the most appropriate body to oversee this by way of a sub-group. It would be important to engage with local communities to see what they wanted. ICB agreed this was their lead to take further.
- Dentistry was a problem area particularly in a county such as Northumberland which was a wide geographical and isolated area. An

ICB officer was leading on this challenging area which was also a national concern.

- It was important not to duplicate work being undertaken by other organisations and as such drugs and alcohol is covered in the Safer Northumberland Partnership.
- Rurality was an important lens for Northumberland when considering inequalities.

RESOLVED that

- (1) the achievements described in the report be noted.
- (2) the proposed amendments to priorities, actions and indicators or evidence of achievement for the theme be agreed.

(2) ‘Giving Children and Young People the Best Start in Life’

Members received an update on achievements made against the theme of ‘Giving Children and Young People the Best Start in Life’, to review and agree priorities and actions and describe proposed amendments for the remaining period of the strategy and review indicators to measure progress against this theme. The report was presented by Jon Lawler, Consultant in Public Health and Graham Reiter, Director of Children, Young People and Families.

The following key points were raised:-

- This theme had three priorities with actions included to achieve them
 - Education
 - Ensuring Children were safe and supported
 - Supporting positive lifestyle and social choices
- Details of national indicators and progress against them were shown. It was important to note that the national indicators did not show the whole story for Northumberland and could mask inequalities. Local information was more up to date and relevant.
- Narrative and qualitative indicators for each priority were shown.
- Covid-19 had had an impact such as disrupting education, impacting mental health and wellbeing, safeguarding and school readiness. There was also a disproportionate impact on existing inequalities. The current cost of living crisis was compounding the impact of Covid-19.
- By way of refreshing the theme, it was proposed to rename it ‘Starting and Growing Up Well’ in order to reflect whole of childhood, adolescence and early adulthood.
- Proposed actions for each priority were listed.
- Members’ comments were welcomed.

A number of comments were made, including

- The refreshed terms within the report, were welcomed as being more meaningful and relevant. Also, active language rather than passive and the inclusion of physical health were welcomed.
- It was important to consider who was best placed to carry out various roles
- It was sobering to see that in some areas progress had been backwards. Understanding communities and which ones had the biggest gaps in terms of inequalities was crucial. The workforce must be flexed to be where it could make the most impact.
- Family Hubs were a locality-based partnership working along with the community voluntary sector such as Thriving Together. Work could be done to enhance statutory services and links with those.
- Confidence and self-esteem in young people needed to be built in as it had been hampered by Covid-19. This also related to physical health and wellbeing. Young people could be over dependent on modern technology leading to social isolation.
- There was a whole joined up system to ensure that children and young people were prepared for the place of work. They would go on to become employees and employers in Northumberland.
- The trend for unintentional and deliberate injuries to children was increasing. From a safeguarding perspective, there had been a national increase during Covid-19 due to the lack of accessibility to children during that period. In Northumberland there had been an increase in the number of incidents reported to Ofsted and these were subject to a rapid review. It was noted that there were not large numbers of cases.
- National published data was dependent on how incidents were coded at a local level and local practice. It was noted that there were stringent rules nationally regarding hospital coding. North Tyneside's data was similar, and it may be that work could be done to help understand this data more.
- There was no mention of children who were missing from home or from Council care. It would be useful to track this and look at the risks which could arise from these episodes. This would be monitored by the Safeguarding Partnership.
- Work regarding mental health was welcomed. Further work was being carried out within the Northumbria Trust regarding its adult and children's mental health services. Using the inequalities lens would also be useful.
- Careful use of language and specific terms was crucial to encourage engagement with the wider voluntary and community sector. Specific example was to move away from the term 'whole system' and instead use simpler language such as collective responsibility.
- Regarding physical health, some indicators such as around asthma which contributed to the reasons why some children did not go to school and the inequalities in those areas. Linked to Core 20 plus five.
- Challenge regarding where we want to be in five years time and what would 'good' look like at that time. This would become the first five years of the 20 year generational ambitions of the emerging County Plan.

RESOLVED that

- (1) the achievements described in the report be noted.

Ch.'s Initials.....

Health & Wellbeing Board, 12 October 2023

- (2) The proposed amendments to the name of this theme, priorities and associated actions be agreed.

33. THRIVING TOGETHER – VCSE SECTOR UPDATE

Members received a presentation from Abi Conway, VCSE representative.

The following key points were raised:-

- **Background** – Thriving Together was commissioned by Northumberland County Council in 2021 as the support system for the voluntary sector with a set of defined deliverables with the underpinning ethos to give all organisations the opportunity to thrive and achieve their potential through partnership working. The commission had been extended for a further year.
- **The Deliverables** –
 - Providing support connections in order to operate safely and legally
 - Actively managing relationships and the effective exchange of information
 - Working with Northumberland Communities Together to develop effective governance and visibility.
 - Development of partnerships and collaborations.
- **Communications** – Website was well used within the sector. Other social media sites such as Facebook, Instagram and Twitter were used. There was a bi monthly newsletter along with quarterly events. The events were rotated around the county and had been well received. One to one visits were carried out by community connectors to small voluntary groups to ensure that they remained connected.
- **Networks** – The number of networks had extended to 15 since the start of the commission. Network Leads meetings were held quarterly. Thriving Together was involved with Northumberland County Council's VCS Liaison Working Group and involved in providing agenda items.
- **Events** – Thriving Together also attended and contributed to events organised by other bodies.
- **Additional Funding** – Building capacity and provided leverage for additional funding within the voluntary sector. Within the last 18 months, £2 million had come into the sector due to the efforts of Thriving Together. Collaboration had allowed smaller organisations to apply for funding which they would otherwise be unable to access.
- **Map** – showed location of connections made across Northumberland. Engagement had also been made with a wide-ranging number of county wide organisations.
- **Other stakeholders** – A good relationship had been developed with other stakeholders and colleagues within the Public Health and Education.
- **Next Steps** –
 - Develop a VCSE Leaders Network
 - Inequalities Action Plan/Taskforce

- Hyper-local funding model
- Development of the Volunteer Skills Passport
- Continuation of Networking Events
- Expansion of services on Frontline to encourage use by schools, police, ambulance etc.
- Revamp website.

A number of comments were made, including:-

- It was important that there was a good level of trust. There had been a lot of work done to build that trust and good relationships. This enabled the sector to move forwards.
- It was good to hear the voluntary sector perspective. It was important not to assume that there was always capacity within the voluntary sector. There was willingness, want and professional capability but there needed to be resourcing to do that.

RESOLVED that the presentation be received.

34. HEALTH AND WELLBEING BOARD – FORWARD PLAN

Members noted details of forthcoming agenda items at future meetings.

35. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 9 November 2023, at 10.00 am in County Hall, Morpeth.

CHAIR _____

DATE _____