

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 November 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.
Conway, A.	Sanderson, H.G.H.
Iceton, A (Substitute)	Standfield, P.
Jones, V.	Syers, G.
Lothian, J. (Substitute)	Wardlaw, C.
McCartney, S.	Watson, J.
Moulder, B. (Substitute)	

IN ATTENDANCE

L.M. Bennett	Senior Democratic Services Officer
Dr. J. Brown	Consultant in Public Health
Y. Hush	Public Health Manager
A. Kingham	Executive Director for Children, Young People & Education
J. Lawler	Consultant in Public Health
K. Lynch	Senior Public Health Manager
K. McCabe	Senior Public Health Manager (Inequalities)

36. APOLOGIES FOR ABSENCE

Apologies for absence were received from Victoria McFarlane-Reid, Russell Nightingale, Hilary Snowdon and Councillor L. Simpson.

37. MINUTES

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

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

EMPOWERING PEOPLE AND COMMUNITIES

Members received an update on progress on actions within Northumberland Joint Health and Wellbeing Strategy 2018-28 Empowering People and Communities Theme and propose amendments to priorities, actions, and indicators to measure progress for the remaining period of the strategy 2023-28. The report was presented by Karen McCabe, Senior Public Health Manager (Inequalities). (A copy of the report and presentation is filed with the signed minutes.)

The following key points were raised:-

- The theme currently aimed to ensure that 'people and communities in Northumberland are listened to, involved and supported to maximise their wellbeing and health.
- Priority areas
 - Ensure that partners, providers, practitioners and the systems they work in promote and encompass a 'more than medicine' approach.
 - Provide people and communities with access to networks and activities which will support good health and resilience.
 - Support people to gain the knowledge, skills and confidence they need to be active partners in managing and understanding their own health and healthcare.
- During the summer a number of workshops had been held bringing together colleagues. Information had been gathered and was being presented to the Health and Wellbeing Board for discussion.
- **Mid-term progress for national indicators aligned to this theme**
 - In comparison for 2018/19, national indicators for 2021/22 showed a worsening position in Northumberland for a number of indicators, however when compared to both the North East and England averages they were not doing as badly.
 - It was noted that 2021/22 was the time when we were emerging from the Covid pandemic, lock down and social isolation and as such was a time when people were feeling less in control and empowered. Also, the data did not provide granular level detail and masked variance and differences in inequalities across Northumberland's population. Collection of data was potentially limited by digital access and literacy levels.
 - Ambition – to move away from culture of preventing illness to promoting wellness. And from a culture of 'doing to' people to a culture of 'doing with'. More than Medicine approach and five areas for action.
- **Reflections – where Northumberland is now**
 - Creating conditions necessary to foster 'at scale' transformation and a system wide culture shift towards community-centred, strengths-based approaches.
 - Long-term commitment and trust between partners, ourselves and voluntary sector and development of different ways of working. An

- example of an enabler which had come into play was the Northumberland Inequalities Plan and County Plan
 - Measuring success – there were multiple systems of data collection and data sets making comparisons at scale difficult. Progress was being made in this area.
 - Active, not passive language.
- **Landscape, Terminology and Language**
 - Desired outcome – All communities in Northumberland are heard, understood, and empowered and have an active role in optimising their wellbeing and health.
 - Principles –
 - Take a strengths-based approach
 - Working collaboratively
 - Priority Areas
 - Work collaboratively to remove barriers, promote and mobilise a local, holistic, whole person approach
 - Equity of access to opportunities supporting resilience, belonging and connectivity
 - Enable development of knowledge skills and confidence to understand health and are choices and their consequences.
 - Lived experience central within policy development and practice.
 - What are we going to do?
 - Be resilient, be inclusive, be community-based, be consistent, be open and made every door ‘the right door’.
 - All partners within the Health & Wellbeing Board and partners across the system had inequality plans and community centred approaches. It was strongly felt that empowering local communities should not be diluted and should be strengthened.
 - It was hoped that the other three themes of the JHWS would also take on this approach and work with leads of the other themes and look at metrics within those themes that linked to the healthy life expectancy and inequality take forward and help people deliver within the Empowering People and Communities approach.

A number of comments were made, including:

- It was important to get the narrative regarding care homes right and not to imply that they were ‘bad’. There was an increasingly aging population in Northumberland and living in a care home could be transformative for many.
- This was acknowledged and the aim was to try and reduce demand to ensure that there was space available for those who really needed them. There was a tipping point between when it was better for an elderly person to remain in their own home or move to the supportive environment provided by a care home.
- There were some issues within the domiciliary care sector as it was difficult to meet needs so some were going into care homes. Attempts were being made to grow that workforce. This also affected hospital discharges as there was not the support in place to care for a person in

their own home. Care homes were often used as an interim measure, however, there was the risk of a person becoming institutionalised.

RESOLVED that the proposed amendments outlined in the report be approved.

39. NORTHUMBERLAND TOBACCO CONTROL PARTNERSHIP ANNUAL UPDATE 2023

Members received an update on Northumberland's collaborative approach to Tobacco Control and the development of the Northumberland Tobacco Control Partnership during 2023. The report was presented by Kerry Lynch, Senior Public Health Manager. (A copy of the report and presentation is filed with the signed minutes.)

The following key points were raised:-

- Smoking remained the biggest preventable cause of death and illness in Northumberland, the North East and England. It put a huge pressure on the NHS with hospital admissions and GP appointments. There was no safe level of exposure to tobacco smoke including second hand smoke. It was important to continue to drive to action at all levels and use political and organisational influence to achieve a tobacco free generation.
- Smoking prevalence in Northumberland was 9.6% but there were higher levels amongst those in routine and manual works and people with mental illness.
- The shared vision of the Health and Wellbeing Board and local partnership was

Northumberland children born today will live a smoke free life. We aspire to reach a Smoke Free 2030, where adult smoking prevalence is 5% or lower by 2030. We shall work in partnership using an evidence-based approach.

- National Measures – new measures had been announced which proposed legislation to make it an offence for anyone born on or after 1 January 2009 to be sold tobacco products in England. Additional funding of £366,000 would be made available to the Council for stop smoking services. Funding would also be available to improve enforcement to prevent illegal tobacco and vaping. It was expected that these measures would lead to up to 1.7 million fewer people smoking by 2075. A consultation process was currently live and members were urged to respond.
- Priority populations were
 - Young people
 - Smoking in pregnancy
 - Routine and manual occupations
 - Mental health conditions
- Smoking Related Health Inequalities

- Social Housing – Continue with bespoke support model and offer of free vape starter kits to smokers living in social housing, part of the nation Pathfinder opportunity.
- Illicit Tobacco – Trading Standards and Public Health were working together to augment illicit tobacco and alcohol work and engage in prevention.
- Action planning and next steps
 - Finalising JSNAA chapter with recommendations
 - Action plan to developing actions further and address identified gaps in knowledge of community assets.
 - Local advocacy of national measures and participation in consultations

A number of comments were made, including:

- Vapes as part of the ‘Swap to Stop’ scheme would only be offered to adult current smokers and were not for use by non-smokers or children.
- It was not advisable to compare the effects of smoking with use of alcohol or obesity as all are major public health factors. In terms of preventable deaths, smoking deaths were higher.
- Additional resources were being made available for border controls to deal with the importing of cheap tobacco from abroad.
- Some people turned down intervention from a pharmacist but were often more receptive to a joint approach from a social prescriber and a pharmacist. There had been conversations with CAB around debt and the link with smoking. There was a stigma for someone struggling with their finances and for there to be a conversation about smoking in that context. This needed to be well thought out. Links were being made with housing and the voluntary sector.
- It was confirmed that support could be offered for completion of the consultation. The first four questions of the consultation related to the raising of the age of sale and were the most crucial.
- A representative from the voluntary sector would be welcome to attend meetings of the Northumberland Tobacco Control Partnership.
- With regard to mental health, there was a robust service for in patients, however, further effort and focus was needed within community teams. Particularly for those who worked into primary care more actively and there needed to be more focus and a commitment to take away to look at what the organisation was doing for the county and more broadly within the community teams.
- Was MECC (Making Every Contact Count) embedded in the policies of partner organisations and if so, how was it delivered? There was a need to ensure that it made sense to the operational staff who were in and out of people’s homes.

RESOLVED that the development and progress of the Northumberland Tobacco Control Partnership during 2023 be noted.

40. UPDATE ON PROMOTING BETTER MENTAL HEALTH AND WELLBEING IN NORTHUMBERLAND

Members received an update on multiagency activity in Northumberland to promote better mental health since the last report to the Board in December 2020. The report was presented by Jon Lawler, Consultant in Public Health. (A copy of the report and presentation is filed with the signed minutes.)

The following key points were raised:-

- The involvement of a number of officers at Northumberland County Council and the NENC ICB was acknowledged.
- The importance of good mental health and wellbeing – there was an increasing trend in common mental health problems. This was compounded by the Covid-19 pandemic and the increase in cost of living. Socioeconomic inequalities were closely linked to many risk factors for poor mental health.
- Multiagency partnerships in Northumberland
 - Adults – Crisis Care, Suicide Prevention and Mental Health Strategic Partnership, Operational Group – promoting good mental health action plan 2022
 - Children – Emotional Wellbeing and Mental Health (EWMH) Steering Group, SEND Strategic Partnership, EWMH Operation Group – Emotional Wellbeing and Mental Health Strategy 2022-25 and Local Area Strategy 2021-24
- Examples of collaborative Working to support adults
 - Community Mental Health Transformation – further development of multidisciplinary teams and closer working between voluntary sector, primary/secondary care and Northumberland County Council. ‘No wrong door approach’, HOPE (Helping Overcome Personal and Emotional Difficulties) Team
 - Partnership Working – Northumberland Communities Together, Dementia Diagnosis Care Home Project
 - Urgent Care Work – Right Care, Right Person, NHS 111 mental health option
 - Alternatives to crisis – Safe Haven development, Together in a Crisis
- Promoting good mental health and suicide prevention –
 - Training through NCC Public Health
 - Partnership support for campaigns
 - ICB support for primary care
 - Better Health at Work Award Scheme
- Supporting Northumberland County Council staff – there was a comprehensive wellbeing offer to staff including a health and wellbeing portal, financial wellbeing guidance and support and mental health training for managers. Other organisations will have their own staff wellbeing offer.
- Promoting better mental health for men – Men were 3 times more likely to die by suicide than women and had different coping mechanisms and health seeking behaviours. Examples of activity in Northumberland

- included Andy's Man Club and the Northumberland Recovery College and Family Hubs work to support new fathers.
- Children and young people – increasing demand on services (apparent pre-Covid-19) and increasing complexity of needs. Multiagency strategy with strong emphasis on partnership work e.g. 0-19 service Emotional Health and Resilience 'pillar', Kooth online support and Mental Health Support Teams in schools.
 - Developing a promoting better mental health strategy – building on established partnerships and extensive collaborative work and develop a strategy for Northumberland. Strategy could include – preventing mental disorders, promoting mental wellbeing and promoting resilience.

A number of comments were made, including:

- A significant proportion of mental health conditions in adulthood were initiated during childhood and it was important to strengthen parental support through Children's Services and Family Hubs.
- It was important to pull together all the strands in this very broad area. A strategic approach would do this and enable the Board to look back in a year's time to see whether a difference had been made.
- What were we not doing, or need to do differently to fill in the gaps? There was an effective strategic partnership in place but how did the rest of the system know what was going on within that strategic partnership? It was important to look at the data on inequalities to understand at a strategic level what the impact of inequalities was and where should efforts be focused.
- Could more voices be involved as mental health and wellbeing was everyone's business and conversation?
- Healthwatch had been reflecting on how best to connect with communities. The strategy provided a framework to pull together all the various initiatives but there was always room for improvements. Connecting across the statutory and VCS sector was fundamental. Consideration should be given to which communities were not being heard from and which we could connect with better.
- All four of the themes in the Joint Health & Wellbeing Strategy needed to be effective as a system to improve the health and wellbeing of the population and reduce inequalities. It would be impossible to have good mental health if areas such as income, employment, housing and education were not right. Making stronger communities along with health care and a whole system approach to health care would be a challenge. All aspects linked together, and none could be seen in isolation.
- It would be useful for the health and wellbeing strategies of employers in Northumberland to be developed more as part of the strategy along with learning from good practice. Some initiatives such as Safe Haven were launching in the New Year. A huge challenge for CNTW would be community transformation and how that rolled out in partnership.
- The four component parts of the Joint Health & Wellbeing Strategy needed to be seamless and large employers and mental wellbeing would come out in the theme at the next Board meeting. The whole refreshed strategy would then be brought to the March meeting of the Health & Wellbeing Board.

RESOLVED that the wide range of multiagency work which has been undertaken to promote better mental health be noted.

41. HEALTH AND WELLBEING BOARD – FORWARD PLAN

Members noted details of forthcoming agenda items at future meetings.

42. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 14 December 2023, at 10.00 am in County Hall, Morpeth.

CHAIR _____

DATE _____