

NORTHUMBERLAND COUNTY COUNCIL
HEALTH AND WELLBEING BOARD

At a remote meeting of the **Health and Wellbeing Board** held on Thursday, 11 February 2021.

PRESENT

Councillor R.R. Dodd
(Chair, in the Chair)

BOARD MEMBERS

Bailey, M. (substitute member)	McEvoy-Carr, C.
Brown, S.	Morgan, E.
Dungworth, S.	Riley, C. (substitute member)
Jones, V.	Thompson, D.
Lothian, J.	Travers, P.
Mackey, J. (part)	Warrington, J. (substitute member)
Mead, P.	Watson, J.

ALSO IN ATTENDANCE

Bell, A.	Communications
Hudson, R.	Service Director: Transformation
Malone, C.	and Integrated Care
Mitcheson, R.	Service Director: Children's
Reiter, G.	Social Care
Bennett, L.M.	Senior Democratic Services
	Officer

72. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor G. Renner-Thompson, R. Firth, and G. Syers.

73. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on Thursday, 14 January 2021, as circulated, be confirmed and signed by the Chair.

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ITEMS FOR DISCUSSION

74. INTEGRATED CARE SYSTEMS

Members received a presentation and update from Sir Jim Mackey. (A copy of the presentation is filed with the signed minutes as Appendix A.)

The following points were raised:

- ICS legislative changes were being launched today.
- The NHS had been considering this matter since 2016 following confusion arising out of the 2012 reforms.
- There would be a move away from the competitive approach towards a more collaborative approach.
- There were efforts to create a more local approach and function within the ICS and make it a legal body which could receive funding.
- Emphasis on working with partners such as Local Authorities with regard to health improvement. However, the ICS covered a number of Local Authorities and Primary Care Networks etc and the operating network would be quite complex as a result.
- There was much less emphasis on place in the media and politics and this should give more freedom and space to shape Northumberland's needs and similarly in North Tyneside and Newcastle.
- It was hoped that this would build on the Transformation Board working that was in place and review the membership and fully embrace Primary Care Networks and use that as a mechanism for the ICS to devolve things to Northumberland.
- Big focus on health improvement, inequalities and the impact of COVID.
- There were still a lot of legal processes to go through.
- The ability to shape this towards local needs was welcome and it was important that this was used to prevent a national template being imposed.

The following comments were made:

- The VCSE sector had a huge role to play in Northumberland and it was important to consider how it could be incorporated into the Transformation Board arrangements. The membership would need to be refreshed to include representation from the VCSE and other bodies.
- The general Local Government response had been generally mixed and the level of integration varied greatly. There also was nervousness on how to encourage integration across the country.
- It needed to go further to tidy up national bodies and rationalise the regional structure. There needed to be a watching brief to avoid unnecessary expansion and red tape.
- There was a very strong central view that Health & Wellbeing Boards should hold the system to account.

RESOLVED that the presentation and comments made be noted.

75. HEALTH IMPROVEMENT FOR NORTHUMBERLAND

Members received a presentation from Siobhan Brown and Robin Hudson on Health Improvement for Northumberland. (A copy of the presentation is filed with the signed minutes as Appendix B).

The following points were raised as part of the presentation:

- Based on the four key priorities in the Health & Wellbeing Strategy, eight areas of work had been identified. It was known that outcomes varied across Northumberland and it was not just healthcare but everyone working together.
- Three building blocks were Infrastructure, Intelligence and Interventions
- Population Health Areas
 - The wider determinants of health
 - Our health behaviours and lifestyles
 - An integrated health and care system
 - The places and communities we live in
- Direct impact of actions on health outcomes
- Two case studies
 - Blackpool – intervention with residents of multiple occupancy housing. Barbara suffering from depression, living in poor quality housing, unemployed and recently bereaved.
 - Pudsey, Leeds – moderate frailty patient intervention. Identifying risk. Poor nutrition led to poor outcomes.
- Health Improvement Journey
 - Infrastructure – Leadership and System Team
 - Culture – Community Co-design
 - Resources – Project team ‘social movement’
 - Intelligence – Datasets and Information governance
 - PHM Academy – Senate and Learning arena
 - Intervention – map all relevant work already underway to form coherent whole
 - Project work – finance and contracting programme.
 - Identifying barriers and blocks and activation measures. Look at the readiness to change and help a person move to a place where they are ready to change.

The following comments were made in response to queries:

- This work was joined up with Northumberland County Council and was aimed at re-energising and refocusing work with the Council.
- Systems Transformation Board – looked at best start in life in the County and challenging and determining what work was going on and any impact across partnership areas.
- The Board was reassured that this work was joined up. The work on health policies that the Council was pushing forward with were to achieve the same aims but by a different mechanism. If a person was treated in isolation and then discharged into same circumstances, then the cycle of ill health would continue.

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addressing the social determinants puts individuals in good position to become well and maintain wellbeing.

RESOLVED that the presentation and comments made be noted.

76.1 REPORT OF THE DIRECTOR OF ADULT SOCIAL CARE AND CHILDREN'S SERVICES

Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan

Members were provided with an update on the epidemiology of COVID 19 in Northumberland and developments with the Council's COVID 19 Outbreak Prevention and Control Plan. (A copy of the presentation is filed with the signed minutes).

Liz Morgan, Director of Public Health, updated Members on the latest figures and actions agreed in response to the increasing rates of infection being seen in Northumberland. The presentation covered the following:

- Case rates across the LA7 were broadly similar with a peak in early January followed by a steady fall.
- Comparison between the situation on 6 January 2021 with that of 8 February 2021. Cases were at two thirds of the early level and was a testament to the efforts of the community to comply with regulations.
- The Northumberland epidemic curve showed a gradual reduction. The rate of decline was not as rapid as that seen after the first lockdown as the restrictions were not as strong.
- The Kent New Variant was now the predominant virus across the country and two-thirds to three-quarters of all Northumberland cases were this variant.
- There had been a decrease in cases across all age groups but there was some evidence that levels amongst school age children were not dropping as quickly.
- PCR testing sites were operational across the county along with a mobile service.
- The positivity rate was slowly reducing.
- Lateral Flow Tests for asymptomatic people were being carried out including in schools and care homes.
- Targeted community testing was providing wide availability of testing across Northumberland. Sites had opened at Ashington, Hexham, Alnwick and Berwick staffed by Northumberland County Council and Active Northumberland staff.
- Local tracing partnership had started last week to develop a holistic local tracing process and to contact those who had not been responded to NHS Test and Trace within 24 hours. There was the ability to have a wider discussion of a person's circumstances and to discover if they needed additional support to self isolate.
- Informal intelligence gathering was leading to improved data quality.

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- There was a recognised significant inequality in the uptake of the vaccine and a Vaccination Equity Plan was being developed to make sure that this was mitigated and to work proactively with the community.

The following comments were made:

- A number of queries had been raised with Healthwatch as follows:
 - Information regarding a very small number of people who had experienced difficulty in accessing the vaccine.
 - Concerns from relatives of care home residents regarding the restrictions and worries about contact. The situation was more positive now.
 - Unpaid carers had difficulty accessing the vaccine and a list was being produced.
 - The response from Northumberland County Council had always been positive and made a difference to those involved. The positive feedback was welcomed.
- There was no change in the vaccine priority order relating to teachers. The focus was still with those most at risk. Most of cohorts 1-4 had been vaccinated now and the next phase of the rollout was awaited. A decision relating to occupational groups would be made further down line.
- The police were known to be taking a strong approach with those flaunting the lockdown rules. The numbers contacted by the police were not known.
- The message was being pushed strongly at those who had received their first vaccination to emphasise that they still needed follow the same rules as everyone else.

RESOLVED that the presentation and comments made be noted.

76.2 COVID 19 Vaccine Roll Out

Rachel Mitcheson, Service Director for Transformation and Integrated Care, provided a presentation on the COVID 19 vaccine roll out. (A copy of the powerpoint presentation have been filed with the signed minutes).

The presentation detailed the following:-

- 500,000 vaccinations had been carried out in the North East and Yorkshire region, 70% of which were delivered via primary care.
- Northumberland expected to meet the national target of 15 February to complete priority groups 1-4.
- Primary Care was making excellent progress despite the challenges of having little control of the supply of vaccine. All care home residents and staff had been offered a vaccine.
- Hospital vaccination hubs had vaccinated 18,000 front line staff.
- Challenges included minimising waste and identifying frontline health and social care staff from private providers.
- National vaccination centre was based at the Centre for Life and used a national online booking system. However, people could still choose to be vaccinated via their own PCN.

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- Vaccine was supplied via a push model
- It was expected that second doses would be begin w/c 8 March.
- After vaccination, people were still required to follow the national rules re. PPE, lockdown and social distancing.
- Priority groups 5-9 should be completed by late spring and the whole programme by late November 2021.
- A roving model had been proposed to reach more rural areas and harder to reach communities in Northumberland.
- It was expected that it would be 4-6 weeks before a significant reduction in hospital admissions and deaths was seen and 4-6 months for a significant reduction in community transmission.
- The key message to the population was to be patient and wait to be called for vaccination.

The following comments were made:

- PCNs were enthusiastic about the vaccination programme and keen to lead and co-ordinate it, rather than asking people to go to a mass vaccination site.
- There had been very few refusals to date and people were generally very positive about the vaccine.
- Some care home staff had been anxious about the vaccine and work had been done with them to provide reassurance. 78% of care home staff had now been vaccinated.
- Behavioural insight work was being carried out and would investigate the reasons behind these anxieties. It was known that some young women were less confident and work was being done to dispel myths surrounding vaccination.
- It was felt that local GP practices had gone above and beyond in arranging vaccinations.
- It was important to be aware of potential pressures and the public to act sensibly and not to ignore normal medical issues.

RESOLVED that the presentation and comments made be noted.

77. COMMUNICATIONS AND ENGAGEMENT

Claire Malone, Public Health Communications Lead, gave a communications and engagement update (a copy of the presentation is filed with the signed minutes).

The update included:

- The national messages from the Government and NHS were continuing to be shared along with reminders of the key advice given.
- Also information re-emphasising key messages about vaccination and trying to dispel some of the myths surrounding it.
- Sharing of dashboard information
- Promotion of community testing.

- Proactive and reactive work with the four wraparound groups such as the newsletter for care homes, information for schools and work with LA7 on business pack for hospitality businesses to help them at the end of lockdown.
- Working closely with high risk wraparound group.
- As well as regular briefing working with the regional campaign with LA7. Developing workplace safety campaign.
- Vaccine hesitancy particularly with BAME
- Digital vans working over half term in popular hotspots. Messages were also being carried on buses, bin wagons and fire engines.
- The Community Champions scheme was up and running with over 50 champions having been recruited. Recruitment was still ongoing. 27 had already been trained with the remainder receiving their induction today. They would receive weekly updates. The champions would have a key role in providing advice especially at end of lockdown. The MCS team coordinator was the key contact. Roll out with business to help spread work.
- The Beat COVID NE campaign was still running. Since 22 January 2021 actively advertising on radio, TV and newspapers.
- Diarists were keeping diaries to be published in the press and hub. Keep evaluation going to ensure monitoring awareness.
- Next steps, keep on with national message and refresh town centre signage, continue recruiting community champions.
- Behavioural insights programme continuing with care home, teaching and health & social care staff across 11 Local Authorities. Feedback should be available in the next few weeks.

RESOLVED that the information provided within the presentation be noted.

78. REPORT OF EXECUTIVE DIRECTOR OF ADULT SOCIAL CARE & CHILDREN'S SERVICES

Inspection of Local Authority Children's Services (ILACS)

Members were informed for the findings of this successful Ofsted inspection undertaken between 20-31 January 2020, and progress on the subsequent improvement plan. (Report filed with the signed minutes as Appendix C).

Service Director: Children's Social Care reported that Northumberland Children's Services had been judged as Good in all areas inspected. The following areas for improvement had been identified and the report detailed steps taken since the inspection:-

- The quality of written plans for all children
- The quality of analysis in some assessments of impact on children.
- The quality of the recording of management oversight in supervision records.
- The quality and sensitivity in the way later life letters are written for all children.

RESOLVED that the findings and progress be acknowledged.

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79. HEALTH AND WELLBEING BOARD – FORWARD PLAN

Members were presented with the Health and Wellbeing Board Forward Plan (a copy of which has been filed with the signed minutes as Appendix C).

RESOLVED that the forward plan be noted.

80. DATE OF NEXT MEETING

RESOLVED that the next meeting will be held remotely on Thursday, 11 March 2021 at 10.00 a.m.

CHAIRMAN _____

DATE _____

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