NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Well-being Board** held in County Hall, Morpeth on Thursday, 9 December 2021 at 10.00 a.m.

PRESENT

Councillor B. Flux
(Chair, in the Chair)

BOARD MEMBERS

Boyack, J.	Sanderson, H.G.H.
Lothian, J.	Syers, G.
Mitcheson, R. (substitute)	Thompson, D.
Morgan, E.	Travers, P.
Pattison, W.	Watson, J.
Riley, C (substitute)	

ALSO IN ATTENDANCE

M. Adams	Northumberland CCG
L.M. Bennett	Senior Democratic Service Officer
Dr. R. Hudson	Northumberland CCG
P. Hunter	Senior Service Director
G. O'Neill	Interim Deputy Director of Public Health

28. APOLOGIES FOR ABSENCE

Apologies for absence were received from S. Brown, C. McEvoy-Carr, R. O'Farrell, and P. Mead, Councillors G. Renner-Thompson and E. Simpson.

29. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 14 October 2021, as circulated, be confirmed as a true record and signed by the Chair:

30. COVID (INEQUALITIES) COMMUNITY IMPACT ASSESSMENT

Members received a detailed report and presentation introducing the Covid Inequalities Community Impact Assessment; how it would be developed further; and how the council intended to use that to inform recovery plans. Presentation by Philip Hunter, Interim Senior Service Director.

The Assessment was currently in draft form and would be an ongoing area of work to be refreshed and added to as and when new and more up to date information became available. Members of the Board were encouraged to consider if an inequalities impact assessment of their own area would be helpful to contribute to a richer picture of the issue. It was intended that the analysis would be used to inform policy and decision making as part of the recovery process.

The detailed presentation highlighted the following areas:-

- Inequalities Baseline – Pre Covid. Deprivation was concentrated mainly in the South East of Northumberland but also with pockets elsewhere such as Newbiggin, Berwick upon Tweed and the South West of Northumberland.
- Covid Response and Inequalities; widening of pre-existing inequalities in mental health, education, income and digital divide. Increased food insecurity, domestic abuse, social isolation and loneliness, and alcohol use.
- Vaccine Coverage Inequalities; Despite Northumberland having one of the highest rates of vaccine uptake nationally there was a link between lower take up and more deprived areas.
- Mental Health particularly of children and young people.
- Wider Determinants
    - Economic, Jobs and Income – Indicators showed employment increasing slightly and average weekly earnings rising. However, increases in bills were expected.
    - Poverty – particularly child poverty which remained a challenge. Food referrals were clustered mainly in the most deprived areas in the South East of Northumberland. There were clusters elsewhere. The Citizen's Advice Bureau was experiencing increased demand for its service.
    - Environment – Journey patterns had returned to pre-covid levels except for journeys to the workplace due to home working. There was an increase of residents and visitors visiting parks and open spaces. There was a strong sense of community spirit.
    - Education and Children's Services
    - Community Safety

The following comments and suggestions were received:-

- The definitions of poverty, inequality and deprivation should be clarified in the report along with how they linked to a lower uptake of the vaccination.
- There was a general link to access to and uptake of the vaccine and health care between the more deprived and least deprived areas and there were a number of reasons for that including working conditions making it difficult to take time off and poor health literacy could lead to people not understanding the importance of vaccination or other health care issues.

- With regard to inequalities, there were systematic differences within the county between geographical areas, communities and age groups in how they accessed services.
- Recovery – there was little science behind the recovery from the pandemic and it was necessary to look at the recovery experience from events such as flooding, hurricanes etc. to identify the areas to be best focused on. Community resilience had been identified as a key area to be focused on regarding health and social care and it was important to identify communities which were experiencing inequalities at the moment.
- Inequalities were endemic in communities and not just related to Covid. This work would be used to shape and inform how the Council's activity was prioritised to alleviate poverty and deprivation. A partnership seminar was planned early in 2022 to look at this issue in more detail.
- It was recognised that there needed to be a shared understanding of the ways that Covid had impacted and continued to impact on Northumberland's communities. Provide an evidence base to inform the Council's response to Covid in the short, medium and long term and to recognise the disproportionate impact Covid had had on the most marginalised and vulnerable groups. The next steps would be to build on the data and take it out to communities to ensure that it resonated with their experiences and develop solutions based on their needs.
- It was acknowledged that people with disabilities were disproportionately affected by Covid and continued to be so. This included health inequalities, and access to services but also in terms of loneliness and isolation. There would be engagement with the voluntary sector and its knowledge and intelligence would be welcomed.
- The Food Poverty Working Group was actively working with Northumberland Communities Together to open hubs in the more deprived areas. There were also regular meetings with Dr. Graham Syers from the Northumberland CCG.
- Information and data from CNTW was offered and gratefully accepted. It was hoped to set up a whole systems Inequalities Plan for Northumberland. The proposed summit would hopefully provide a springboard to this plan. It was proposed to have one single inequalities plan for the County.
- The proposed summit was welcomed by Board members.

RESOLVED that

(1) the report and presentation be received and comments made noted.

(2) regular updates on this work be received.

31. POPULATION HEALTH MANAGEMENT – QUARTERLY UPDATE

Members received an update on progress on taking a population health management approach and the link to identifying and addressing inequalities. Presentation by Dr. Robin Hudson, Northumberland CCG.

Key points from the presentation included:-

- The System Transformation Board had identified a number of flagship programmes including; Our Children and Young People, Our Workforce, Our Communities, Our Connectivity and Our Culture. It was important to empower and support local communities to move this agenda forward themselves.
- There had been an opportunity to engage with the OPTUM programme which gave more understanding of the science and method behind population health management. The Health Improvement Group chaired by Dr. Hudson, aimed to keep the conversation going between all the stakeholders in the Local Authority, and health care and the voluntary sector. £1 million had been released to support the population management agenda in 2021/22.
- Workshops had been held to try and bring together the right stakeholders from the community, public health, general practice and CCG and to identify what work was already taking place. It was aimed to also look for gaps where there was unmet need.
- The workforce was essential, and a lot of work had been done with general practice to help them network with their communities. A primary care network in Wansbeck had already identified child proverty as an issue. There had been a lot of support from Public Health.
- The CCG was working closely with the Local Authority and Northumberland Communities Together and had identified ‘Thriving Together’ as a banner. Communities had come together and there was a lot of energy and creativity. CAB had been commissioned for a frontline tool called Frontline which any community group could sign into and start referring people to other groups. There was also a self-referral capacity. Funding was being made available to the voluntary sector and they would be asked to bid for funds with an emphasis on collaborative working and how they would address health inequalities.
- An academy or forum was being considered which would bring together the right stakeholders together to agree on what the problem was by looking at the data and then how to solve the problems with interventions.
- The biggest challenge was culture and how it could be changed to break down those barriers and open lines of communication.

The Chair thanked Dr. Hudson for his presentation.

RESOLVED that the report and presentation be received.

32. UPDATE ON ICS

Members received a presentation and discussed how the Health and Wellbeing Board may link into the ICS Integrated Care Board and local place based Northumberland System Board. Presentation by Mark Adams, Accountable Officer, Northumberland/North Tyneside/North Cumbria/Newcastle/Gateshead CCG.

Key points from the presentation included:-

- A very large Integrated Care System (ICS) was being developed in the area and was expected to come into being in April 2022. It was expected that an Integrated Care Board (ICB) which was a statutory NHS Board would be created along with an Integrated Care Partnership. The ICS would cover North Cumbria, Northumberland and down to Middlesbrough and the Tees Valley. Sir Liam Donaldson had been appointed designate Chair of the ICS. The development of the ICS was now being moved forward quite rapidly.
- Discussions were taking place with Local Authorities' Leaders and Executives along with local and regional scrutiny meetings and joint Management Executive Meetings to develop proposals on the ICS governance and operating model.
- One of the key tasks of the new ICS was to take on board the commissioning functions and responsibilities of the existing CCGs.
- The current CCG Commissioning spend across the whole ICS area was approximately £5.33 billion. Details of how this money was spent was displayed.
- A lot of consideration was being given to how to structure the ICS' ways of working. In general, the ICS would be involved in strategic directions of travel, the strategic priorities and also areas which it was believed would work best across that large footprint.
- It was planned to devolve down to a place based level including monitoring the quality of local health and care services, continuing primary care commissioning and working with community and local government partners.
- Participation would continue in Health and Wellbeing Boards and continue to commission local services as close as possible to local communities. It was planned to continue to build on local strengths to continue to serve the public and patients.
- Development Timeline – the transition to the ICS was taking place October 2021-April 2022, which would be followed by a period of stabilisation between April 2022-June 2022 and then it would begin to evolve from June 2022 onwards.
- Details of the core elements of ICB governance arrangements and the proposed membership were shown.
- The ICB was a unitary Board with responsibility for achieving
    - **Improving outcomes** in population health and healthcare
    - **Tackling inequalities** in outcomes, experience and access
    - **Enhancing productivity** and value for money
    - Supporting boarder **social and economic development**.
- **Integrated Care Partnership**
    - **Ethos** – to have key role in setting tone and culture of system. Operating a collective model of accountability, including to local residents
    - **Requirements** – system partners to determine how the ICP would operate, agree leadership arrangements and functions over and

above its statutory responsibilities. Develop an integrated care strategy for the area.

  - **Membership** – to include all Local Authorities and representatives to draw on a wide range of partners working to improve health and care in the community and include views of patients and the social care sector.

- Arrangements to establish the Integrated Care Partnership Board – including appointment of chair designated, agreement of terms of reference, membership, ways of operating. Also, to develop formal agreement to engage and embed the VCSE and plan to develop the Integrated Care Strategy.
- The draft constitution had been developed and was awaiting approval.
- The Chief Executive designate had been appointed and would take up post in January 2022.

The following comments were made:-

- The guidance indicated one ICP for each ICS. The need or desire for sub meetings was still to be determined.
- More planning about what the local place based system board would look like would probably take place from June 2022 onwards. However, it would be possible to have discussion locally before then within the Systems Transformation Board. Other areas in the ICS were already having these discussions. From next year it would be known what the ask was and so the response could then be formed.
- This needed to be developed in parallel with what the Health & Wellbeing Board required it to be for the people of Northumberland and should not occur in isolation. Consideration of the structure needed to always be brought back to Northumberland and how everything worked together in Northumberland.
- There was a lot of work going on behind the scenes and there was a heavy reliance on the work of staff and trying not to lose momentum while this new organisation came into being. It was noted that on 1 April 2022, the CCG staff would still be there and predominantly doing the same work as they were now. Priorities would be driven from place upwards rather than from the organisation downwards.

Members welcomed the report and requested that regular updates be provided to the Board.

The Chair thanked Mr. Adams for his presentation.

RESOLVED that

(1) the presentation be received.

(2) further updates be provided.

33. UPDATE ON THE EPIDEMIOLOGY OF COVID 19 AND ON THE NORTHUMBERLAND COVID 19 OUTBREAK PREVENTION AND CONTROL PLAN, AND VACCINATION PROGRAMME

Members received updates on the epidemiology of COVID 19 and the Northumberland COVID 19 Outbreak Prevention and Control Plan and COVID Deaths and vaccination programme in Northumberland. (Presentation filed with the signed minutes).

Gill O'Neill, Interim Deputy Director of Public Health gave a presentation to the Board and key points included:-

- Seven day rolling rate for England was currently 469 per 100,000 and this was expected to increase as the Omicron variant took over. Hopefully, measures being put in place would start to slow this increase.
- The South East and South West of England were showing the greatest increases and the North East tracking at the lower end at 388 per 100,000.
- The County Council's dashboard was showing the latest figures for Northumberland 378 per 100,000. Rates had been declining but there was now a slight increase. Within Northumberland's wards, Prudhoe and Cramlington had the highest rates and Ponteland with the lowest rates.
- Graph showing seven day average of cases in Northumberland from July 2020 and projected into January 2022. The graph reflected the changes following removal of restrictions.
- Graph showing data broken down into age bands - over 75s cases remained low and the highest rates were in the under 25s, mainly in primary school age children.
- There was a good rate of testing and good offers and opportunities for testing in Northumberland. Approximately 50% went to testing sites to pick up their PCR kits.
- For asymptomatic testing there was a national testing programme for care homes and some supported accommodation. In the community test kits could be collected from pharmacies or ordered online. A national testing strategy was awaited along with details of funding after the winter period.
- Northumberland's Local Tracing Partnership was part of the Local 4 scheme and carried out tracing within the most disadvantaged postcodes within Northumberland. Details of national strategy and funding after March 2022 were awaited.
- Omicron (Variant of Concern) - All viruses mutated regularly and were classed as, of concern, if there was evidence of a change that could lead to causing more harm such as an increase in transmissibility or severity of illness. The Government had announced that Plan B was coming into place and new temporary restrictions.
- As of 7 December, 2021 there were over 400 confirmed cases of Omicron in England. UKHSA was managing any confirmed or highly probable cases with a local Incident Management Team. Confirmed cases were being asked to self-isolate. Contacts were being asked to also self-isolate irrespective of their age or vaccination status.

- The Health Protection Board should be maintained, and the Outbreak Management Plan updated.
- Key messages to the public remained guidance to be cautious, be considerable and be kind.

Liz Morgan, Executive Director of Public Health and Community Services added the most up to date information:-

- A large number of changes had been announced yesterday
- It was becoming very apparent that Omicron was now outcompeting the Delta variant and there was an increase in transmissibility and immune evasion.
- There were now 568 confirmed cases in England which was 131 up on the previous day. However, it was known that the real number of infections was likely to be the thousands. Cases were doubling every two to three days and the potential pressure on the NHS could become unsustainable very quickly.
- The booster jab was very important and provided much higher protection against severe disease and transmission than just having the first two doses. The newly announced prevention measures were needed to slow down transmission and allow time for more to receive the booster and so have the boosted immunity.
- The newly announced changes were highlighted and included the requirement to wear facemasks in certain indoor settings, to work from home where possible and the introduction of Covid passports for entry to certain settings.

The following comments were made:-

- A note of caution was sounded regarding the vaccination figures and it was stressed that some figures only included the eligible population rather than the whole population. Therefore, only 67% of the whole population was vaccinated. There was still a significant number who had not been vaccinated. In Northumberland, the unvaccinated population of over 12s with no first dose was 32,000 and in over 18s, 22,000.
- All housebound residents were able to be vaccinated at home.
- The updated guidance for England had not yet been received about how the need for covid passports would be managed.
- Regarding the availability of booster jabs to the 18-40s, a lot of changes were needed to systems including the national booking system to allow this to happen along with logistical planning. Numbers now entitled to a booster jab was approximately 130,000 in Northumberland.

Rachel Mitcheson, Northumberland CCG, provided a presentation on the current vaccination programme and included the following:-

- 99.8 million doses had been administered in England since the start of the vaccination programme and 635,000 in Northumberland. The bulk of

these vaccinations had been delivered by primary care and this was additional work for practices.

- The vaccination performance in Northumberland for 12+ was the highest in England for first and second doses and top ten for the booster. 89.1% had received the first dose, 82.9% the second dose and 43.5 the booster dose.
- By age band, 10.4% more of Northumberland's under 50s had received two doses than the national average, compared to 5% more over 50s.
- The vaccination programme in children and young people had begun in September 2021 along and there had been a high uptake in these cohorts compared to the national average. The most recent guidance had added second doses for 12-17 year olds. Plans for early 2022 included using a hybrid approach to use in school clinics along with wider access to the national booking service for some PCNs and pharmacy sites.
- The booster programme was using Pfizer and Moderna vaccine and should be delivered no sooner than six months after the second primary dose. It could be administered alongside the flu vaccine. A third primary dose was being offered to severely immunosuppressed patients at eight weeks post second dose. 128,257, third and booster doses had been delivered in Northumberland.
- The programme was at its most complex point dealing with a combination of different priority cohorts, dosing intervals and points of delivery. It had also just been expanded in response to the emerging Omicron variant.
- This model was very nationally controlled with a lot of responsibility for the local delivery. There could be a disconnect between what was offered nationally to when it could be delivered locally, and slots opened up on the national booking site. If a GP practice was not on the national booking system, the slots could only be opened up when they were able to offer the appoiintments and dependent on vaccine supply.

RESOLVED that the two presentations be received.

34. HEALTH AND WELLBEING BOARD FORWARD PLAN

RESOLVED that the forward plan be noted.

35. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 13 January 2022, at 10.00 a.m. in County Hall, Morpeth.

CHAIR ________________________

DATE ________________________