

NORTHUMBERLAND COUNTY COUNCIL
HEALTH AND WELLBEING BOARD

At the meeting of the **Health and Wellbeing Board** held in Committee Room 1, County Hall, Morpeth on Thursday, 10 October 2019 at 10.00 a.m.

PRESENT

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

BOARD MEMBERS

Brown, S.	Morgan, E.
Dickinson, S.	O'Neil, S. (substitute member)
Dunn, P. (substitute member)	Reiter, G. (substitute member)
Homer, C.R.	Thompson, D.
Jones, V.	Wardlaw, C.
Lothian, J.	Warrington, J. (substitute member)

ALSO IN ATTENDANCE

Bennett, L.M.	Senior Democratic Services Officer
Freake, D.	Director of Integration, Northumbria Healthcare NHFT
Hartwell, A.	Senior Manager – Safeguarding and Education Performance
Illingworth, D.	Children's Improvement and Development Manager
Johnston, N.	Project Manager
Pickering, R.	Senior SEND Manager
Todd, A.	Democratic Services Officer

One member of the press was also in attendance.

19. APOLOGIES FOR ABSENCE

Apologies for absence were received from N. Bradley, C. Briggs, Councillor W. Daley, R. Firth, Councillor P.A. Jackson, J. Mackey, P. Mead, C. McEvoy-Carr, T. Docking and G. Syers.

20. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on Thursday, 12 September 2019, as circulated, be confirmed and signed by the Chairman.

21. ITEMS FOR DISCUSSION

21.1 REPORT OF THE DIRECTOR OF INTEGRATION NHCFT TO THE HEALTH AND WELL BEING BOARD

Local System Review Phase 2 progress report

The report presented by D. Freake and N. Johnston detailed the progress made on the Local System Review project, following the report to Health and Wellbeing Board in March 2019 outlining the findings of phase 1 and making recommendations for phase 2. (Report and a copy of the powerpoint presentation slides have been filed with the signed minutes as Appendix A).

It was reported that following on from phase 1 recommendations an action plan had been drawn up which addressed each area. Each recommendation area within the action plan formed its own work stream and a dedicated lead officer and clearly identified timescales had been established.

It was reported that Phase 2 of the LSR project was progressing largely as planned with work ongoing in each of the work streams. It was advised that the System Transformation Board had oversight of many of the generic issues (i.e. not specific to older people) although the LSR project group would continue to monitor progress on behalf of the Board.

It was agreed that although the new primary care networks would have a critical role in providing a structure and funding for services to be developed locally they would not be the only mechanism in place to improve user experience, create more workforce planning and achieve a more effective use of resources.

It was noted that further recommendations were likely to emerge from both the System Transformation Board workshop taking place in October and the SOIR workshop scheduled for November. This will include consideration of best governance arrangements to take forward work for older people specifically within the broader work of the System Transformation Board.

It was suggested that a further report to Health and Wellbeing Board be scheduled for 6 months' time.

RESOLVED that:-

- (a) progress made by the project be noted.
- (b) a further progress report be considered by the Health and Wellbeing Board in 6 months' time.

21.2 REPORTS OF THE EXECUTIVE DIRECTOR OF ADULTS SOCIAL CARE AND CHILDREN'S SERVICES

(A) Joint Strategic Needs Assessment for Special Educational Needs and Disability (SEND JSNA)

A. Hartwell, Senior Manager – Safeguarding and Education Performance introduced the report which advised the Health and Wellbeing Board of the SEND JSNA relating to those aged 0 to 25 Years, and how it would inform the partnership's strategy and commissioning for that group of children and young people. (Report filed with the signed minutes as Appendix B).

Members were advised that since the first SEND JSNA in January 2018 this second version included:-

- An interactive web-based tool (Tableau) that enabled officers to view the data on a geographical and age basis, and create forecasts of need based on long term trend data.
- Data on those involved with: adults and children's social work and early help services, universal and specialist health services, and housing, (as well as the data previously available from the education service).
- Included more detail on which localities those children and young people lived in, what forms of provision were supporting them and where they were travelling to, whether that be within the county or outside its boundaries.
- A set of key messages informing what the data meant in relation to the refreshed SEN Strategy which would be used to inform future commissioning.

Discussion took place regarding housing and supported living accommodation. Members were advised that Northumberland County Council did have in place their Extra Care and Supporting Housing Strategy. The Strategy did contain valuable information and a vast amount of work had taken place to create the document. It was suggested that the Strategy should feed into the SEND JSNA and acknowledgement of this be included with the report going forward.

With regard to the Tableau software a question was raised as to whether the tool could be used in other health services and care settings to help plot data and create forecasts to further drive efficiencies for service users and the services themselves. It was confirmed that there were quite a few different intelligence software packages available that could produce similar data. The CCG did have health intelligence officers and it was envisaged that collectively, the CCG, Trust and LA would be able to link in more data available across all organisations to create a comprehensive data picture of the subject matter being considered.

A query was raised regarding those young adults without a formal SEND diagnosis but with a SEND need and how they would be identified as requiring a physical health check. It was agreed that this would be discussed outside the meeting.

In response to a query, it was noted that the rise in EHCP's seen within the county was probably due to the Council taking a proactive approach when reorganising SEND services as they had written to parents to offer impartial information, advice and support and helped those who needed to be assigned an EHCP.

In response to comments made regarding seeking views from parents/carers and the children and young people affected. It was reported that EHCPs were created in partnership with parents/cares and an annual review was completed. A survey had also been carried out about eighteen months ago to seek views on SEND but the response rate had not been good enough to pull any meaningful data from. However, it was agreed that further work could still be carried out to ensure a wider response was received and more young people could have the opportunity to contribute their views to help improve the services they received.

It was noted that the next steps for the SEND JSNA were to use pseudo anonymised health data, once the relevant data sharing agreement had been authorised, so that patients who had SEND could be identified and the associated service use data linked to the other population health data for this group. It was advised that this would support Northumberland's joint commissioning.

RESOLVED that:-

- 1) board members disseminate the contents of the report within their organisations.
- 2) findings from the SEND JSNA are considered and where appropriate, acted upon, by those with responsibility for delivering the SEND Strategy and the commissioning decisions arising from it.

(B) Northumberland Health and Wellbeing Board Response to the Government Prevention Green Paper

E. Morgan, Director of Public Health introduced the report which sought the views of the Health and Wellbeing Board on the Government's Green Paper "Advancing our health: prevention in the 2020s" and to agree the Board's response. (Report filed with the signed minutes as Appendix C).

Members were advised that the Green Paper outlined the Government's commitment to put prevention at the heart of decision-making across departments, contributing to achieving the aspiration for 5 extra years of healthy, independent life by 2035. The Paper set out its intentions across a wide range of health areas. It also asked some specific questions, some of which related to the impact of current health, social care and wider policies and legislation on health; and what could be done to support the NHS and Local Authorities to work better together. On behalf of the Health and Wellbeing Board a draft response to those questions had been attached to the report as Appendix 1.

It was reported that the deadline for responses was 14 October 2019 and all partners were encouraged to respond as individual organisations.

RESOLVED that:-

- 1) the draft response as set out in Appendix 1 be considered and agreed;
- 2), the response to the consultation as detailed in Appendix 1 be submitted by the Director of Public Health on behalf of the Board.

22. HEALTH AND WELLBEING BOARD – FORWARD PLAN

Ch.'s Initials.....

E. Morgan, Director of Public Health presented the Health and Wellbeing Board Forward Plan (a copy of which has been filed with the signed minutes as Appendix D).

It was suggested the following items be included within the Forward Plan:-

- Fluoridation update (December 2019 meeting)
- Urgent and Emergency Care Planning (December 2019 meeting)

RESOLVED that the Forward Plan and comments made, be noted.

CHAIRMAN _____

DATE _____