

## NORTHUMBERLAND COUNTY COUNCIL

### HEALTH AND WELL-BEING BOARD

At the meeting of the **Health and Well-being Board** held at Meeting Space, Block 1, Floor 2, County Hall on Thursday, 12 May 2022 at 10.00 am.

#### PRESENT

Graham Syers  
(Vice-Chair in the Chair)

#### MEMBERS

Boyack, J.	Sanderson, H.G.H.
Brown, S.	Wardlaw, C.
Lothian, J.	Watson, J.
Morgan, E.	

#### IN ATTENDANCE

L.M. Bennett	Senior Democratic Service Officer
A. Everden	Public Health Team Pharmacy Advisor

#### 60 MEMBERSHIP AND TERMS OF REFERENCE

It was noted that the Council meeting on 4 May 2022 had agreed that Councillor Paul Ezhilchelvan be elected Chair of the Health & Wellbeing Board. The terms of reference had also been revised to include a representative from the Harrogate & District NHS Foundation Trust.

The revised membership and terms of reference were noted.

#### 61 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors P. Ezhilchelvan, W. Pattison, G. Renner-Thompson, E. Simpson, and N. Bradley, R. O'Farrell, P. Mead, G. Reiter, and P. Travers.

#### 62 MINUTES

**RESOLVED** that the minutes of the meeting of the Health and Wellbeing Board held on 10 March 2022, as circulated, be confirmed as a true record and signed by the Chair with the following addition:

#### **Child Death Overview Panel Annual Report**

It was noted that the report attributed the number of deaths to the place of death

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rather than the place of parental residency and that this could skew the data. Siobhan Brown agreed to pick this up.

## 63 **LIVING WITH COVID**

Members received a verbal update from Liz Morgan, Interim Executive Director for Public Health and Community Services.

Liz Morgan highlighted the following key areas:-

- The ONS Survey provided retrospective weekly data. For the week ending 30 April 2022, the prevalence was estimated to be 1:25 from a figure of 1:35 previously. This equated to a drop from 2.4 million cases to 1.5 million. These were still high numbers, however.
- The case numbers in the North East were higher than in other regions at 1:30.
- Prevalence in primary school age children was 1:66 and 1:29 in the over 70s. These were improving figures and reflected in other areas.
- Patients being admitted to hospital who also had Covid were also reducing along with the number of staff absences.
- There was still some pressure on schools due to staffing shortages.

The following comments were made:-

- The vaccination programme had been hugely successful, however, the uptake of the spring booster vaccination was not as high as would be liked. There were regional variations in vaccine supplies and the regional vaccination centre was working hard to ensure that supplies got to the right places at the right time. It was planned to focus on care home residents as a priority.
- There was confusion amongst the public and parents who had been contacted by the NHS to say that they were eligible for a booster but were waiting to hear from their GPs. This was a cause of poor take-up of the vaccine. The issue of the lack of supply had been escalated. It was stressed that there was no connection between the NHS letter and the delivery of the vaccine and this was difficult to explain to the public.

**RESOLVED** that the verbal update be received.

## 64 **PHARMACEUTICAL NEEDS ASSESSMENT UPDATE**

Members received the draft Pharmacy Needs Assessment (PNA) prior to it going out to formal consultation. The report was presented by Anne Everden, Public Health Team Pharmacy Advisor.

Anne Everden made the following key points:-

- The Steering Committee was thanked for its help and support in producing the draft report.
- Healthwatch had assisted by carrying out a consultation in the areas where pharmacies had closed, such as Alnwick, Hexham and Bedlington Station. Healthwatch's findings would be fed into the final document

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- Issues had been raised in Alnwick where a pharmacy did not have a pharmacist available during the lunch hour. This led to problems for patients who may be restricted by bus times or their own working hours.
- The public consultation would begin on Monday, 16 May 2022 and run for 60 days. The results of the public consultation would be reported on and it was intended that the final report would be submitted to the September meeting of the Health & Wellbeing Board. The PNA must be finally signed off by the end of September 2022.
- One potentially contentious area was the that an additional pharmacy in Cramlington was not being supported. In order for provision of an additional pharmacy to be agreed, there needed to have been an additional 10,000 built and this was not the case in Cramlington. NHS England would not support such a request and would consider that there was already a sufficient service during working hours and an additional pharmacy would lead to over supply.

The following comments were made:-

- Healthwatch had received 267 responses to its survey which was encouraging and sufficiently broad to make its conclusions worthwhile.
- The Steering Group had considered the increasing range of services offered by pharmacies but its principle focus was to deliver the PNA within the required timeframe. It had recognised that future work should be done on a communications exercise about the range of services available from community pharmacies and to encourage the public to use them to relieve pressure on GPs and Emergency Departments. It was hoped that this work could be carried out and input from the Local Pharmaceutical Committee would be welcomed.
- The merger of two pharmacies in Alnwick had been agreed on the basis that a good service would be retained in the town and that there should always be two pharmacists on site. If this was not the case, then it would have to be considered again by the Committee.
- In general, patient expectations were difficult to manage, and it was important that comms were improved to get it across to patients particularly in rural areas, that there may not always be a pharmacist on duty.
- Some pharmacies were open 100 hours per week and these were located in Hexham, Berwick, Blyth, Ashington and Cramlington. Those located within supermarkets could only be available for six hours on a Sunday and so opened early on other days to make up the time. Two of Northumberland's 100hr pharmacies were not located in supermarkets and remained open until 8 pm.
  - There was a shortage of pharmacists in community pharmacies as many chose to work within GP surgeries.
  - It was suggested that Northumberland County Council liaise with the Local Pharmaceutical Committee to produce information to send out to the public.

**RESOLVED** that

- (1) the draft plan be approved for progression to formal consultation
- (2) comms be produced in liaison with the Local Pharmaceutical Committee

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regarding pharmacy opening arrangements and pharmacist availability.

## 65 NORTHUMBERLAND ORAL HEALTH STRATEGY UPDATE

Members received a report updating them on progress against the Northumberland Oral Health Strategy 2019-22 and considered an extension to the strategy period. Liz Morgan, Interim Executive Director for Public Health and Community Services, presented the report.

The Strategy and Action Plan for 2019-22 outlined key priority areas for action for improving oral health and reducing inequalities, following a comprehensive oral health needs assessment in 2017. The Health & Wellbeing Board in March 2019 had agreed fourteen recommendations and areas for action under four priority themes.

- Giving every child the best start in life and best opportunities for oral health.
- Improving the oral health of old people.
- Service development and commissioning.
- Partnership working.

Activity on the Action Plan had been delayed by the COVID-19 pandemic, but the Strategy Group had met in 2020 and prioritised what could be delivered within the various frameworks of restrictions. Achievements included the ongoing distribution of toothbrushes and toothpaste to those in need, improved training and use of remote meetings allowing attendance by dental colleagues without them having to leave their practices.

The proposals in the Health and Care Bill included a move in the responsibility for initiating and varying schemes for fluoridation from Local Authorities to the Secretary of State. Northumberland was keen to be at the forefront of any early discussions about fluoridation

It was hoped to extend the strategy until 2025.

A number of comments were made:-

- It had been reported that toothbrushes and toothpaste were a luxury for some families, and it was suggested that supplies of these be sent to foodbanks if this was not already being done.
- Although the Secretary of State would have responsibility for any variation to the fluoridation scheme, the County Council would still have to support a consultation process. The consultation process would be restricted to those who would be affected by any variation.
- Healthwatch was aware that dentistry and oral health was a very significant issue, particularly regarding inequalities and access to dentists. There were issues with the contract, the contract contents and how much dentists were being paid. It may be that there would be a shift in responsibility for dental care within the ICS development.
- The Administration supported fluoridation as part of its key theme of addressing inequalities

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**RESOLVED** that

- (1) the report be received.
- (2) the impact on dental and oral health action and delivery caused by the COVID-19 pandemic be acknowledged.
- (3) the extension to the strategy period from 2022/25 be approved

**66 POPULATION HEALTH MANAGEMENT - QUARTERLY UPDATE**

Members received an overview of the progress to date to address health inequalities in Northumberland and to set out intentions for 2022/23. Presentation by Siobhan Brown, Northumberland CCG.

The presentation raised the following key areas:-

- This area needed to be considered when looking at the future work of the Health & Wellbeing Board, the development of Integrated Care Systems and the Inequalities agenda. Population Health Management strongly related to people and communities.
- Key questions included
- What communities could do for themselves?
- What communities needed help with?
- What communities needed outside agencies to do for them?
- Details of a case study were provided about an individual with multiple issues including mental health and social factors and the interventions to identify and address these issues thereby preventing them from becoming irreversible.
- The involvement of the voluntary sector was very important and better ways to work with the sector should be sought.
- The whole of health care needed to embrace different ways of working. There were seven Primary Care Networks based around communities. Each had analysed data and spoken to local people to learn what mattered for that community and had chosen topics such as best start in life, self harm, admissions to emergency settings which were avoidable etc. Funding had been provided to enable these areas to be looked at.
- It was important to translate all of the talk about inequalities into action to ensure that an impact was made.
- Section 256 arrangement was in place between the CCG and the County Council to facilitate the funding of work needed around inequalities. The aim now was to get out in the community, find out what mattered to them and then to make it happen.
- Work was already underway involving a number of organisations and it was clear to see the seeds of strong action in place.

The report and presentation were welcomed by Members and a number of comments were made:-

- This work was much appreciated by the voluntary sector along with the proposal to work closely with the sector. The voluntary sector was well placed to help identify the needs of the local community and how best to

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respond to them.

- It was important to ensure that the work done was complementary and not duplicating work done by other organisations.
- It should be recognised how much external funding was brought into the system by the voluntary sector and could be used for low level support work within communities.
- It was hoped that the Integrated Care Board would already have allocated funding for the inequalities agenda

**RESOLVED** that the report be received.

67 **HEALTH AND WELLBEING BOARD – FORWARD PLAN**

Members received the latest version of the Forward Plan. It was reported that the Chair and Vice-Chair would discuss the revision of the current Terms of Reference and consider the membership and how this enabled the Health & Wellbeing Board to function.

**RESOLVED** that the Forward Plan be noted

68 **DATE OF NEXT MEETING**

The next meeting will be held on Thursday, 9 June 2022, at 10.00 a.m. in County Hall, Morpeth.

**CHAIR**.....

**DATE**.....

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