

## **NORTHUMBERLAND COUNTY COUNCIL**

### **HEALTH AND WELL-BEING BOARD**

At the meeting of the **Health and Well-being Board** held at Council Chamber, County Hall, Morpeth on Thursday, 8 September 2022 at 10.00 am.

#### **PRESENT**

P Ezhilchelvan (Chair) (in the Chair)

#### **MEMBERS**

E Anderson (Substitute)  
A Blair  
J Lothian  
G O'Neill (Substitute)  
G Reiter  
E Simpson  
M Taylor

M Bailey  
N Bradley  
R Mitcheson  
W Pattison  
G Sanderson  
G Syers  
J Watson

#### **OFFICERS**

L M Bennett  
A Everden  
P Lee  
D Nugent

Senior Democratic Services Officer  
Public Health Team Pharmacy Advisor  
Public Health Consultant  
Healthwatch Northumberland

#### **84 APOLOGIES FOR ABSENCE**

Apologies for absence were received from S. Lamb, P. Mead, L. Morgan, D. Thompson and Councillor G. Renner-Thompson.

#### **85 MINUTES**

**RESOLVED** that the minutes of the meeting of the Health and Wellbeing Board held on 11 August 2022, as circulated, be confirmed as a true record and signed by the Chair.

#### **86 NORTHUMBERLAND INEQUALITIES PLAN 2022-23**

Members received the draft Northumberland Inequalities Plan 2022-32 and considered the proposals for system development and enablers, focused areas of action and short, medium and long-term indicators of progress.

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

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- The journey towards the development of the plan, including the Inequalities Summit in March 2022 and the 12 locality events during June-July 2022.
- The Inequalities Summit and discussions which took place facilitated by Prof. Chris Bentley and the keynote speaker Cormac Russell. Delegates from across the system sharing examples of best practice.
- Key messages and priorities from the Summit
  - Improve our data and insights sharing
  - Upscale community centred approaches as our core delivery model
  - Align our organisations and resources (not just about funding.)
  - Look at everything through an inequalities lens
- Three questions from Cormac Russell asking what communities do best, what help do they require and what do communities need outside agencies do for them?
- Twelve Locality Conversations including understanding inequalities to be: inclusion groups, socio-economic factors, geographical areas as well as protected characteristics.
- Over 400 stakeholders were involved covering many areas including parish councils, fire & rescue, general practice, housing, VCSE, faith sector and volunteers.
- Information had been collated and analysed to inform the plan and the next steps. Each locality would have a newsletter. A webinar of the event was created as a knowledge resource. There was overwhelmingly positive feedback although it was noted that it would be building on existing good practice.
- Northumberland Community Centred Approach to closing the inequalities gap would be based around five principles
  - Looking at everything through an inequalities lens.
  - Voice of residents and better data sharing.
  - Communities' strengths are considered first.
  - Enhancing our services to ensure equity in access to opportunity.
  - Maximising our civic statutory level responsibilities
- Detailed lists of challenges, key statistics, approach, actions, inputs, outputs & outcomes 2022-32 and indicators to measure success were provided.
- All partners were requested to
- take the plan into their own organisations and refresh their internal plans to incorporate the five themes of a three-year action plan.
- Present to the Health & Wellbeing Board on an annual basis their continued commitment to the inequalities plan
- Actively participate in the overview and scrutiny process on an annual basis to demonstrate progress against the inequalities plan.

Members welcomed the report and a number of comments were made:-

- It was noted that further references to the involvement of the VCSE sector should be made in the report and this would be discussed outside the meeting.
- It was planned to widen the membership of the Health & Wellbeing Board to include other organisations that were not necessarily health care related – eg business / private sector.
- It was important the Board Members and their respective organisations

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- committed to the Inequalities Plan.
- It was hoped that life expectancy of Northumberland residents would increase as a result of the Inequalities Plan.
- How would this work be followed up and built on to ensure there was meaningful activity for General Practice and community pharmacies? The Public Health Team would be happy to work alongside practice to ensure the plan's actions were real and tangible.
- There would be different starting points for communities as they all had differing needs. Neighbourhood communities would be built on over the next few years.

## **RESOLVED**

- (1) the proposals for the shorter term supporting and enabling actions be agreed.
- (2) The proposed short, medium and long term indicators be agreed.
- (3) The levels of ambition and Board members' contribution to the plan be agreed.
- (4) The mechanism to continue to the next stage and development the long term plan be agreed
- (5) Board partners will present the plan at a strategic level within their own organisation for endorsement and agreement on their contribution,

## **87 PHARMACEUTICAL NEEDS ASSESSMENT (PNA) CONSULTATION REPORT**

Members received an update on the consultation process and were asked to approve the final Pharmacy Needs Assessment (PNA) which had been updated as a result of comments received during the consultation.

Anne Everden, Public Health Pharmacy Adviser, updated Members as follows:-

- A formal consultation process had taken place with 12 written responses being received. Healthwatch had carried out a public engagement exercise which attracted 665 responses, providing a good overview of what the public's views were.
- Healthwatch had concentrated its efforts in areas where there had been a decrease in the number of pharmacies, for example, Alnwick, Hexham, Morpeth, and Blyth. Responses had been received from all over Northumberland.
- Concerns expressed by the public were busier pharmacies, longer queues, shortage of medicines, inconvenient opening hours.
- An issue had been identified at Alnwick, where there was no pharmacist on duty over the lunchtime period which caused issues for rural communities which were dependent on bus services to come to the town. This issue had been investigated further and Senior Managers at Boots had now agreed to recruit more pharmacists to prevent this issue happening again.
- Following the responses to the official consultation, several factual

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inaccuracies in the draft had been corrected. Every comment made had been taken into account

The following comments were made:-

- There was concern about the use of online pharmacies which could undermine local pharmacies. There was the added risk to patients who would not be able to seek advice on taking their medicines and also not be able to get their prescriptions quickly.
- It appeared that, despite the pandemic, there had not been a general move towards use of online pharmacies and that people valued their local pharmacies. There were still many pressures on community pharmacies and it was expected that there would be closures in the future. Consolidations of pharmacy services had to come to the Health & Wellbeing Board to be approved. If a pharmacy went out of business, the Health & Wellbeing Board could declare a gap in service and be reviewed on how to resolve.
- There was an issue with some Tesco stores closing their pharmacies on a temporary basis. This could cause a problem in some rural areas where there was a need for this out of hours service – to keep an eye on the situation.
- The PNA must be a living document and work was already under way to address the needs of the change to the GP contract which required them to provide services over a longer period.

**RESOLVED** that the updated Northumberland Pharmacy Needs Assessment be approved.

## 88 FAMILY HUB DEVELOPMENT

Members received an update in relation to DfE funding for Family Hub developments in Northumberland.

Graham Reiter, Service Director Children's Social Care and Interim DCS, updated Members as follows:-

- There was a clear link with the Inequalities Plan
- The development of Family Hubs arose from the national Best Start in Life initiative. Northumberland benefited from a strong early help offer which had been developed over the years and was based around existing children's centres. This work had been going on for some time and provided a strong basis to develop a partnership with the Family Hub offer.
- Significant funding had been obtained for the next three years to support and enhance the development of the Family Hubs.
- Developments were being based around the existing Children's Centres and were integrating partnership working across the county. Co-locating partner agencies in existing children's centres and where these estates did not exist, virtual, coordinated and co-location links being made to enable a comprehensive offer over the county to develop partnerships in a consistent way.
- It was aimed to identify needs as early as possible and provide whatever

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support was needed and to prevent escalating to statutory or higher level services unnecessarily.

- There was a need to sign up promptly. Strategic governance would be through the Director of Public Health supported by the Director of Children's Services. Agreement from political leaders had already been sought and agreed.
- Other activities included integrating adults and children's safeguarding partnership work, and children and young people strategic partnership work, and trying to map governance arrangements to avoid duplication.
- Family Hubs would be overseen by the Children and Young Peoples' Partnership with a formal link into the Health & Wellbeing Board.
- There had to be evidence of how services were being enhanced and not just replacing services that already existed and show impact and improvement.

## **RESOLVED**

- (1) to proceed with the funding for the Family Hub offer.
- (2) the development of the governance and wider processes to underpin this be supported.

## **89 HEALTHWATCH ANNUAL REPORT 2021-22**

Members received the Healthwatch Annual Report 2021-22 and a presentation from Derry Nugent, Project Co-ordinator of Healthwatch.

- All Local Authorities were required to have a Healthwatch function and Northumberland County Council was very committed to the Healthwatch function.
- Although the focus was always Northumberland, Healthwatch would also work with friends and partnership outside the county.
- The focus of Healthwatch's work had been 'championing what matters to you', with you being someone who lived and worked in Northumberland. Healthwatch actively listened to patients and service users, checked what they had said, and then reported onwards.
- It was necessary for services to take a step back and look at the bigger picture. Healthwatch had been able to bring the public's experiences to services and trying to create empathy by providing a deeper understanding than by using data alone. For example, the data showed that there was a pharmacy in Alnwick but did not show that it was not open at lunch time and so was not convenient for the user.
- Change took time and this was one of the biggest challenges for Healthwatch. It hoped to be able to influence the decision makers partnerships and other bodies.
- Healthwatch would always pass on the information and feedback.
- In the last year Healthwatch had looked at a number of areas including end of life, impact of Covid on health inequalities, dental services, the new Integrated Care System, primary care and people being cared for at home.
- A list of outcomes of each project were listed.
- Forthcoming work included:-
  - Reports were due to be published in autumn 2022 on family

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experiences to autism and mental health services and experiences of people with sight loss.

- There would be no annual survey but instead Healthwatch would do more focus group work aimed at hearing from people who were 'less often heard'.
- Discussion of new ways of delivering social care and outpatient services.
- The Annual General Meeting would be held on 19 October 2022 at Northumberland College. All Members of the Health & Wellbeing Board had been invited to attend. Keynote speakers would be Rachel Mitcheson and Neil Bradley. In addition, students from the college who were studying health and social care would attend and be explaining why they had made a positive choice to pursue this career.

The Chair thanked Derry Nugent for the interesting and informative report and presentation.

**RESOLVED** that the report and presentation be received.

## 90 **HEALTH AND WELLBEING BOARD – FORWARD PLAN**

Gill O'Neill, Interim Deputy Director of Public Health, referred to the Board Development session where the strategy was reviewed and identification of Executive Sponsors for each of the four thematic groups was underway as well as the Member sponsors. This would be reported on at the October meeting along with how all four themes would be brought into the Forward Plan.

**RESOLVED** that the Forward Plan be noted with the addition of the above item.

## 91 **URGENT BUSINESS**

The Chair reported that he had been made aware of the following two items and agreed that they be raised as items of urgent business.

### **Membership and Vice-Chair of the Health & Wellbeing Board**

The Chair reported that following the feedback from the Development Session it was suggested that the membership of the Health & Wellbeing Board be broadened to include a representative of both Northumbria Police and the Fire & Rescue Service.

The Vice-Chair of the Health & Wellbeing Board was required to be the Clinical Chair of the CCG. However, this post no longer existed following the recent restructuring. In order to maintain stability, it was proposed that Dr. Graham Syers remain as Vice-Chair for the foreseeable future as a Northumberland clinical leader.

**RESOLVED**

- (1) that Northumbria Police and the Fire & Rescue Service be invited to each

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send a representative to join the Health & Wellbeing Board.

- (2) Dr. Graham Syers remain as Vice-Chair of the Health & Wellbeing Board until further notice.

92 **DATE OF NEXT MEETING**

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

**CHAIR.....**

**DATE.....**

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