

# Public Document Pack



## Northumberland County Council

**Your ref:**

**Our ref:**

**Enquiries to:** Lesley Bennett

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**Tel direct:** 01670 622613

**Date:** 29 November 2022

Dear Sir or Madam,

Your attendance is requested at a meeting of the **HEALTH AND WELL-BEING BOARD** to be held in **COUNCIL CHAMBER, COUNTY HALL, MORPETH** on **THURSDAY, 8 DECEMBER 2022** at **10.00 AM**.

Yours faithfully

Rick O'Farrell  
Interim Chief Executive

**To Health and Well-being Board members as follows:-**

**G Binning, J Boyack, N Bradley, C Briggs, J Daniel, P Ezhilchelvan (Chair), S Lamb, J Mackey, P Mead, R Mitcheson, L Morgan, R O'Farrell, W Pattison, G Reiter, G Renner-Thompson, G Sanderson, E Simpson, G Syers (Vice-Chair), M Taylor, D Thompson, P Travers, C Wardlaw, J Watson and C Wheatley**



**Rick O'Farrell, Interim Chief Executive**  
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# AGENDA

## PART I

It is expected that the matters included in this part of the agenda will be dealt with in public.

### 1. APOLOGIES FOR ABSENCE

### 2. MINUTES

(Pages 1  
- 10)

Minutes of the meeting of the Health and Wellbeing Board held on Thursday, 10 November 2022 as circulated, to be confirmed as a true record and signed by the Chair.

### 3. DISCLOSURES OF INTEREST

Unless already entered in the Council's Register of Members' interests, members are required where a matter arises at a meeting;

- a. Which directly relates to Disclosable Pecuniary Interest ('DPI') as set out in Appendix B, Table 1 of the Code of Conduct, to disclose the interest, not participate in any discussion or vote and not to remain in room. Where members have a DPI or if the matter concerns an executive function and is being considered by a Cabinet Member with a DPI they must notify the Monitoring Officer and arrange for somebody else to deal with the matter.
- b. Which directly relates to the financial interest or well being of a Other Registrable Interest as set out in Appendix B, Table 2 of the Code of Conduct to disclose the interest and only speak on the matter if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain the room.
- c. Which directly relates to their financial interest or well-being (and is not DPI) or the financial well being of a relative or close associate, to declare the interest and members may only speak on the matter if members of the public are also allowed to speak. Otherwise, the member must not take part in discussion or vote on the matter and must leave the room.
- d. Which affects the financial well-being of the member, a relative or close associate or a body included under the Other Registrable Interests column in Table 2, to disclose the interest and apply the test set out at paragraph 9 of Appendix B before deciding whether they may remain in the meeting.
- e. Where Members have or a Cabinet Member has an Other Registerable Interest or Non Registerable Interest in a matter being considered in exercise of their executive function, they must notify the

Monitoring Officer and arrange for somebody else to deal with it.

NB Any member needing clarification must contact [monitoringofficer@northumberland.gov.uk](mailto:monitoringofficer@northumberland.gov.uk). Members are referred to the Code of Conduct which contains the matters above in full. Please refer to the guidance on disclosures at the rear of this agenda letter

**4. DEVELOPING NORTHUMBERLAND'S COLLABORATIVE APPROACH TO TOBACCO CONTROL** (Pages 11 - 28)

To receive a report outlining action towards a collaborative approach to tackling tobacco use in Northumberland, including an update on vaping, and asking the Health & Wellbeing Board to endorse national recommendations, influence national action and provide direction for our local approach.

**5. THE SAFE HAVEN/ALTERNATIVES TO CRISIS NORTHUMBERLAND PROJECT** (Pages 29 - 34)

To receive a presentation from Pam Travers, Group Director North Locality, CNTW and Jane Walker, Strategic Commissioning Manager Complex Care, CNTW.

**6. NORTHUMBRIA HEALTHCARE FOUNDATION TRUST HEADLINE PERFORMANCE DETAILS AND WINTER PLANS**

To receive a verbal update from Alistair Blair, Northumbria Healthcare Foundation Trust.

**7. NORTHUMBERLAND COMMUNITIES TOGETHER - COST OF LIVING CRISIS**

To receive a presentation updating Members on the work of Northumberland Communities Together, its collaborative and corporate touchpoints with VCSE colleagues, and an overview of the action plan responding to the current cost of living pressures. Presentation by Maureen Taylor, Interim Executive Director Communities and Business Development.

**8. INTEGRATED CARE BOARD UPDATE ON PLACE-BASED WORKING IN NORTHUMBERLAND**

To receive a verbal update Rachel Mitcheson, Director of Place and Integrated Services – Northumberland.

**9. JOINT HEALTH & WELLBEING STRATEGY THEMATIC GROUPS**

To receive a verbal progress report from the Wider Determinants Thematic Group from Rob Murfin, Interim Executive Director of Planning & Local Services.

**10. HEALTH AND WELLBEING BOARD – FORWARD PLAN**

(Pages  
35 - 44)

To note/discuss details of forthcoming agenda items at future meetings; the latest version is enclosed.

**11. URGENT BUSINESS (IF ANY)**

To consider such other business as, in the opinion of the Chair, should, by reason of special circumstances, be considered as a matter of urgency.

**12. DATE OF NEXT MEETING**

The next meeting will be held on Thursday, 12 January 2023, at 10.00 a.m. at County Hall, Morpeth.

**IF YOU HAVE AN INTEREST AT THIS MEETING, PLEASE:**

- Declare it and give details of its nature before the matter is discussed or as soon as it becomes apparent to you.
- Complete this sheet and pass it to the Democratic Services Officer.

<b>Name:</b>		<b>Date of meeting:</b>	
<b>Meeting:</b>			
<b>Item to which your interest relates:</b>			
<b>Nature of Interest i.e. either disclosable pecuniary interest (as defined by Table 1 of Appendix B to the Code of Conduct, Other Registerable Interest or Non-Registerable Interest (as defined by Appendix B to Code of Conduct) (please give details):</b>			
<b>Are you intending to withdraw from the meeting?</b>		Yes - <input type="checkbox"/>	No - <input type="checkbox"/>

## Registering Interests

Within 28 days of becoming a member or your re-election or re-appointment to office you must register with the Monitoring Officer the interests which fall within the categories set out in **Table 1 (Disclosable Pecuniary Interests)** which are as described in "The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012". You should also register details of your other personal interests which fall within the categories set out in **Table 2 (Other Registerable Interests)**.

**"Disclosable Pecuniary Interest"** means an interest of yourself, or of your partner if you are aware of your partner's interest, within the descriptions set out in Table 1 below.

**"Partner"** means a spouse or civil partner, or a person with whom you are living as husband or wife, or a person with whom you are living as if you are civil partners.

1. You must ensure that your register of interests is kept up-to-date and within 28 days of becoming aware of any new interest, or of any change to a registered interest, notify the Monitoring Officer.
2. A 'sensitive interest' is as an interest which, if disclosed, could lead to the councillor, or a person connected with the councillor, being subject to violence or intimidation.
3. Where you have a 'sensitive interest' you must notify the Monitoring Officer with the reasons why you believe it is a sensitive interest. If the Monitoring Officer agrees they will withhold the interest from the public register.

### Non participation in case of disclosable pecuniary interest

4. Where a matter arises at a meeting which directly relates to one of your Disclosable Pecuniary Interests as set out in **Table 1**, you must disclose the interest, not participate in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest, just that you have an interest.

Dispensation may be granted in limited circumstances, to enable you to participate and vote on a matter in which you have a disclosable pecuniary interest.

5. Where you have a disclosable pecuniary interest on a matter to be considered or is being considered by you as a Cabinet member in exercise of your executive function, you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it.

### Disclosure of Other Registerable Interests

6. Where a matter arises at a meeting which **directly relates** to the financial interest or wellbeing of one of your Other Registerable Interests (as set out in **Table 2**), you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

## **Disclosure of Non-Registerable Interests**

7. Where a matter arises at a meeting which **directly relates** to your financial interest or well-being (and is not a Disclosable Pecuniary Interest set out in **Table 1**) or a financial interest or well-being of a relative or close associate, you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest.
  
8. Where a matter arises at a meeting which **affects** –
  - a. your own financial interest or well-being;
  - b. a financial interest or well-being of a relative or close associate; or
  - c. a financial interest or wellbeing of a body included under Other Registerable Interests as set out in **Table 2** you must disclose the interest. In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied
  
9. Where a matter (referred to in paragraph 8 above) **affects** the financial interest or well- being:
  - a. to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
  - b. a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest

You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise, you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

Where you have an Other Registerable Interest or Non-Registerable Interest on a matter to be considered or is being considered by you as a Cabinet member in exercise of your executive function, you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it.

Table 1: Disclosable Pecuniary Interests

This table sets out the explanation of Disclosable Pecuniary Interests as set out in the [Relevant Authorities \(Disclosable Pecuniary Interests\) Regulations 2012](#).

Subject	Description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain. [Any unpaid directorship.]
Sponsorship	Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract made between the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or a body that such person has a beneficial interest in the securities of*) and the council — (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land and Property	Any beneficial interest in land which is within the area of the council. ‘Land’ excludes an easement, servitude, interest or right in or over land which does not give the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners (alone or jointly with another) a right to occupy or to receive income.
Licenses	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer
Corporate tenancies	Any tenancy where (to the councillor’s knowledge)—



	<p>(a) the landlord is the council; and</p> <p>(b) the tenant is a body that the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners is a partner of or a director* of or has a beneficial interest in the securities* of.</p>
Securities	<p>Any beneficial interest in securities* of a body where—</p> <p>(a) that body (to the councillor's knowledge) has a place of business or land in the area of the council; and</p> <p>(b) either—</p> <ul style="list-style-type: none"> <li>i. the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or</li> <li>ii. if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/ her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners has a beneficial interest exceeds one hundredth of the total issued share capital of that class.</li> </ul>

\* 'director' includes a member of the committee of management of an industrial and provident society.

\* 'securities' means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

Table 2: Other Registrable Interests

You have a personal interest in any business of your authority where it relates to or is likely to affect:

- a) any body of which you are in general control or management and to which you are nominated or appointed by your authority
- b) any body

- i. exercising functions of a public nature
- ii. any body directed to charitable purposes or
- iii. one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union)

## NORTHUMBERLAND COUNTY COUNCIL

### HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Wellbeing Board** held in County Hall, Morpeth on Thursday, 10 November 2022 at 10.00 a.m.

#### PRESENT

Councillor P. Ezhilchelvan  
(Chair, in the Chair)

#### BOARD MEMBERS

Binning, G.	Reiter, G.
Blair, A.	Sanderson, H.G.H.
Boyack, J.	Simpson, E.
Bradley, N.	Syers, G.
Lamb, S.	Taylor, M.
Lothian, J.	Thompson, D.
Mitcheson, R.	Travers, P.
O'Neill, G. (Substitute)	Watson, J.
Pattison, W.	

#### IN ATTENDANCE

L.M. Bennett	Senior Democratic Services Officer
P. Rooney	NENC ICB Northumberland

#### 103. APOLOGIES FOR ABSENCE

Apologies for absence were received from J. Daniel, P. Mead, L. Morgan, H. Snowden, C. Wardlaw, C. Wheatley, and Councillor G. Renner-Thompson.

#### 104. MINUTES

**RESOLVED** that the minutes of the meeting of the Health and Wellbeing Board held on 13 October 2022, as circulated, be confirmed as a true record and signed by the Chair.

#### 105. NORTHUMBERLAND FIRE & RESCUE SERVICE'S COLLABORATIVE APPROACH TO SAFETY AND WELLBEING

Graeme Binning, Deputy Chief Fire Officer, provided a presentation outlining the Northumberland Fire & Rescue Service's collaborative approach to safety and wellbeing. He raised the following key issues:-

- Statutory duties for Fire & Rescue Services in Fire and Rescue Framework for England 2018, including
  - targeting those individuals or households who are at greatest risk for fire in the home; those most likely to engage in arson or deliberate fire setting.....
  - identify individuals' wider vulnerabilities and exposure to 'risks beyond fire'.
  - A duty to collaborate and keeping collaboration opportunities under review and not precluding wider collaboration with other local partners, such as local authorities.....'
- Northumberland Fire & Rescue Service contributed to many elements of the Health and Wellbeing Strategy.
- General Approach to Intelligence Led. The Safe & Wellbeing Policy had been launched in July 2022. Efforts were being made to identify citizens most at risk of injury or harm. The policy had been produced in conjunction with a number of external partners. The focus was 'making every contact count'.
- A whole systems contribution. Home fire safety was still a priority along with a wider scope to look at slips, trips and falls, dementia, alcohol and smoking. An all-risk questionnaire was in place along with referral partner pathways.
- When we don't collaborate - an example was described detailing the effects of a fire death and the wider impact of that event on the local community. This may not have occurred had a number of organisations collaborated
- When we collaborate - an example was described of a case where organisations had collaborated providing an improved outcome for the person involved.
- The Fire & Rescue Service welcomed the opportunity to become a member of the Health & Wellbeing Board and to work with other organisations to give the best outcome for the residents of Northumberland.

The following responses were made to comments from Members-

- The Fire & Rescue Service had committed to its Corporate Parenting Promise which was its committed to Looked After Children and how they would fit into its priorities.
- An opportunity to work with the Harrogate NHS Trust on its Environmental Assessment Tool was welcomed.
- The collaboration with Northumberland Communities Together was much appreciated and further work going forward would be welcomed. Some officers had been identified to work on asset based community training.
- Future collaboration with CNTW was welcomed and would be discussed outside the meeting.
- It was acknowledged that there was a need to understand the needs of people who may be deaf or visually impaired. Some work had already begun in this area.

**RESOLVED** that the presentation and comments be noted.

## **106. JOINT HEALTH & WELLBEING STRATEGY THEMATIC GROUPS UPDATES**

Members received verbal updates from the thematic groups as follows:-

### **Empowering Communities**

Gill O'Neill, Deputy Director of Public Health reported as follows:-

The three priorities for this thematic group contained in the Strategy were:

- Ensure that partners, providers, practitioners and the systems they work in promote and encompass a 'more than medicine' approach.
- Provide people and communities with access to networks and activities which will support good health and resilience.
- Support people to gain knowledge, skills and confidence they need to be active partners in managing and understanding their own health and health care.

There had been significant organisational and system change since the priorities were agreed and there had still been a lot of progress on this work since the strategy was written and now there were:

- NCT and its Strategic Board
- Thriving Together and the 13 thematic networks
  - Tackling inequalities task force (operational)
- VCSE Liaison Group
- Inequalities Plan and the HWBB Steering Group
- ICS level -scoping the social prescribing offer
- Health Watch board

It had been discussed if this was about strategically creating a collaborative approach to asset based community development and doing that through our wider workforce inclusive of social prescribers, health trainers, link workers, locality coordinators etc.

It was proposed that the first steps would be:

- Chairs of the groups listed above to talk to their groups about coming together in a system workshop to scope out a gap analysis of what and how we were already working towards the priorities in the strategy and where we might wish to focus our collective attention.
- Workshop December/January to discuss and agree how to work collaboratively across existing groups and if one group could be morphed to become the Empowering People and Communities Thematic Board or if individual groups were retained but to agree to come together a few times a year to ensure cohesive practice and delivery.

- To report back to Health & Wellbeing Board in January/February pending agreement of the workshop date.

### **Best Start in Life**

Graham Reiter, Service Director - Children's Social Care and Interim DCS, provided the following update:-

- Best quality education
- Children feeling safe and supported in all areas of life
- Support children, young people and their families to make positive lifestyle and social choices.

The Department was already looking at the range of governance arrangements in place regarding partnership work around safeguarding children and young people strategic plan, healthy families. These could be streamlined to sit under this thematic area. There were a number of activities ongoing including:-

- Wholesale review of education provision
- Continue to invest in the capital programmes to create an environment which promoted learning.
- Work with schools via school improvements to target children with free school meals who need additional support to reach their potential.
- Maximise the use of the pupil premium.
- Ensure that children and young people get the right support at the right time. First point of contact services had been looked at to try and look at and streamline these services. Try to prevent any escalation into statutory work and avoid the need for intervention.
- Family Hubs were a crucial development bringing partners together. This would include 0-19 work.
- Social work operation and the continual improvement in this area.
- Integration of children and adults Safeguarding Partnership work was being progressed.
- There was a key focus around special education needs and disabilities. There had been significant improvements in this area but remained areas for improvement.
- Emotional resilience and wellbeing of children and young people.
- Northumberland Education and Emotional Wellbeing Support Team created as part of a very innovative piece of work working alongside social work teams identifying the emotional and wellbeing support needs for vulnerable children and young people.

### **Whole System Approach**

Alistair Blair and Rachel Mitcheson, NENC ICB, updated Members as follows:-

- This was a continuation of ongoing work. Focus on making every contact count across the health sector

- and looking with an inequalities lens identifying people from deprived communities
- looking at specific targeted interventions.
- mental health was very important within this and issues such as the cost of living would cause issues across this sector.
- The Integrated Care Board (ICB) was a very new organisation and would be looking at how to use the current System Transformation Board (STB) differently to enable more decisions to be made and link in with the statutory requirements of the ICB with regard to partnerships. A paper on governance arrangements could be submitted to a meeting of the Health & Wellbeing Board for information.

In answer to a query the following comments were made:-

- How do we demonstrate the outcomes of Making Every Contact Count? - It was possible that as a result of a single contact, a person may end up with multiple contact points. So it could, in fact, be a springboard to accessing multiple other services and it was important to ensure that there was a measurable impact on the quality of a person's life. It may be that this was harder to measure and it may be better to measure the overarching reduction in inequalities rather than reducing the number of contacts.
- There were different ways to measure and it was difficult to quantify what had been avoided. Indicators used by the Health & Wellbeing Board may need to be refreshed. The use of case studies was vital along with service user feedback. Joint performance score cards could be developed across individual services.

### **Wider Determinants**

Gill O'Neill reported that it was hoped that there would be a more detailed update to the December meeting.

The following points were noted:-

- The priority focus was around warm homes, jobs and transport.
- The issue was similar to that for Empowering Communities regarding whether there should be one group or a number to aid a collective understanding.

**RESOLVED** that the updates from the thematic groups be received.

## **107. INEQUALITIES PLAN – COMPACT**

Graham Syers reported that all member organisations had been requested to take away the essence of the Inequalities Plan and ensure that their organisations had an understanding of it and were signed up to it. Members were requested to update the Board on what stage their organisation was at. It

was suggested that organisations be requested to formally sign up at the December meeting of the Health & Wellbeing Board.

From a Primary Care perspective, it had been discussed with PCN Groups and there was a part of the Primary Care Commissioned Service which was about asking practices as part of their primary care groupings to commit to a piece of work. It had already been agreed that the primary care networks would sign up to the Compact.

Within CNTW, the Inequalities Plan fitted perfectly with what the organisation was already pulling together in its Annual Plan. It was confirmed that the Northumbria Trust was 'walking the walk' and there were already a number of inequalities conversations going on between clinicians.

**RESOLVED** that partner organisations be requested to formally sign up to the Inequalities Plan at the Health & Wellbeing Board meeting on 8 December 2022.

## 108. LIVING WITH COVID

Members received a verbal update from Gill O'Neill and an update on the Covid and flu vaccination programme from Rachel Mitcheson, NENC ICB Northumberland.

Gill O'Neill raised the following key points:-

- ONS Survey data at 4 November 2022 was showing a decline in Covid cases across England with an estimated 1:35 people testing positive.
- In Northumberland, estimated cases identified from lateral flow and PCR tests was also declining with 46.63 per 100,000 testing positive.
- The 'Hands, Face, Space' message remained the same and it was important to remain vigilant and to prioritise vaccination. In crowded spaces, masks remained an option. Now that we were moving into winter, with both Covid and flu circulating it was important to keep the airflow moving and if feeling unwell to stay at home, if possible.

Rachel Mitcheson, NENC ICB, and Alistair Blair, Northumbria Healthcare Trust updated Members on the current Covid and flu vaccination programmes and hospital situation and raised the following key points:-

- 111,000 booster jabs had been delivered in Northumberland and the uptake across all eligible cohorts was 57.3% which was above the England and North East and Cumbria averages.
- It was vital to maintain momentum, particularly with regard to the 50-64 year age group as this group appeared to be less keen to come forward. A new national campaign had been launched.
- Vaccinations were still being carried out in care homes where there had previously been outbreaks preventing the vaccination teams from entering.



- Over the last few months, the number of hospital cases with Covid had not been admitted because of Covid had decreased.
- It was important not to look at Covid in isolation but to also look at flu. Data from Australia had indicated that a high number of flu cases should be expected earlier in the season than normal, but this had not happened to date.
- It was expected that Covid cases would continue to plateau off over the next month but there was some epidemiological evidence that they may pick up again in January 2023.
- Covid was not the cause of operational pressures at the moment.

**RESOLVED** that the updates be received.

## **109. HEALTH AND WELLBEING BOARD FORWARD PLAN**

Members discussed a number of items for inclusion in or removal from the Forward Plan. It was suggested that 'Living with Covid' be removed from the Forward Plan on the understanding that it could return should Covid become a concern again in the future.

**RESOLVED** that the Forward Plan be noted with the following additions.

- Northumbria Police Presentation
- Inequalities Plan – Compact Sign Up
- 0-19 Service Structure and Model
- Northumberland Communities Together Update to include cost of living crisis and warm hubs.
- Better Care Fund Plan
- System Pressures to include GP services and Accident & Emergency service.
- Core20Plus5

It was possible that some items may be more appropriately dealt with in informal Development Sessions in the future.

## **110. URGENT BUSINESS**

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

The Chair reported that he was attending the next Joint OSC for the North East and North Cumbria ICS and North & Central ICPS. He was happy to raise any issues at the meeting which Members may give to him.

## 111. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 8 December 2022, at 10.00 a.m. in County Hall, Morpeth.

*Dr. Graham Syers, Vice Chair, took the Chair for the following item.*

## 112. DRAFT ICB INTEGRATED CARE STRATEGY

Members received a presentation from Peter Rooney, Director of Strategy and Planning NENC ICB Northumberland. A copy of the presentation is filed with the signed minutes.

Mr. Rooney made the following key points:-

- The Integrated Care Strategy (ICP) was a statutory committee involving partner organisations and stakeholders and formed part of the arrangements for the Integrated Care System (ICS). It was required to develop an Integrated Care Strategy by December 2022. ICBs and local authorities were required to have regard to the strategy when making decisions and commissioning or delivering services. The strategy must use the best evidence.
- The structure, and overarching visions, goals and enablers were outlined. The vision was to create better health and wellbeing for all through longer healthier life expectancy, excellent health care services and fairer health outcomes. This could be achieved through the workforce, working together to strengthen communities, using improved technology, equipment and facilities, and making best use of resources and protecting the environment
- Assets and Case for Change – health outcomes were some of the worst in England with inequalities correlating with socio-economic deprivation. Life expectancy and healthy life expectancy for both women and men were lower than the England average.
- Draft Key Commitments were:-
  - Reduce the gap in healthy life expectancy
  - Reduce smoking prevalence from 13% of over 18s in 2020 to 5% of below in 2030.
  - Reduce inequality in life expectancy between the most deprived and least deprived deciles within ICP by 25% by 2030.
  - Reduce suicide rate to below England average in 2019/21 by 2030.
- The Core20plus5 approach was designed to support ICS to drive targeted action in healthcare inequalities improvement. Aimed at the most deprived 20% and at the following five key clinical areas; maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis, hypertension case finding

- It was aimed to achieve a 'Good' or 'Outstanding' CQC rating and improve sustainability of the most challenged parts of the system. To enable personalised care and improve support to unpaid carers. The development of provider collaboration would be supported. To ensure parity of esteem between mental health, learning disability, autism services and physical health. Integration to be improved and services valued equally across sectors.
- A lot of engagement work was taking place and any feedback on the draft strategy was welcomed.
- It was hoped that the local areas would continue with the fantastic work they were already doing.
- The draft would be considered again by the ICP on 15 December 2022.

The following comments and responses were made:-

- It was possible that when targets were set for such a large geographical area such as Northumberland, some measures may disadvantage some other areas and it was important to avoid this. Improvements in all metrics, everywhere was desirable but obviously, the biggest improvement should be where it was most needed. Some difficult decisions would need to be made. Some measures had a minimum baseline which should not be reduced such as healthy life expectancy.
- Ambulance service – there were many examples of patients not getting the service that they should across a number of NHS standards and commitments. It had been decided to look at more long-term population health measures and deal with the challenge of rebalancing longer term ambitions and immediate service delivery.
- Issues relating to children needed to be addressed and was currently underdeveloped in the strategy. Any appropriate evidence would be welcomed. Most comments relating to children were in relation to their emotional and mental health.
- If society was fairer and there was less deprivation, then some of the health related issues would solve themselves. Three issues to look at were how to engage with partnerships, how we advocate and that there were things that could be done for example regarding people from deprived areas tended to present late with their symptoms.
- The strategy may mean different things for different communities, particularly in a very diverse county such as Northumberland. There needed to be focus where it was most needed. It may be possible to describe what it may mean for each local authority area.

Members were welcome to pass any further comments on to Gill O'Neil or Graham Syers, in order that a formal response could be submitted.

**RESOLVED** that the presentation be received.

**CHAIR** \_\_\_\_\_

**DATE** \_\_\_\_\_

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## Northumberland County Council

HEALTH & WELLBEING BOARD

DATE: 8 DECEMBER 2022

Developing Northumberland's collaborative approach to Tobacco Control

**Report of:** Liz Morgan - Interim Executive Director of Public Health and Community Services

**Cabinet Member:** Cllr Wendy Pattison - Adult Health and Wellbeing

### **Purpose of report**

This report outlines action toward a collaborative approach to tackling tobacco use in Northumberland, including an update on vaping, and asks Health and Wellbeing Board (HWB) to endorse national recommendations, influence national action and provide direction for our local approach.

This report also brings the attention of the members of the HWB to the progress made by partners on tackling tobacco in the county and provides direction on the next phase of collective focussed work on tobacco control.

### **Recommendations**

The Health and Wellbeing Board is recommended to:

1. Comment on the progress of partners and support the development of the Northumberland Tobacco Control Partnership and its accountability to the Board.
2. Request that the Chair of the Health and Wellbeing Board writes to the Secretary of State for Health and Social Care to urge government to publish a new Tobacco Control Plan which includes recommendations made in the APPG report (2021) and the independent review of tobacco policy (Khan Review 2022).
3. Support Northumberland County Council becoming a signatory to the 2022 Local Government Declaration on Tobacco Control attached at Appendix 2 to this report.

### **Link to Corporate Plan**

This report is linked to the 'Living' priority included in the NCC Corporate Plan 2021-2024. Developing our work on tobacco control will facilitate improvements to the health of our



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communities and reduce health inequalities caused by the direct and indirect burden of tobacco use.

### **Key issues**

#### **Government ambition**

In the 2019 public consultation document 'Advancing our health: prevention in the 2020s', Government announced a national ambition toward a 'smoke-free 2030', meaning that 5% or less of the population would be smoking by then.<sup>(1)</sup>

The All Party Parliamentary Group (APPG) on Smoking and Health published a paper in February 2021 making recommendations for the forthcoming Tobacco Control Plan, to secure this government ambition.<sup>(2,3)</sup> Northumberland County Council supported these recommendations.

In the summer of 2022, the government commissioned an independent review of tobacco control policy resulting in the 'Making Smoking Obsolete' review conducted by Dr Javed Khan OBE. The review showed that without further action, England will miss the ambition by 7 years and the poorest areas in society will not meet it until 2044. To have any chance of hitting the smokefree 2030 target, we need to accelerate the rate of decline of people who smoke by 40%.<sup>(4,5)</sup>

The current national plan expires at the end of this calendar year. At the time of writing this paper (October 2022), there was some concern about whether the commitment to publish a new tobacco plan would be met; we are unaware of the intentions of the new SoS DHSC.

The Independent Review made four critical recommendations (Figure 1 below) presenting a holistic response to the challenge of setting the country on the road to making smoking obsolete.



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## Critical recommendations – ‘must dos’



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(Figure 1: Four Critical Recommendations. 'Making Smoking Obsolete', 2022)

Two of the critical recommendations have some activity beneath them, nationally and locally –

- The NHS Long Term Plan (6) has mobilised concerted action in our acute and mental health trusts both of which are making progress setting up teams and pathways to support their patients to give up smoking.
- Our Integrated Care System (ICS) is piloting approaches and Northumberland is one of four local authority and ICB partnerships testing bespoke stop smoking approaches with our Primary Care Networks.
- Plans have begun in the system to set up a pre-op assessment and intervention programme called 'Waiting Well', which will involve referrals to the Northumberland County Council Stop Smoking Service (NSSS) for patients awaiting surgery.
- Northumbria Healthcare NHS Foundation Trust (NHCFT) is piloting a new Lung Cancer screening programme which will incorporate stop smoking support for patients.
- Northumberland County Council Stop Smoking Service (NSSS) and partners are undertaking small-scale work locally to test the inclusion of e-cigarettes in our stop smoking provision (see section below on vaping).

Increased investment in Stop Smoking Services (the review suggests £70million is needed) and illicit tobacco enforcement (£15million) and increasing the age of sale are national requirements but ones we can advocate for and influence from a local perspective. These government investments would directly improve our local services and benefit local communities and residents.



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Alongside the recommendations, the review suggested adjusting the targets to be more realistic but that push the ambition further. To:

- ensure every community in every area is below 5% by 2035
- and drive a new ambition of making smoking obsolete by 2040

Public support for government action to limit smoking has grown significantly in the last 10 years. Those who think the government is not doing enough to tackle smoking has risen from 29% in 2009 to 46% in 2022.<sup>(4)</sup>

### Vaping

Using an e-cigarette for an adult smoker poses only a small fraction of the risks of smoking tobacco.<sup>(7)</sup> For this reason, vapes are increasingly being encouraged and used as an alternative to smoking. Vaping is not risk-free however, and NICE recommends it is discouraged amongst children and young people who have never smoked.<sup>(8,9)</sup>

A number of programmes are in place in Northumberland:

- In the NSSS, provided from within the public health team at the council, quitters are encouraged and supported to switch and use vapes as a quitting aid alongside bespoke behavioural support with our Stop Smoking Specialists and Advisors.
- We are about to launch a pilot programme, utilising grant funds from the ICS, whereby a defined group of clients will be enabled to access vapes as part of their quit attempt with our service.
- We are part of a regional approach to support NHS staff to quit smoking, involving our service offering behavioural support and free access to Nicotine Replacement Therapy (NRT), and a regional offer of vapes.
- Our local Trusts are setting up services that include vapes for their patients – Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) has provided vapes to in-patients and NHCFT is investigating e-cigarette options for pregnant women.

All of these programmes will be monitored and evaluated and can be reported to Board in due course.

The expansion of vapes brings parallel challenges. Use by young people is increasing, although this is against a back-drop of declining smoking prevalence. Illicit and non-compliant products find their way into our communities, and Trading Standards has been involved in operations to seize counterfeit and non-compliant products.

NCC Public Health commissioned the Health Related Behaviour Survey in 2021, conducted amongst almost 3000 pupils from secondary, middle and primary schools in our county. Of the Northumberland pupils surveyed, 98% said they had never tried smoking and 97% said they had never used e-cigarettes.<sup>(10)</sup> As with smoking, it is useful to acknowledge that what is perceived, and reported in the media, as a large problem, is not currently backed up by evidence and we will continue to work in partnership to gain local insight and plan appropriate action.





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### **Smoking, inequalities and poverty**

Smoking costs an average smoker approximately £2000 per year, a total of £65.85million spent in Northumberland annually. When income and smoking costs are considered, this could be driving an estimated 11,613 households in Northumberland into poverty. The residents of these households include an estimated 15,869 adults below pension age, 2,904 pension age adults and around 7,508 dependent children.<sup>(11)</sup>

Smoking remains the single biggest cause of preventable death and disease in our county and is a key driver of health inequalities. The health and economic burdens of tobacco use are seen most in groups and communities already affected by inequalities – pregnant women, people with a mental health condition and people accessing illicit tobacco. These groups are more likely to smoke, smoke more, and find it more challenging to quit.

We cannot tackle poverty and health inequalities without sustained and further work to reduce smoking rates, particularly amongst our most vulnerable and disadvantaged residents and communities.

### **Partnership approach and leadership**

Comprehensive tobacco control is a coordinated, multiagency approach to reducing smoking prevalence and the harm from tobacco. There are internationally recognised strands of tobacco control work, set out by the World Bank and the World Health Organisation ([MPOWER Framework](#)). It is essential that stakeholders and community leaders endorse and give direction to the work, which can be done by publicly declaring commitment. There are both local government and NHS mechanisms for this.

Tobacco control is most effective when localities consider and act on all the components. In Northumberland, we jointly commission the North East regional tobacco control office, Fresh, which has based activity on, and added to, the World Bank six strand approach. Locally we deliver tobacco control beneath eight key themes. (Figure 2 and Appendix 1).



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*(Figure 2: Fresh Eight key strands tobacco control model)*

Public Health and partners have been working on tobacco control issues for many years in a thematic way, contributing to our eight-strand delivery – eg Stop Smoking Services; smoking in pregnancy; smoking and mental health; illicit and illegal tobacco.

## **Background**

### **Local prevalence**

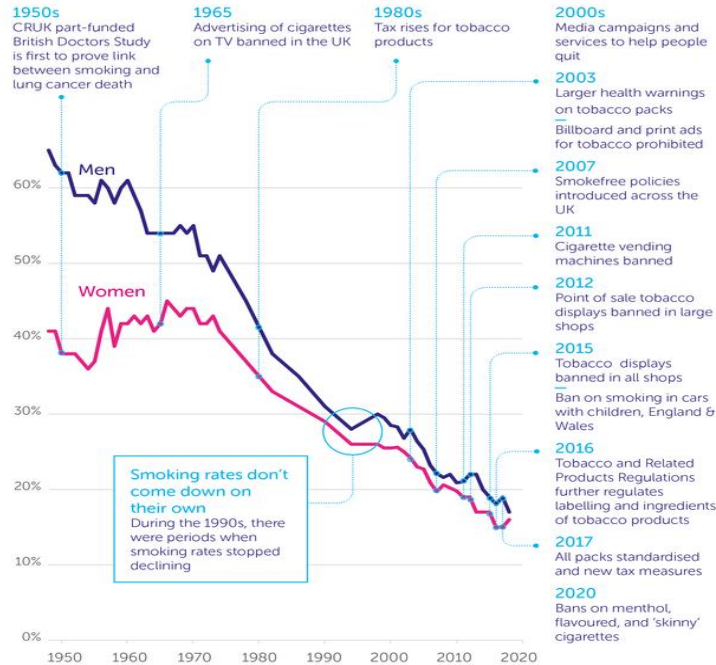
Smoking prevalence is declining. The North East has seen a 6.7% decline in prevalence since 2012, the fastest of all regions and locally we have made significant progress, reducing overall adult smoking rates in Northumberland from 18.8% in 2012 to 12.2% currently, a 6.6% decline.

The CRUK graph below (Figure 3) shows that if we keep acting nationally and locally, we will make progress. If action stops however, then so does the decline, and prevalence can even start to increase again, as depicted in the circled area.



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## Smoking rates decline with action



Sources: Data for 1948-1973: PN Lee Statistics and Computing Ltd. International Smoking Web Edition. Available from <http://www.pnlee.co.uk/ISS.htm>. Accessed October 2019. Data for 1974 onwards: Office for National Statistics. Adult smoking habits in Great Britain. Accessed October 2019.

cruk.org  
Together we will beat cancer



(Figure 3 – Cigarette Smoking Prevalence, Adults aged 16 and Over, Great Britain, 1948-2019, CRUK website, accessed September 2022)

Our 12.2% smoking prevalence rate in Northumberland still amounts to almost 34,000 of our residents suffering from the harmful health effects and economic burdens imposed by tobacco use. We estimate that smoking kills 481 Northumberland residents a year.<sup>(12)</sup>

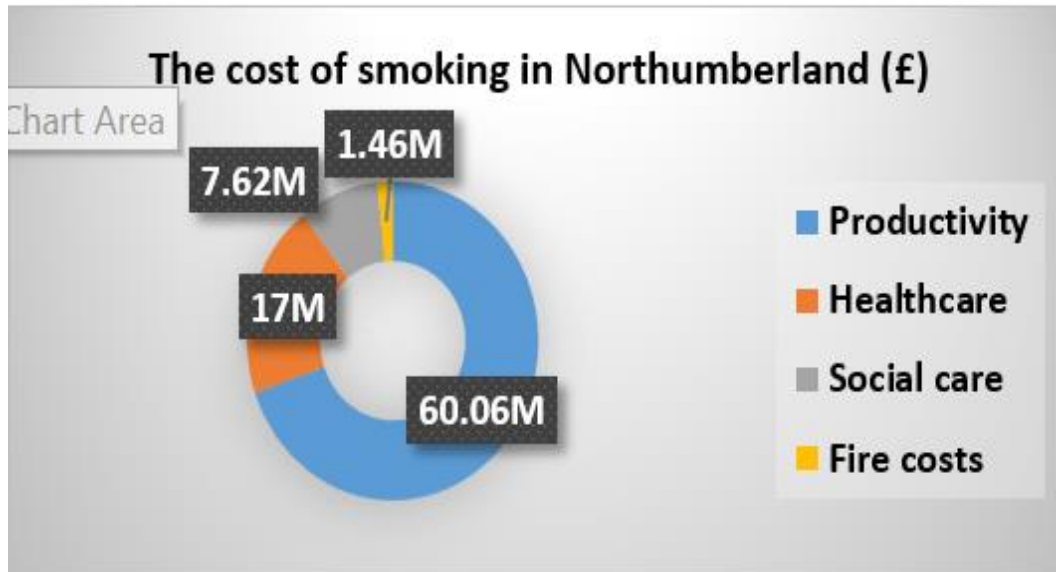
### Smoking and inequalities

We can estimate the cost of smoking via the ASH Ready Reckoner 2022, found [here.](#)<sup>(12)</sup> Estimated costs are calculated using a range of data behind the tool including various DHSC, ONS and published data sources. Figure 4 depicts the cost of smoking in relation to productivity, healthcare, social care and fire costs in Northumberland.



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(Figure 4 – The Cost of Smoking in Northumberland. ASH Ready Reckoner 2022)

Smoking drives and keeps people in disadvantage, with the proportions of people living in social housing, who have no qualifications, who are unemployed or who work in routine and manual occupations, smoking at rates we haven't seen in the overall population for over 20 years (national figures from ONS 2019).<sup>(13)</sup>

- 30% of people living in social housing are smokers compared with 10% of homeowners.
- 29% of those with no qualifications are smoking compared to those with a degree (or equivalent).
- 27% of unemployed adults smoke compared to 15% of those in work.
- 23% of smokers are in routine and manual occupations compared with 9% working in management and the professions.

### Smoking in pregnancy

Smoking in pregnancy is five times more common in the most deprived groups compared to the least. Latest figures show that in Northumberland 251 women were smokers at the time they gave birth and 19,152 children live in households with adults who smoke. Smoking in the home not only damages the health of children, it increases their chances of becoming smokers themselves four-fold.<sup>(14)</sup>

Data by Clinical Commissioning Groups (CCG) published by NHS Digital, report Northumberland as having 10.1% of pregnant women smoking at the time of their delivery during 2021/22, down marginally from 10.3% in 2020/21.<sup>(15)</sup>

Until May 2022, pregnant smokers were supported to quit by the NSSF either by referral from midwives, health professionals or self-referral. Ambitions and funding associated with the NHS Long Term Plan has enabled NHCFT to develop 'Treating Tobacco



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Dependency' programmes, including employing 'Best Start in Life' advisors to support pregnant women to stop smoking and make referrals. Partners and women post-delivery will be referred to the council NSSS. Early results reported by the Trust are encouraging with the quit rate between May and September 2022 at 54% of those engaging.

### **Smoking and mental health**

Smoking rates are much higher among people with a mental health condition. It is estimated that a quarter of people with a long-term mental health condition smoke. Amongst those diagnosed with a serious mental health illness, rates are estimated to be around 37.1% in Northumberland.<sup>(16)</sup>

NSSS and CNTW have a history of working together to deliver training for staff and stop smoking support for people under Trust care in the community. Public Health is now working with ICB Northumberland to build on this work, utilising a grant from the ICS, to test approaches to improve the Physical Health Check for people with serious mental illness and offer bespoke stop smoking messaging or a referral to NSSS to reduce, switch to an e-cigarette or quit smoking. Two Primary Care Networks are involved in this pilot – Wansbeck PCN and West PCN.

### **Illicit tobacco**

Illicit tobacco plays a key role in exacerbating tobacco harm in Northumberland, getting young smokers hooked on tobacco and making it harder for smokers to quit. The Public Health commissioned regional tobacco control office, Fresh, has tracked the size of the illicit market in the NorthEast every two years since 2009. The use of illicit tobacco amongst young smokers is common, with 74% of young smokers in Northumberland, County Durham and Tyne and Wear having ever been offered illegal tobacco and 49% buying it. Amongst the adult smoking population, 77% of those who buy illegal tobacco are from the three lowest social and economic groups in society, disproportionately affecting our poorest communities.<sup>(17)</sup>

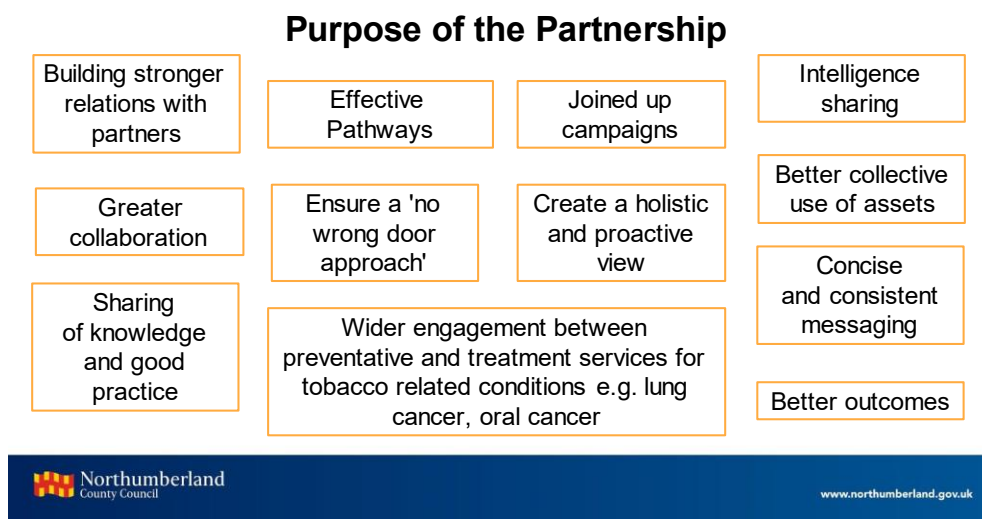
Of illegal tobacco buyers in Northumberland, County Durham and Tyne and Wear, 83% say that illegal tobacco facilitates their smoking, making it less likely that they will undertake a successful quit attempt. Across the region, 11% of tobacco smoked is illegal, representing around 36,000 illicit buyers. The leading supply channel for illegal tobacco is private addresses (43%) but local shops still account for 29% of sales. Amongst retailers themselves, there is strong support for more robust legislation and penalties for those who break the law around tobacco, including selling illegal cigarettes and selling to underage children; over 80% of retailers would support the introduction of tobacco licences and larger fines for those who break the law.<sup>(18)</sup>

Public Health has given resource to the Trading Standards team to augment their illicit tobacco and alcohol work and engage in prevention by appointing a Free Trade Officer with this focussed remit. The extra resource goes beyond the postholder and has meant that the profile and ability to act on the tobacco issue has been developed throughout the team. Outcomes are impressive with the team conducting investigations and enforcement on a bigger scale and resulting in the closure of premises found to be selling illicit products.

**Towards a Smoke Free Northumberland - Northumberland Tobacco Control Partnership**

With such encouraging progress in reducing our smoking rates as described, it feels timely to bring stakeholders together to plan and collaborate on an ongoing shared vision and what will hopefully be a final phase toward making smoking obsolete, a ‘Smokefree Northumberland’.

Known and current action has been summarised in a draft ‘Plan on a Page’ (Appendix 1) and ongoing conversations with partners will lead to a more detailed collaborative plan. Stakeholders were asked if they supported a new partnership and what benefit they thought it would bring, resulting in a strong commitment to engage in this way in order that our tobacco work further improves, is underpinned by shared understanding and intelligence, leads to effective pathway development and fosters a ‘no wrong door’ approach with our residents that utilises better use of assets, knowledge and resources (Figure 5)



*(Figure 5 – Northumberland Tobacco Control Partnership – stakeholders views on the purpose and benefit of working in partnership. Conversations with Public Health team 2022).*

NCC Public Health convened an inaugural meeting of a new Northumberland Tobacco Control Partnership on 6 October 2022. The group enjoyed representation from Public Health and its commissioned and provided services e.g. 0-19 Public Health Service and Stop Smoking Service, a range of council departments such as Trading Standards and Housing as well as NHCFT, the ICB Northumberland and CNTW colleagues. Other partner agencies are interested but could not attend the date, such as Cancer Research UK, Fire and Rescue, Early Intervention and Prevention Service, and Healthwatch. The meeting was chaired by the DPH who tasked the group with developing further action and to seek confirmation on the direction of travel and governance from the Health and



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Wellbeing Board. Data and learning were shared, and planning has begun toward a collective vision and agreed action plan.

### **Local Government Declaration on Tobacco Control and the NHS Smokefree Pledge**

In 2018, Northumberland County Council signed the Local Government Declaration on Tobacco Control and both Trusts and the CCG signed the NHS Smokefree Pledge. Each of these commitments has been updated to reflect the 2030 strategy positions outlined in the 'Key Issues' section.

The Northumberland Tobacco Control Partnership recommends to Board members that the appropriate new declaration is signed. This can be coordinated and publicised collectively by the partnership. The statements outlined in both the Declaration<sup>(19)</sup> and the Pledge<sup>(20)</sup> will underpin the ongoing work of the Northumberland Tobacco Control Partnership and its member representatives. (See Appendices 2 and 3).

### **Conclusions and detail of recommendations to the Health and Wellbeing Board**

1) Board is asked to note the work undertaken by all partners and to steer focussed action on our next phase of collaborative work on tobacco control. Themes discussed and described in the information provided in this paper include:

- Smoking and health inequalities
- Second hand smoke in homes and housing
- Illicit and illegal tobacco
- Cost of living & poverty

Tobacco control and smoking is a wide and complex issue. Any theme or topic discussed in this paper can be expanded and brought to HWB Board for further information and action.

2) Board is asked to support the formation of a new partnership – the Northumberland Tobacco Control Partnership – which will strive to have a wide range of agencies represented, agree action and work toward a shared vision. Individual organisations and partners already report on their own action through various mechanisms, but the Board is asked to provide the governance to any specific additional joint work and goals of the partnership.

3) At the time of writing this report (early October), public health has drafted letters for the Council Leader's consideration, asking the Secretary of State and our MPs to support the publication of a new national tobacco control plan as a matter of urgency. There have been subsequent changes in cabinet ministers, but the ask remains and Board is recommended to consider writing to the newly appointed SoS.

4) As described above, Health and Wellbeing Board, Northumberland County Council and the relevant NHS Board members are asked to sign up to the 2022 [Local Government Declaration on Tobacco Control](#) (Appendix 2) and the [NHS Smokefree Pledge](#). (Appendix 3). This activity can act as a springboard for further action and



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collaboration by the new Northumberland Tobacco Control Partnership. A more detailed description of what these commitments entail can be presented to Board if required.

### Implications

<b>Policy</b>	This strategy supports the 'Living' corporate priority and the commitment to provide a range of programmes which will help residents achieve and maintain good health.
<b>Finance and value for money</b>	<p>The action plan is based on evidence based and cost-effective interventions to reduce access and use of tobacco and improve health. Specific elements of the tobacco control work are picked up by Northumberland County Council – e.g. Stop Smoking Services and pharmacotherapies, public health coordination and management of the plan, project staff in the Integrated Wellbeing Service, FRESH regional office and the Trading Standards contribution. These are funded from the public health ring-fenced grant currently at a cost of approximately £830K p.a.</p> <p>Other parts of the council and partner organisations involved in the action plan delivery are also funding their own tobacco control-related activities.</p>
<b>Legal</b>	<p>Legal Services can assist with any formal documentation required in relation to the establishment of the proposed Tobacco Control Partnership.</p> <p>Public Health functions are set out within the Health and Social Care Act 2012 and are not a matter for the Executive under the Local Authorities (Functions and Responsibilities) (England) Regulations 2000. Council has delegated these functions to the Health and Wellbeing Board within its terms of reference.</p>
<b>Procurement</b>	Any opportunities for including elements of tobacco control and stop smoking as part of arrangements between the council and commissioned providers will be developed as part of the normal commissioning process.
<b>Human Resources</b>	The action plan will be delivered within existing resources.
<b>Property</b>	None identified
<b>Equalities</b> (Impact Assessment attached)	Not undertaken for this report but have been undertaken for elements of the plan.
Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> N/A <input type="checkbox"/>	
<b>Risk Assessment</b>	Not undertaken for the plan
<b>Crime Disorder</b>	& Illicit and illegal tobacco, underage sales and access to product are all relevant issues and can be linked to crime - work to tackle this is





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	led by our Trading Standards team and forms a key element of the tobacco control plan. Public Health provides some resource to Trading Standards for this and commissions the regional team at Fresh to advise. No other implications for crime and disorder identified.
<b>Customer Consideration</b>	The plan and recommendations set out in this report are based upon a desire to improve outcomes for vulnerable groups in Northumberland and put in place measures to address preventable ill health and promote good health.
<b>Carbon reduction</b>	Global effects on the carbon footprint from the tobacco industry are documented by <a href="#">WHO</a> . <sup>(21)</sup> A reduction in tobacco use would reduce the carbon footprint of cigarette production and CO emissions.
<b>Health and Wellbeing</b>	Smoking is still the single most preventable cause of illness and early death and a leading cause of health inequalities.
<b>Wards</b>	All

### Appendices

Appendix 1 - Northumberland Tobacco Control DRAFT Plan on a Page 2022-23

Appendix 2 - 2022 Local Government Declaration on Tobacco Control

Appendix 3 – 2022 NHS Smokefree Pledge

### Background papers and references:

1. Smokefree 2030 [‘Advancing our health: prevention in the 2020s’ consultation document. Published 22 July 2019](#)
2. [Delivering a Smokefree 2030 - APPG report summary](#) (June 2021)
3. [Delivering a Smokefree 2030 - APPG report full report](#) (February 2021)
4. ‘Making Smoking Obsolete’. An independent review of tobacco control policy. August 2022. [Khan review summary](#)
5. ‘Making Smoking Obsolete’. An independent review of tobacco control policy. June 2022. [Khan review full report](#)
6. [The NHS Long Term Plan v1.2 August 2019](#)
7. [Nicotine vaping in England: 2022 evidence update summary \(OHID\)](#)
8. [ASH briefing for local authorities on youth vaping \(ASH, August 2022\)](#)
9. [Tobacco: Preventing uptake, promoting quitting and treating dependence NG209 \(NICE, 2021. Updated Aug 2022\)](#)
10. Young People in Northumberland. A summary report of the Health Related Behaviour Survey 2021 (available on request)
11. H Reed (2021), Estimates of poverty in the UK adjusted for expenditure on tobacco – 2021 update. Available at: <https://ash.org.uk/information-and-resources/reportsubmissions/reports/smoking-and-poverty>. Cited in: [‘Up in](#)



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[smoke: How tobacco drives health and economic inequalities'. A tobacco harm profile compiled for NCC by Fresh](#)

12. [ASH Ready Reckoner 2022](#)
13. [Adult smoking habits in the UK 2019 \(ONS, July 2020\)](#)
14. DHSC press release for Better Health Campaign Children whose parents smoke are 4 times as likely to take up smoking themselves - GOV.UK (www.gov.uk) quoting discussion of Lavery AA, Filippidis FT, Taylor-Robinson D, et al Smoking uptake in UK children: analysis of the UK Millennium Cohort Study Thorax 2019;74:607-610. Cited in: ['Up in smoke: How tobacco drives health and economic inequalities'. A tobacco harm profile compiled for NCC by Fresh](#)
15. [Smoking status at time of delivery \(SATOD\) data collection. NHS Digital](#)
16. Smoking Prevalence in adults in routine and manual occupations (18-64) – (2019) current smokers (APS) Local Tobacco Control Profiles - Data - PHE [Internet]. Available at: <https://fingertips.phe.org.uk/profile/tobacco-control/data> Cited in: ['Up in smoke: How tobacco drives health and economic inequalities'. A tobacco harm profile compiled for NCC by Fresh](#)
17. Fresh Illicit Tobacco Survey (2021), based on 1,828 interviews across LA7 Cited in: ['Up in smoke: How tobacco drives health and economic inequalities'. A tobacco harm profile compiled for NCC by Fresh](#)
18. Action on Smoking and Health. National Tobacco Retailer Survey 2019 Cited in: ['Up in smoke: How tobacco drives health and economic inequalities'. A tobacco harm profile compiled for NCC by Fresh](#)
19. [Local Government Declaration on Tobacco Control 2022](#)
20. [NHS Smokefree Pledge 2022](#)
21. [Tobacco and its environmental impact: an overview. World Health Organisation \(2017\)](#)

### **Report sign off**

***Authors must ensure that officers and members have agreed the content of the report:***

	Full name of officer
Monitoring Officer/Legal	Suki Binjal
Executive Director of Finance & S151 Officer	Jan Willis
Relevant Executive Director	Liz Morgan
Chief Executive	Rick O'Farrell
Portfolio Holder(s)	Wendy Pattison

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## Appendix 1 – Northumberland Tobacco Control DRAFT Plan on a Page 2022-23

### Smoke Free Northumberland Plan on a Page 2022-2023 DRAFT

**Vision:** Northumberland children born today will live a smoke free life. We aspire to reach a Smoke Free 2030, where adult smoking prevalence is 5% or lower across all demographics and groups by 2030. We shall work in partnership using an evidence-based approach

#### Infrastructure, skills and capacity building

Comply with Local Government Declaration on Tobacco Control (NCC).  
Comply with 'Smokefree NHS' (NHCFT & CNTW).  
Advocate for a Smokefree 2030.  
Implement national tobacco plan.  
System-wide themed partnership working.  
APPG report endorsement.

#### Reducing exposure to second hand smoke

Monitor compliance with Health Act 2006.  
Develop and maintain 100% smoke free pavement licences (Business and Planning Bill 2020).  
Local training on SHS/ VBA/MECC.  
Focus on families via 0-19 HV offer.  
Explore feasibility of a targeted smoking in the home campaign with social housing providers.  
Fire Home Safety checks – revisit.

#### Stop Smoking Services

Treating tobacco dependency LTP.  
Provide and develop NCC community-based specialist stop smoking model across range of priority settings/groups e.g. maternity services, pharmacy, mental health, routine and manual smokers.  
Working across system to develop new pathways and systems for Treating Tobacco Dependency work.  
CNTW and NUTH to carry out 'deep dives' of smoking to improve practice.  
Contribute to Baby Breathe research on post-partum relapse to smoking.  
Implement NICE secondary care guidance for a 'smoke free NHS'.  
Further develop CNTW action to reduce smoking within inpatient and community settings.  
Support the Waiting Well initiative with orthopaedics.  
Developing services for targeted groups in PCNs eg people with SMI

#### Media, communications and education

Promote campaigns e.g. 'Don't Wait', 'Stoptober', 'Secondhand Smoke is Poison', 'Keep it Out', health harms.  
Develop refresh and rebranding of specialist stop smoking service, linking with TTD providers.  
Advocate for action for a Smoke Free 2030, inc. tobacco industry levy.

#### Tobacco Regulation and Reducing Tobacco Promotion

Enforce legislation in relation to tobacco advertising, brand sharing, point of sale, standardised packaging.  
Advocate for new regulatory measures on tobacco products e.g. licensing of tobacco products, review of relevant legislation.

#### Research, Monitoring and Evaluation

Track PH intelligence on smoking.  
Monitor performance of Stop Smoking Service and Treating Tobacco Dependency pathways.  
Undertake health survey of children and young people.  
Northumberland Residents Survey.  
Report data on Trading Standards illicit activity dashboard  
Undertake evidence review of young people and smoking.  
Utilise FRESH data infographic.

#### Reducing Availability and Supply

Advocate for change in age of sale legislation from 18 to 21 years.  
Intelligence led illicit tobacco activity, including Operation CeCe.  
Targeted public health resource embedded in Trading Standards department.  
Support regional and national illegal tobacco programmes

#### Working in partnership:

Northumberland County Council, Northumbria Healthcare NHS Foundation Trust, Cumbria Northumberland Tyne and Wear Mental Health Trust, Northumberland NHS Clinical Commissioning Group and PCNs



# Northumberland County Council

## Appendix 2 – 2022 Local Government Declaration on Tobacco Control

### Local Government Declaration on Tobacco Control

**As public health leaders, we acknowledge that:**

- Smoking is a leading cause of premature death, disease and disability in our communities;
- Reducing smoking in our communities significantly increases household incomes and benefits the local economy;
- Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities;
- Smoking is an addiction largely starting in childhood, two thirds of smokers start before the age of 18;
- Smoking is an epidemic created and sustained by the tobacco industry, which promotes uptake of smoking to replace the tens of thousands of people its products kill in England every year; and
- The illicit trade in tobacco funds organised criminal gangs and gives children access to cheap tobacco.

**We welcome the:**

- Opportunity for local government to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reducing smoking prevalence;
- Government’s ambition to make England smokefree by 2030 and tackle inequalities in smoking prevalence;
- Commitment by the government to live up to its obligations as a party to the World Health organization’s framework convention on Tobacco control (FCTC) and in particular to protect the development of public health policy from the vested interests of the tobacco industry; and
- NHS Long Term Plan commitments to provide all smokers in hospital, pregnant women and long-term users of mental health services with tobacco dependence treatment.

**We commit \_\_\_\_\_ from this date \_\_\_\_\_ to:**

- Act at a local level to reduce smoking prevalence and health inequalities, to raise the profile of the harm caused by smoking to our communities and in so doing support delivery of the national smokefree 2030 ambition;
- Develop plans with our partners and local communities to address the causes and impacts of tobacco use;
- Participate in local and regional networks for support;
- Support the government in taking action at national level to help local authorities reduce smoking prevalence and health inequalities in our communities;
- Protect our tobacco control work from the commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees;
- Monitor the progress of our plans against our commitments and publish the results; and
- Publicly declare our commitment to reducing smoking in our communities and to join the Smokefree Action Coalition, the alliance of organisations working to reduce the harm caused by tobacco.

**Signatories:**

Leader of Council	Chief Executive	Director of Public Health

**Endorsed by:**

<p>Prof Sir Chris Whitty, Chief Medical Officer, Department of Health and Social Care</p>	<p>Councillor David Fothergill, Community Wellbeing Board Chair, Local Government Association</p>	<p>Prof Jim McManus, President, Association of Directors of Public Health</p>
<p>Prof Maggie Rae, President, Faculty of Public Health</p>	<p>Julie Barratt, President, Chartered Institute of Environmental Health</p>	<p>John Herriman, Chief Executive, Chartered Trading Standards Institute</p>

9th March 2022



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## Appendix 3 – 2022 NHS Smokefree Pledge

### The NHS Smokefree Pledge

#### As local health leaders we acknowledge that:

- Smoking is the leading cause of premature death, disease, and disability in our communities
- Smoking places a significant additional burden on health and social care services and undermines the future sustainability of the NHS
- Healthcare professionals have a key role to play in motivating smokers to try to quit and offering them further support to quit successfully
- Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities
- Smoking is an addiction starting in childhood with two thirds of smokers starting before the age of 18
- Smoking is an epidemic created and sustained by the tobacco industry, which promotes uptake of smoking to replace the tens of thousands of people its products kill in England every year

#### We welcome:

- The Government's ambition to make England smokefree by 2030 and tackle health inequalities in smoking prevalence
- The NHS Long Term Plan's commitment for all smokers in hospital, pregnant women, and long-term users of mental health services to be offered NHS funded tobacco dependence treatment by 2023-24
- NICE public health guidance on tobacco

#### In support of a smokefree future, \_\_\_\_\_ commits from \_\_\_\_\_ to:

- Treat tobacco dependency among patients and staff who smoke in line with commitments in the NHS Long Term Plan and Tobacco Control Plan for England
- Ensure that smokers within the NHS have access to the medication they need to quit in line with NICE guidance on smoking in secondary care
- Create environments that support quitting through implementing smokefree policies as recommended by NICE
- Deliver consistent messages about harms from smoking and the opportunities and support available to quit in line with NICE guidance
- Actively work with local authorities and other stakeholders to reduce smoking prevalence and health inequalities
- Protect tobacco control work from the commercial and vested interests of the tobacco industry
- Support Government action at national level
- Publicise this commitment to reducing smoking in our communities and join the Smokefree Action Coalition (SFAC), the alliance of organisations working to reduce the harm caused by tobacco

#### Signed by:

[Signature box]

Chair

[Signature box]

Chief Executive

[Signature box]

Medical/Clinical Director

#### Endorsed by:

Amanda Pritchard, Chief Executive, NHS England

[Signature: A. Pritchard]

Prof Maggie Rae, President, Faculty of Public Health

[Signature: Maggie Rae]

Prof Dame Helen Stokes-Lampard, Chair, Academy of Medical Royal Colleges

[Signature: HSL]

Dr David Strain, Chair, BMA Board of Science

[Signature: David Strain]

Prof Jim McManus, President, Association of Directors of Public Health

[Signature: Jim McManus]

Gill Walton, Chief Executive, Royal College of Midwives

[Signature: Gill Walton]



9th March 2022

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# The Safe Haven/Alternatives to Crisis Northumberland Project

Pam Travers, Group Director,  
North Locality

Jane Walker

Strategic Commissioning Manager  
Complex Care




# Background

- Capital funding of £300,000 identified from NHSE/I to deliver a Safe Haven in Northumberland
- Safe Haven/Alternatives to Crisis proposal for Northumberland being developed
- Service will be co-designed with input from people with lived experience
- Safe Haven will be run by third sector provider
- Multi-agency and partnership working to ensure the service is inclusive and accessible across Northumberland's population.



# What it will provide

- Welcoming and non-clinical environment to support people who are experiencing psychological distress
- Physical safe place to go, offering out of hours support over evenings and weekends
- Trained staff to support individuals
- Promote recovery away from secondary and acute mental health care
- Offer emotional support, solution focused problem solving and onward signposting to an extensive range of local community support services.
- Collaborative safety planning and non-medicalised approach in an informal setting



Next Steps/Where are we now?

- Staffing and provider model being developed
- Physical building identified with expression of interest
- Costings being ascertained for capital and revenue charges
- Weekly project meetings to ensure project delivery
- Engagement and feedback with service user and carers

Thank you, any questions?



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# **NORTHUMBERLAND COUNTY COUNCIL**

## **HEALTH & WELLBEING BOARD**

### **FORWARD PLAN 2022 - 2023**

Lesley Bennett, Senior Democratic Services Officer  
Tel: 01670 622613  
E-mail [Lesley.Bennett@northumberland.gov.uk](mailto:Lesley.Bennett@northumberland.gov.uk)

Updated : 28 November 2022

## FORTHCOMING ITEMS

ISSUE	OFFICER CONTACT
<b>8 December 2022</b>	
<ul style="list-style-type: none"> <li>• Tobacco Control Partnership</li> <li>• Crisis Café</li> <li>• Northumbria Healthcare Trust Performance Details and Winter Plans</li> <li>• Cost of Living Crisis and Warm Hubs</li> <li>• Joint Health &amp; Wellbeing Strategic – Wider Determinants Thematic Group</li> <li>• Integrated Care Board update on Place-based working in Northumberland</li> </ul>	Liz Morgan Pam Travers Alistair Blair Maureen Taylor Rob Murfin Rachel Mitcheson
<b>12 January 2023</b>	
<ul style="list-style-type: none"> <li>• Northumberland Safeguarding Children Board (NSCB) Annual Report and Update of Issues Identified</li> <li>• Safeguarding Adults Annual Report and Strategy Refresh</li> <li>• Child Death Overview Panel Annual Report (March 2021-April 2022)</li> <li>• Better Care Fund</li> </ul>	Paula Mead  Paula Mead/Karen Wright Paula Mead/Alison Johnson Rachel Mitcheson
<b>9 February 2023</b>	
<ul style="list-style-type: none"> <li>• Director of Public Health Annual Report</li> <li>• Thematic Groups - Update</li> <li>• 0-19 Service Update</li> </ul>	Gill O'Neill  Suzanne Lamb
<b>9 March 2023</b>	
<ul style="list-style-type: none"> <li>• Closed Development Session – Physical Activity Strategy</li> </ul>	

13 April 2023

•

### MEETING DATE TO BE CONFIRMED

- Wider Determinants Sub-Group – Planning and Health Update
- Impact of COVID pandemic on SEND services
- CNTW Priorities Report
- Urgent and Emergency Care - Strategic Care
- Child and Adolescent Mental Health
- Northumbria Police Presentation – Overview of approach to Prevention Strategy, Early Intervention and Serious Violence

Rob Murfin  
Nichola Taylor  
Pam Travers  
Siobhan Brown  
Cath McEvoy-Carr  
Claire Wheatley

### REGULAR REPORTS

#### Regular Reports

- Joint Health & Wellbeing Strategy Refresh Thematic Groups – Update (Quarterly – Feb/May/Aug/Nov)
- System Transformation Board Update
- SEND Written Statement Update - progress reports
- Population Health Management - (Oct/Jan/Apr/July)

Sir Jim Mackey/Siobhan Brown

??

Rachel Mitcheson

#### Annual Reports

- Public Health Annual Report
- Child Death Overview Panel Annual Report
- Northumbria Healthcare Foundation NHS Trust Annual Priorities Report

Liz Morgan (APR)

Paula Mead/Alison Johnson (APR)

??? (MAY)

Updated : 28 November 2022

<ul style="list-style-type: none"> <li>● Healthwatch Annual Report</li> <li>● Northumberland Safeguarding Children Board (NSCB) Annual Report and Update of Issues Identified</li> <li>● Safeguarding Adults Annual Report and Strategy Refresh</li> <li>● Annual Health Protection Report</li> <li>● Northumberland Cancer Strategy and Action Plan</li> <li>● Child Death Overview Panel Annual Report</li> </ul>	<p>David Thompson/Derry Nugent (JULY) Paula Mead (JAN)</p> <p>Paula Mead (DEC) Liz Morgan (OCT) Robin Hudson (DEC/JAN) Paula Mead (FEB)</p>
<p><b>2 Yearly Report</b></p> <ul style="list-style-type: none"> <li>● Pharmaceutical Needs Assessment Update</li> </ul>	<p>Liz Morgan (MAY 2022 and SEP 2022)</p>



**NORTHUMBERLAND COUNTY COUNCIL  
HEALTH AND WELLBEING MONITORING REPORT 2022-2023**

<b>Ref</b>	<b>Date</b>	<b>Report</b>	<b>Decision</b>	<b>Outcome</b>
1	10.5.22	Living with Covid	Receive Report	
2	10.5.22	Pharmaceutical Needs Assessment Update	(1) the draft plan be approved for progression to formal consultation  (2) comms be produced in liaison with the Local Pharmaceutical Committee regarding pharmacy opening arrangements and pharmacist availability.	
3	10.5.22	Northumberland Oral Health Strategy Update	(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	
4	10.5.22	Population Health Management – Quarterly Update	Receive Report	
5	14.7.22	Integrating Services Supporting Children and Young People	(1) the comments of the Board be noted.  (2) The evolution/expansion of the Family Hubs model as the mechanism to drive forward CYP integration and the	

Updated : 28 November 2022

			governance process be approved;  (3) The proposed approach to culture and leadership change and interface with community centred/place-based approaches to tackle inequalities be supported.	
6	14.7.22	Ageing Well Service Review	(1) the comments of the Board be noted.  (2) the refresh of a strategic Northumberland Healthy Ageing Board accountable to the Health and Wellbeing Board be supported.  (3) Inclusion of the importance of volunteering to be considered during the refresh.  (4) The refreshed Northumberland Health Ageing Board be chaired by the Director of Public Health.  (5) the decision to appoint an independent chair of the Health Ageing Board be delegated to the Director of Public Health in consultation with the portfolio holder for Adult Wellbeing.	
7	11.8.22	ICS Update	Note presentation and comments	
8	11.8.22	A Health Needs Assessment of Benefits and Debt Advice for Northumberland	(1) Members' comments on the evidence in the report and Advice Services Health Needs Assessment Summary be noted.	

			<ul style="list-style-type: none"> <li>(2) The importance of the role that advice services have in reducing inequalities be acknowledged.</li> <li>(3) The role of advice services with Northumberland's system-wide Inequalities Action Plan be noted; and</li> <li>(4) The contribution of partners to support access to welfare and benefits advice for their staff, patients, and residents, be agreed.</li> </ul>	
9	11.8.22	Board Development Session – Review	<ul style="list-style-type: none"> <li>(1) the update be received and noted.</li> <li>(2) Liz Morgan and Rachel Mitcheson to discuss development of the task and finish group.</li> </ul>	
10	8.9.22	Northumberland Inequalities Plan 2022-23	<ul style="list-style-type: none"> <li>(1) the proposals for the shorter term supporting and enabling actions be agreed.</li> <li>(2) The proposed short, medium and long term indicators be agreed.</li> <li>(3) The levels of ambition and Board members' contribution to the plan be agreed.</li> <li>(4) The mechanism to continue to the next stage and development the long term</li> </ul>	

			<p>plan be agreed</p> <p>(5) Board partners will present the plan at a strategic level within their own organisation for endorsement and agreement on their contribution.</p>	
11.	8.9.22	Pharmaceutical Needs Assessment Consultation Report	Updated Northumberland Pharmacy Needs Assessment approved.	
12.	8.9.22	Family Hub Development	<p>(1) to proceed with the funding for the Family Hub offer.</p> <p>(2) the development of the governance and wider processes to underpin this be supported.</p>	
13.	8.9.22	Healthwatch Annual Report 2021-22	Report and presentation received.	
14.	8.9.22	Membership and Vice-Chair of Health & Wellbeing Board	<p>(1) that Northumbria Police and the Fire &amp; Rescue Service be invited to each send a representative to join the Health &amp; Wellbeing Board.</p> <p>(2) Dr. Graham Syers remain as Vice-Chair of the Health &amp; Wellbeing Board until further notice.</p>	
15.	13.10.22	Northumberland Healthy Weight Declaration	(1) the Healthy Weight Declaration (and its 16 commitments for action) for Northumberland County Council be adopted.	

			(2) A joint launch of the Healthy Weight Declaration between Northumberland County Council, North Tyneside Council and Northumbria Healthcare NHS Foundation Trust be supported.	
16.	13.10.22	Northumberland Joint Strategic Needs Assessment	(1) The JSNA should include both needs and assets to reflect the Northumberland Inequalities Plan 2022-32.  (2) The establishment of a JSNA Steering Group to co-ordinate current work attached to the report as Appendix 5 be agreed.  (3) the priorities and timelines as attached to the report as Appendix 5 be agreed.	
17.	13.10.22	Population Health Management Update	(1) the presentation be received  (2) regular updates be received every three months.	
18.	13.10.22	Health & Wellbeing Strategy	Action plan for each theme to be developed and reported to future Board meeting.	
19.	10.11.22	Northumberland Fire & Rescue Service's Collaborative Approach to Safety and Wellbeing	Presentation and comments be noted.	
20.	10.11.22	Joint Health & Wellbeing Strategy Thematic Groups Updates	Updates from the thematic groups be received.	
21	10.11.22	Inequalities Plan – Compact	Partner organisations be requested to formally sign up to the Inequalities Plan at the Health & Wellbeing Board meeting on 8 December 2022.	
22.	10.11.22	Living with Covid	Updates be received.	

