

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, 11 May 2023 at 10.00 am.

PRESENT

P Ezhilchelvan (Chair) (in the Chair)

MEMBERS

G Binning

N Bradley

A Iceton (Substitute)

B Moulder (Substitute)

D Nugent (Substitute)

W Pattison

G Sanderson

G Syers

A Blair

Z Charge (Substitute)

S McCartney

K Murray (Substitute)

G O'Neill

G Reiter

H Snowdon

C Wardlaw

OFFICERS

L M Bennett

A Everden

K Lynch

Senior Democratic Services Officer

Public Health Team Pharmacy Advisor

Senior Public Health Manager

148 APOLOGIES FOR ABSENCE

Apologies for absence were received from, Rachel Mitcheson, David Thompson, Claire Wheatley and Councillors G. Renner-Thompson, E. Simpson, and J.G. Watson.

149 MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 13 April 2023, as circulated, be confirmed as a true record and signed by the Chair.

150 UPDATE TO PHARMACY NEEDS ASSESSMENT: CRAMLINGTON

Members received a report updating them about developments since the publication of the Pharmaceutical Needs Assessment in September 2022. The report was presented by Anne Everden, Public Health Pharmacy Adviser. (Copy attached to the signed minutes.)

Members were informed that the Health & Wellbeing Board was unable to prevent

Ch.'s Initials.....

a pharmacy closure as this was a commercial decision, however, it could judge whether the closure was likely to leave a significant gap in the service. The situation regarding a proposed closure of the Lloyds Pharmacy operating in Sainsbury's supermarket in Manor Walks, Cramlington was explained along with the other pharmacy provision in the town.

The following issues were raised:-

- A great strength of local pharmacies was that medication could be reviewed along with guidance on how to use it. Online services did not allow this and could result in medication being issued which was not needed or being used.
- Much of the Primary Care Recovery Plan for general practice included wider use of pharmacies but if simultaneously there were fewer pharmacies and some that were struggling to manage demand for prescriptions to then add on the demand of consultations would add further problems. It was important to be cognisant of these issues.
- It was noted that the problem was being experienced by all Health & Wellbeing Boards and there was a need for the issue to be raised at a national level.
- Christine Wardlaw commented that the 100 hour pharmacies were going to have the option of reducing to 72 hours and it was likely that many would do this for financial reasons. It was suggested that most of the prescriptions would be requested during normal (9 to 5) working hours. There would be gaps between 6 pm-11 pm. Realistically, how many people were accessing the later services and how many were genuinely urgent? There may need to be a return to the GP surgery having a small supply of medication to see a patient through until the next morning. Pharmacy 2000 could not offer face to face services and realistically a prescription would not be supplied for at least 24 hours. There would be gaps in enhanced services outside normal hours.

Members were informed that Healthwatch had been asked to assist in gathering information about the patients using the 100 hour pharmacy when other pharmacies were closed to help determine the gap in services when the pharmacy closed. Derry Nugent, Healthwatch, presented the results to the Board (copy attached to the signed minutes) as follows:-

- Healthwatch had used its 'Enter and View' powers under the Health & Social Care Act to carry out a series of engagement activities within Lloyds in Sainsbury's in Cramlington. The process was ongoing but had already provided a very good flavour of what patients were experiencing and their aspirations for pharmacy services in Cramlington.
- The survey was focusing on the out of hours service.
- 150 patients had responded to the survey with over 70 responses being received within the first 24 hours.
- 80% had heard of the closure and 57% used it for regular prescriptions. 66% knew how to change pharmacy and 31% indicated that they would go to the Boots Pharmacy at Manor Walks. Only 5 patients would use Lloyds or other online service. 33% of weekday users stated that they went after 7 pm. 25% had not thought about what they would do following the closure.
- Regarding the impact of the closure, the biggest concern was people's

Ch.'s Initials.....

access to a pharmacy outside their working hours. Many needed access outside core opening hours because it was convenient for them, but also because some had complex caring duties. Additional pressure would be placed on other pharmacies and could add to the already large queues at the Boots Pharmacy.

- It was vital that the reality of what the closure meant for patients and carers was understood.
- There was a need for an Inequalities Impact Assessment and care should be taken not to design services for people to fit into rather than services that fitted into people's lives

The following issues were raised:-

- A pharmacy dispenser machine was being successfully used by a pharmacy and allowed repeat prescriptions to be collected at any time. This allowed patients the flexibility they needed and was popular, safe and secure.
- The need for an Equalities Impact Assessment was supported as it was those who were going to be disadvantaged the most that were of the most concern. Opportunities for other ways of delivering the services may be able to be considered going forward.
- The Regional Group of Directors of Public Health were discussing with the ICB Executive about pharmacy issues and it was hoped that this would extend to a national level.
- The reduction in hours from 100 to 72 may result in some pharmacies becoming marginally more viable and may help to stem a number of closures.

RESOLVED that

- (1) the new developments and the action being taken to mitigate against the risks to Northumberland residents be noted.
- (2) a report be presented to the August meeting providing an update of the situation at that time.

151 **NORTHUMBERLAND ORAL HEALTH STRATEGY 2022-25**

To receive a report presenting the updated Northumberland Oral Health Strategy, following Board's agreement to extend it from 2022 to 2025. The report was presented by Kerry Lynch, Senior Public Health Manager. (Copy attached to the signed minutes.)

The following key issues were raised.

- Oral health was an important part of individual's overall health and wellbeing and significantly impact on many aspects of their life.
- Oral health had improved considerably in the UK but there were still pockets of inequalities in Northumberland.
- Responsibility for fluoridation now lay with the Secretary of State and Directors of Public Health were seeking clarification from the Department of Health and Social Care about the new process.
- Local dentistry commissioning had transferred to the Integrated Care Board

Ch.'s Initials.....

from April 2023. Access to dental treatment in Northumberland was slightly lower than it was prior to the Covid pandemic but was higher than the national average. The County Council supported water fluoridation as a crucial measure for the health of Northumberland residents and to reduce inequalities.

- The Oral Health Strategy and Implementation Group met twice a year and was looking at the 2022-25 strategy and plan. Some elements of the previous plan would continue but there were also some new priorities and actions eg. further development planning and process for delivery of oral health packs; training for carers of adults with learning difficulties and development of an oral health NECC module.
 - The plan was divided into the following themes:-
 - Improving oral health of children and young people
 - Improving oral health of older people
 - Improving oral health of vulnerable groups
 - Partnership working
 - Service development and commissioning.

The following comments were made:-

- Those most affected by poor oral health were mainly from the more deprived communities. It would be beneficial if inequalities could be woven into the strategy.
- Work was underway to strengthen pathways for Looked After Children.
- Availability of dentists was an important consideration. People's confidence in their ability to visit a dentist was lessened due to their experience of difficulty in getting an appointment.
- The community water fluoridation scheme was one of the most foundational things that could be done to close the inequalities gap as those in the most deprived communities would benefit the most. When more was known at a national level about the fluoridation consultation and the Board's part to play it would be brought back to the Board.

RESOLVED that

- (1) the work of the Oral Health Strategy and Implementation Group to update the strategy and devise a new action plan for the corresponding period be noted.
- (2) The updated Northumberland Oral Health Strategy and Action Plan 2022-25 be accepted.

152 **NORTHUMBRIA POLICE PRESENTATION - OVERVIEW OF APPROACH TO PREVENTION STRATEGY, EARLY INTERVENTION AND SERIOUS VIOLENCE**

Members received a presentation from Karen Murray, Chief Inspector Harm Reduction & Communities. (Copy attached to the signed minutes.)

Karen Murray, raised the following key issues:-

- Nationally the PCC Police and Crime Plan had three objectives which were

Ch.'s Initials.....

- all equally important
 - Fighting Crime
 - Preventing Crime
 - Improving Lives
- Strategic Harm Reduction and Communities – the Board’s data correlated well with that of Northumbria Police in that the more deprived areas were often also those with the highest crime and antisocial behaviour. Inequalities were underpinning some of the causes of the behaviour and attitudes that were being seen.
- Prevention Strategy – Having fewer victims and offences could only be achieved by identifying the causes of crime and utilising partnership working. There was a national Prevention Strategy and sitting under this were regional coordination groups which met once a month to discuss what was happening in each area to try and learn from each other.
- Police officers were encouraged to look at the individuals who were suffering as a result of a crime and try to understand what made that person vulnerable and try to start problem solving at the earliest stage to be able to refer on or give advice. Also looking at the offenders to try and identify what it was in their life that was leading them to offend.
 - **Primary Prevention** – prevention through education, early intervention, designing out crime. Engagement with Health & Wellbeing Board was vital.
 - **Secondary Prevention** – Diversionary pathways to link with young people on the edge of crime. This was partly re-education and working with parents to help them build confidence and trust and give them options. Signposting enabled officers to refer people on to other services. In April across the Northumbria Police force area, 2126 people (410 in Northumberland) had been referred to other services.
 - **Tertiary Prevention** – This focused on deterrence work and identifying young people on the periphery of crime and trying to change their trajectory. There had been significant success in using this targeted approach to improve young people’s life chances.
- Early intervention was key as well as using multi service support to improve outcomes for people, families and wider communities.
- Serious Violence Strategy 2021-2024 – The key principles were listed along with Northumbria Police’s approach including early intervention, prevention, problem solving and partnership working. A list of activities considered as serious violence was provided.

The following comments were made:-

- The outcome of the recent inspection of the Youth Justice Board would be shared with the Members when available. It would show the effectiveness of the Youth Justice Board’s early intervention and prevention work around youth justice.
- Northumbria Police’s membership of the Health & Wellbeing Board was welcomed. Northumbria Police along with the Northumberland Fire & Rescue Service had the challenge as to how to use the various data sets, joint strategic needs assessments etc to identify areas to be focused on and to focus in the right way. Also to invest the communities and people within the communities in the decisions that were made. There was certainly a commitment to do this.

Ch.’s Initials.....

- Multi agency co-operation was very important.
- Northumbria Police did have a small team which visited schools. A newsletter was sent out quarterly anything important in the interim was shared. Working together with small groups of children was proven to be effective and was targeted in the highest harm areas.
- The Northumberland Fire & Rescue Services also had a full school programme running throughout the year. There was also the Extinguish Programme which was aimed at young people who were prone to fire setting. There were Fire Cadets and Princes Trust programmes.

The Chair thanked Karen Murray for her presentation.

RESOLVED that the presentation be noted.

153 NORTHUMBERLAND INEQUALITIES ROUND TABLE

Graham Syers welcomed the discussion during the meeting and the clear commitment to inequalities and thanked everyone involved in the production of the Inequalities Plan and the ongoing work. The purpose of the round table event was to ‘Reflect, Reassess and Refresh’.

Gill O’Neill informed Members that the round table event would take place on Thursday, 13 July 2023 between 9 – 2 pm in place of a Board Meeting. Members were asked to note in their diaries. Cormac Russell would be attending and acting as a critical friend. It was now time to blend the stronger communities and asset work with some of the bigger policy work from Professor Sir Michael Marmot so there would be a strong theme around people, place and policy coming together.

154 HEALTH AND WELLBEING BOARD – FORWARD PLAN

Members noted details of forthcoming agenda items at future meetings.

155 DATE OF NEXT MEETING

The next meeting will be held on Thursday, 8 June 2023, at 10.00 am in County Hall, Morpeth.

CHAIR.....

DATE.....

Ch.’s Initials.....

Lloyds Pharmacy at Manor Walks

Survey Preview ⓘ

Lloyds Cramlington Pharmacy closure impact

Thank you for offering to complete this survey around the planned closure of Lloyds pharmacy located in Sainsburys at Manor Walks in Cramlington.

We want to gauge the potential impact of the closure of this pharmacy on people in the area and really appreciate your time answering a few questions.

Thank you

The Healthwatch Northumberland team.

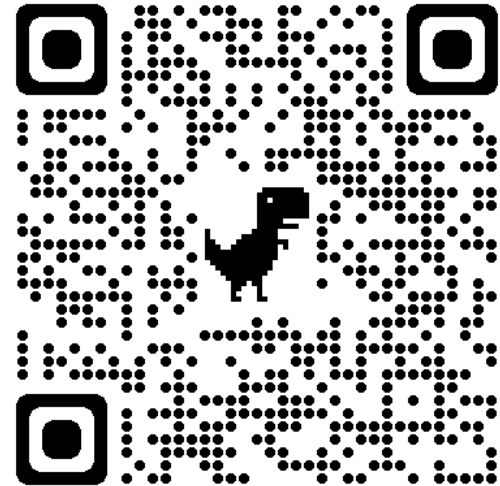
1. Are you aware of the planned closure of Lloyds pharmacy in Manor Walks, Cramlington this summer?

Yes

No

Comments:

Page 1



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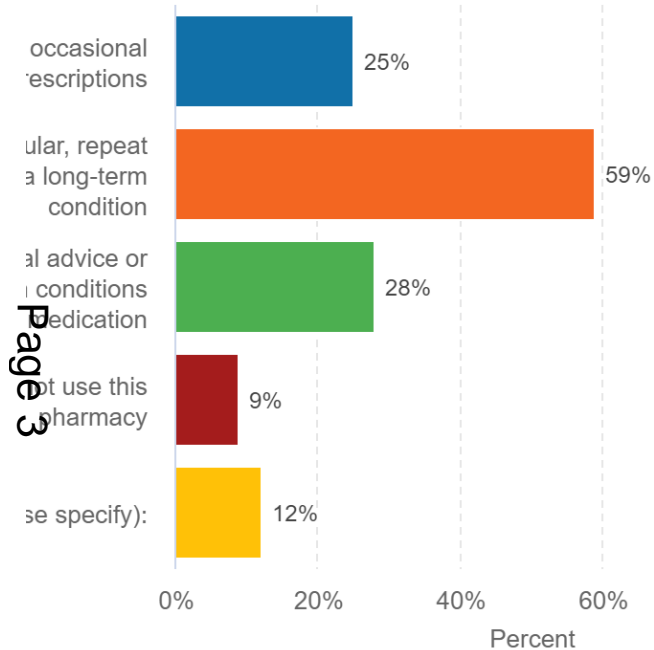


Day	Time
Tuesday 2 May	7am -9am
Tuesday 9 May	5pm-7pm
Thursday 11 May	5pm-7pm
Saturday 13 May	10am -12noon

What we have heard so far

- awareness

Generally use this pharmacy for?



- 80% have heard about the closure
- 57% use it for regular prescriptions
- 66% know how to change pharmacy
- 31% will go to Boots at Manor Walks
- 5 people said they would use Lloyds or other online service.
- 25% said they have not thought about it
- 33% of weekday users say they go after 7pm

What we have heard so far

- Impact

“My repeat medication is sent there as due to work commitments. I find it difficult to get to other pharmacies due to opening hours”


Access around work times is important

49% said they had used it outside of core hours in the last 12 months

Access out of hours for people with specific needs is crucial

More pressure on already overstretched services or services that are not as well valued or do not have same facilities

“Massive queues at Boots to add to the already big queues”



“I will struggle to collect my 3 medications for my conditions as I work till 5 , don’t drive and the pharmacy closes at my doctor’s surgery at 6”

“We often have to pick up medication after 6 pm but will no longer be able to do so which means my daughter will be left in pain until the next morning which isn’t nice. There are no other pharmacies open late in Cramlington”

Page 5

“I’ve moved to Well pharmacy at the Village Surgery. The service is much better but they don’t have long enough opening hours. To reach a late night pharmacy the closest is Blyth Asda which is approx 4.5 miles from our house a 9 mile round trip.

It’s not acceptable for a town as big as Cramlington to not have a late night pharmacy. Parking is also not good at Well pharmacy. It’s not very accessible for those with disabilities”



Our ask now

- **Direct communication to patients, carers and professionals to ensure robust transition of service especially for those with specific needs – eg methadone prescriptions and dosette boxes**
- **Equalities Impact Assessment – engagement has flagged up some issues but further work required to underpin commissioning of new services**



Northumberland
County Council

Northumberland Oral Health Strategy 2022-2025

Page 7

Health and Wellbeing Board – Thursday 11 May 2023

Report of: Councillor Wendy Pattison – Adult Health and Wellbeing

Lead Officer: Gill O'Neill, Executive Director of Public Health, Inequalities and Stronger Communities

Presenting author: Kerry Lynch, Senior Public Health Manager

www.northumberland.gov.uk

Minute Item 151

Purpose of report

To present the updated Northumberland Oral Health Strategy, following Boards agreement to extend it from 2022 to 2025.

Page 8 (To assure Board of ongoing partnership action to improve oral health in Northumberland.)

Key issues

- Oral health is an important part of the overall health and wellbeing of individuals.
- Poor oral health will have significant impacts on many aspects of an individual's life throughout the life course.
- Oral health has improved considerably in the UK, with some areas now almost entirely free of dental decay in 5-year-olds.
- However, pockets of inequalities and areas with greater need remain, as seen in Northumberland. The 2022 Oral Health Survey of 5-year olds shows that 16.7% of 5-year olds in Northumberland had experience of tooth decay.

Key issues

- Oral health is also a key issue for adults - the 2017 Oral Health Needs Assessment noted the needs of the older population and the likely increase in the size of this group in the future.
- One indicator of adult oral health - the age standardised oral cancer mortality rate per 100,000 of the population in Northumberland in 2017-19 was 3.4, which is lower than the England value of 4.7 and the North East value of 6.0.

Wider elements of note for Board

Key elements of a county-wide and population approach to reducing oral health inequalities include community water fluoridation and NHS dentistry.

- Responsibility for fluoridation lies with the Secretary of State.
- Local dentistry commissioning transferred to the Integrated Care Board (ICB) from 1st April 2023.

Page 11

The Northumberland Oral Health Strategy and action plan, and its implementation group partners, acknowledge the importance of these issues. We will continue to undertake oral health promotion activities as part of the wider multi-disciplinary approach as set out in the action plan and will work with relevant partners to influence and support the elements of dentistry and fluoridation which are outside Northumberland County Council (NCC) jurisdiction.

Dental access in Northumberland

- In Northumberland in 2020/21 78.6% of the population successfully obtained a dental appointment, slightly lower than the NE average of 80.1% but higher than the England average of 77%. This is lower than in previous years, due to the impact of, and recovery from, the COVID-19 pandemic.
- Health and Wellbeing OSC received a report from NHSE on 7 March 2023 outlining
 - national and local recruitment and retention issues and the programme of dental system reforms.
 - Eight Northumberland practices are accessing NHS funding to offer additional clinical capacity above contracted levels for urgent cases in identified high-risk groups.
 - NHSE stated that a formal procurement to secure a new long-term provider in the Berwick area is progressing which, subject to completion of a successful formal procurement process, is likely to be in place from April 2024.
 - In the interim, options continue to be explored to secure short-term solutions to increase access for patients who require urgent dental care.

The Executive Director of Public Health, Inequalities and Stronger Communities will continue to monitor this situation, respond to public enquiries where appropriate and report on developments.

Community water fluoridation (CWF)

- **Responsibilities for consultation on variations to community water fluoridation schemes have changed** – Responsibility has transferred from local authorities to the Secretary of State. Directors of Public Health continue to seek clarification from the Department of Health and Social Care about this new process.
- **The Administration supports fluoridation as part of its key theme of addressing inequalities** – whilst responsibility is no longer Council's, we support water fluoridation as a crucial measure for the health of our residents.

The Executive Director of Public Health, Inequalities and Stronger Communities will keep Council, partners and Health and Wellbeing Board up to date regarding national consultation and the implementation of the north-east CWF scheme variation.

Oral Health Promotion - Background

- Health and Wellbeing Board approval for extended strategy period – 12 May 2022
- Oral Health Strategy and Implementation Group (OHSIG) began planning for the new time-frame 2022-2025
- The new 2022-2025 plan continues elements of the previous strategy and incorporates some new priorities and action. Eg further developing planning & process for delivery of oral health packs; training for carers of adults with LD; development of an oral health MECC module.
- The OHSIG will continue to meet twice a year to report on action and monitor progress toward the actions and strategy aims.

2022-2025 Strategy updates

The majority of the updated strategy remains current and applicable but there are a few updated data and additions, most notably:

- Oral Health Survey of 5 year olds (Office for Health Improvement & Disparities (OHID), 2018/19) - 16.7% of 5 year olds in Northumberland had experience of tooth decay. This is a decrease since 2019.
- Change in inequalities indicator from 'inequalities in tooth decay in children aged 5 years ' to 'percentage of children in absolute low income families (under 16s) (OHID 2020/21) – 23.4%
- Data updates relating to e.g. Hospital admissions for tooth removal under general anaesthetic; Mortality rate from oral cancer; Percentage of adult smokers; Access to NHS dental services

Page 15

As well as reference to the changed responsibilities for dental commissioning and CWF, and the impact of the coronavirus pandemic (already mentioned).

The updated strategy will be ratified by the OHSIG at their next meeting following this HWBB meeting. Any comments or guidance from Health and Wellbeing Board arising from this paper/meeting will be incorporated.

Overview selection of DRAFT 2022-2025 oral health actions

Northumberland	Oral Health Strategy actions 2022-25 (abridged)
Improving oral health of children and young people (BSiL)	OH packs and messages at key contacts by 0-19 service; Early Years OH training programme NCC PH (IWS) OH workbook for working with children & young people Breastfeeding advice and policies to include oral health message
Improving oral health of older people	Support residential care settings to improve oral health of residents
Improving oral health of vulnerable groups	Oral health packs distribution to vulnerable groups such as Food Banks and Family Hubs NHCFT and HEE training programme for carers of adults with learning disabilities
Partnership working	Appropriately support the SoS and national consultation on water fluoridation scheme Work with partners via the Northumberland cancer strategy to raise awareness of oral cancer and risk factors
Service development and commissioning	Oral health improvement incorporated into appropriate LA commissioned services for children and older people

Recommendations

The Health and Wellbeing Board is recommended to:

- Note the work of the Oral Health Strategy and Implementation Group (OHSIG) to update the strategy and devise a new action plan for the corresponding period.
- Accept (and advise) the updated Northumberland Oral Health Strategy and Action Plan 2022-25.

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An overview of Early Intervention and Prevention policing to reduce crime, demand and build trust and confidence in our communities.

Claire Wheatley, Superintendent.

Page 19

OUR VALUES

Our values underpin our purpose and vision and define who and what we are:

- 01 Determined.**
Nobody is more determined than us to keep our communities safe.
- 02 Supportive.**
A supportive, inclusive culture is everything to us. Full stop.
- 03 Passionate.**
Our region is amazing. It's in our DNA to be passionate about what we do.
- 04 Dynamic.**
We are brave and bold. We are dynamic in our thinking so bring on innovation!
- 05 Proud.**
We are a team like no other. Proud of who we are and what we do.

Minute Item 152

PCC Police and Crime Plan

- **Fighting Crime**
- **Preventing Crime**
- **Improving Lives**

Northumbria Police

- **Purpose - Keep people safe and fight crime**
- **Vision - Deliver an outstanding police service, working with communities to prevent crime and disorder and protect the most vulnerable people from harm.**

Strategic Harm Reduction and Communities

- Early Intervention
- Prevention
- VAWG
- Partnerships
- Community Engagement
- Race Action Plan
- Hate Crime

PREVENTION STRATEGY



Aim

Few victims, fewer offences and less demand on policing, by addressing the causes of crime and utilising partnership problem orientated policing.

Page 22

Achieve

Cultural change, reduce harm, reduce offending through problem solving



- **Primary Prevention**

Early Intervention, design out crime officers
Health and Wellbeing boards

- **Secondary Prevention**

Diversionary pathways, Sign post of services, offender management
Safeguarding boards

- **Tertiary Prevention**

Focussed deterrence work / locality hubs, problem solving, serious Violence,
Community Safety Partnerships

Early Intervention

- Identifying risks early, multi service support to improve outcomes for people, families and wider communities.
- Neighbourhood approach – EI mind set , data analysis re emerging vulnerabilities and crime trends
- Safer streets funding – public spaces / feelings of confidence
- Prevention through Education
- YOLO

Serious Violence Strategy

2021-2025

Purpose – Keeping people safe and fighting crime

Serious Violence Principles:

- **Northumbria Police is committed to protecting the vulnerable and preventing harm**
We will take an intelligence led, analytical approach to understand serious violence causality factors and locations
- **Serious violence significantly impacts on the lives of individual victims and wider community trust and confidence**
We will adopt an early intervention, preventative and problem solving approach to reduce offending and victimisation
- **Supporting victims of serious violence and the wider community is central to our approach**
We will provide support to victims by ensuring our staff provide an empathetic victim focussed service
- **Visible consequences of offending and effective justice for victims is essential**
We will bring offenders to justice at the earliest opportunity and promote outcomes to deter similar offending and provide reassurance to our communities
- **Serious violence cannot be resolved through enforcement alone**
We collaborate with the Violence Reduction Unit (VRU) and work with other partner organisations to tackle the causes of offending and support victims through prevention, engagement, education and enforcement.”

Our Approach:

- Early intervention, prevention, problem solving and partnership working are key to our approach to reduce serious violence and tackle causality. They will be supplemented by robust enforcement action to target key offenders. We will seek to build trust and confidence by supporting victims and communities affected by serious violence.
- We will protect the vulnerable and reduce harm in our communities by focusing on the following key strands:
 1. Understanding the problem – Information, intelligence, data
 2. Early Intervention to prevent harm to victims
 3. Offender targeting and achieving effective justice outcomes
 4. Working together with partners and communities to build resilience

What is Serious Violence?

Serious Youth Violence	Knife Crime	VAWG	County Lines & MDS	Firearms Offences	Serious Organised Crime
Alcohol Related S.V	Public Space Violence	Serious Sexual Offending	Violence linked to drug supply	Domestic Abuse	CSEA

Any questions?