



Northumberland County Council

Your ref:

Our ref:

Enquiries to: Lesley Bennett

Email: Lesley.Bennett@northumberland.gov.uk

Tel direct: 01670 622613

Date: 28 April 2023

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, 11 MAY 2023** at **10.00 AM**.

Yours faithfully

Dr. Helen Paterson
Chief Executive

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

G Binning, A Blair, J Boyack, N Bradley, C Briggs, P Ezhilchelvan (Chair), S Lamb, J Mackey, S McCartney, V McFarlane-Reid, R Mitcheson, R Murfin, G O'Neill, W Pattison, G Reiter, G Renner-Thompson, G Sanderson, E Simpson, H Snowdon, G Syers (Vice-Chair), D Thompson, C Wardlaw, J Watson and C Wheatley



Dr. Helen Paterson, Chief Executive
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T: 0345 600 6400
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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
- 8)

Minutes of the meeting of the Health and Wellbeing Board held on Thursday, 13 April 2023 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. 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. UPDATE TO PHARMACY NEEDS ASSESSMENT: CRAMLINGTON** (Pages 9 - 14)

To receive a report updating Members about developments since the publication of the Pharmaceutical Needs Assessment in September 2022. The report will be presented by Anne Everden, Public Health Pharmacy Adviser.
- 5. NORTHUMBERLAND ORAL HEALTH STRATEGY 2022-25** (Pages 15 - 34)

To receive a report presenting the updated Northumberland Oral Health Strategy, following Board's agreement to extend it from 2022 to 2025. The report will be presented by Kerry Lynch, Senior Public Health Manager.
- 6. NORTHUMBRIA POLICE PRESENTATION - OVERVIEW OF APPROACH TO PREVENTION STRATEGY, EARLY INTERVENTION AND SERIOUS VIOLENCE**

To receive a presentation from Claire Wheatley, Superintendent Harm Reduction & Communities.
- 7. NORTHUMBERLAND INEQUALITIES ROUND TABLE**

One year on from the call to action at the Inequalities Summit, the Round Table will bring senior leaders together to review progress and agree next steps. The Round Table will be held on Thursday, 13 July 2023 and as a result the Health & Wellbeing Board will be cancelled that day.
- 8. HEALTH AND WELLBEING BOARD – FORWARD PLAN** (Pages 35 - 46)

To note/discuss details of forthcoming agenda items at future meetings; the latest version is enclosed.
- 9. 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.
- 10. DATE OF NEXT MEETING**

The next meeting will be held on Thursday, 8 June 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.

Name:		Date of meeting:	
Meeting:			
Item to which your interest relates:			
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):			
Are you intending to withdraw from the meeting?		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 Registrable 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)— (a) the landlord is the council; and (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.
Securities	Any beneficial interest in securities* of a body

	<p>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"> i. the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or 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.
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* ‘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 13 April 2023 at 10.00 a.m.

PRESENT

Councillor P. Ezhilchelvan
(Chair, in the Chair)

BOARD MEMBERS

Bradley, N.	Reiter, G.
Brown, D. (Substitute)	Sanderson, H.G.H.
Nugent, D. (Substitute)	Simpson, E.
O'Neill, G.	Syers, G.
Pattison, W.	Watson, J.
Phelps, P. (Substitute)	

ALSO IN ATTENDANCE

Ferguson, D.	Deputy Cabinet Member
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IN ATTENDANCE

A . Bell	NENC ICB Northumberland Place
L.M. Bennett	Senior Democratic Services Officer
D. Cummins	NENC ICB Northumberland Place
K. Higgins	Employability & Inclusion Manager
P. Hunter	Senior Service Director
P. Lee	Public Health Consultant

140. APOLOGIES FOR ABSENCE

Apologies for absence were received from Graeme Binning, Alistair Blair, Julie Boyack, Rachel Mitcheson, Hillary Snowdon and David Thompson.

141. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 9 March 2023, as circulated, be confirmed as a true record and signed by the Chair.

142. TOWARDS A COLLABORATIVE APPROACH TO REDUCING INEQUALITIES IN EMPLOYMENT OUTCOMES FOR OUR POPULATION

To receive a report introducing the topic of 'Health and Work' and providing background information to prepare for a discussion at the Board. The discussion will focus on how organisations represented by the Board can work together to achieve better employment outcomes for those experiencing barriers to work. A copy of the presentation is filed with the signed minutes.

A presentation was given by Kevin Higgins and Pam Lee which set the context of this work and the need for Regeneration and Public Health to work together along with other partners to recognise the relationship between the health and work and reduce inequalities in the labour market. The following key points were made:-

- Post Covid, there was relatively weak employment growth, hard to fill vacancies and a shrinking labour pool. There was a noticeable trend in Economic Inactivity (people not in employment but not looking for work) and an increase in Economic Inactivity due to ill health.
- Data was showing that the labour force was shrinking which was impacting economic recovery. The workforce was also aging.
- Over 1.7 million people outside the workforce (particularly those with disabilities or caring responsibilities) wanted to work but were unable to without support.
- The economically inactive was a diverse group comprising those unable to work due to health/caring responsibilities, those who did not need to work and those who needed help to work.
- Nationally, the numbers of those inactive due to long term illness in the UK was increasing, whereas the trend was decreasing in other countries.
- Northumberland's unemployment rate was relatively low at 4.4%. However, of the economically inactive, 10,000 wanted to work. The main causes of long term sickness were mental health issues, muscular/skeletal conditions and diabetes. Graphs were shown of the trends since 2018.
- The system to improve economic opportunities was split into three areas
 - Anchor institutions – had a key role to play in their recruitment, retention and support practices and using their commissioning and social value powers.
 - Through good quality work – what employers could do through good quality work around improving accessibility and flexibility of work
 - Supporting those needing help to work – a better integration of employment support and health services was critical to ensure people had the support they needed and to meet employer demand.

The Board was invited to consider a number of questions on how to move this area of work forward. The following comments were made:-

- Vacancies could be difficult to fill. Covid had forced employers to think differently and move away from employees having to come into the office. Adaptations could be made to allow those having difficulties with

accessibility to work at home. It was acknowledged that the nature of some posts meant that they were not suitable for flexible or home working.

- Paid employment was very important for a person's self-worth but this should also be good quality jobs with good wages.
- Employment and health were important areas which needed to be looked at as part of the wider determinants within the Joint Health & Wellbeing Strategy (JHWS). It was important to work with the 10,000 who wanted to return to work to encourage them back. Board members all represented large organisations and it was their corporate social responsibility to look for ways to help people back into employment.
- It was suggested that each member discussed with their organisation with a view to coming back to the May meeting with robust answers to the questions to identify what was being done and the commitment to go further. Comments should be sent to Kevin Higgins or Pam Lee.
- Within Northumberland's Primary Care sector there were at least 40 different employers with which to discuss their corporate responsibility to make good decisions around recruitment and to best serve their communities. Was it fair or legal to recruit preferentially from somewhere where you may give the maximum benefit to the community? There would be discussions at the Primary Care Collaborative.
- People's lives were very complex and maybe there should be discussions with people who had already been helped or not helped by interventions.
- It was important to know whether what was being done was working, and if it was not working, so that it could be changed.
- How could the challenge be made achievable and targeted at cohorts of health and focus efforts on the 10,000 wanting to return to work? Recruitment strategies could be worked on to change the focus of recruitment and find the interested parties. Was there a correlation between younger people who were not entering the workforce and health and did this further refine how the problem was looked at?
- A breakdown of the figures into mental illness and physical illness would be helpful as the solution to get people back into the job market could differ between them. It was possible there was a 'benefit trap' currently, as there were plenty of applications for jobs but then few applicants actually attended the interview.
- Northumberland County Council was committed to tackling inequalities but there was still much work to be done. A clear and simplified action list would be helpful to see what work needed to be done, what had been done to see where a difference had been made.

RESOLVED that

- (1) receive the contents of the report be received and the recommendations of Northumberland's Inclusive Economy Joint Strategic Needs Assessment (JSNA) noted.
- (2) Board Members discuss with their respective organisations and feedback to a future meeting of the Health & Wellbeing Board.

Ch.'s Initials.....

Health & Wellbeing Board, 13 April 2023

143. JOINT HEALTH AND WELLBEING STRATEGY – THEMATIC AREAS REVIEW AND NEXT STEPS

To receive a verbal update and presentation from Gill O'Neill, Executive Director of Public Health, Inequalities and Stronger Communities to update Members on the next steps in the refresh of the Joint Health and Wellbeing Strategy (JHWS). A copy of the presentation is filed with the signed minutes.

The following key points were raised:-

- Four thematic areas of the JHWS had been identified and groups set up to review each. Inequalities Plan Compact had been signed by Member.
- Membership of the Board had been reviewed and expanded to include the Fire & Rescue Service, the Police and Northumberland County Council Regeneration.
- **Best Start in Life**
 - Working on strategic governance review of the Children's Strategic Partnership and the Health & Wellbeing and the interface
 - Family Hubs aimed to ensure that every child had the best start in life. Northumberland had trailblazer status. This was not just early years but 0 – 19 years.
 - On track to produce on set of common purpose core indicators later in the year.
- **Empowering Communities**
 - This was a complex area with many forums involved such as the VCSE Liaison forum, Thriving Together Inequalities Taskforce and NCT Partnership Board and Thriving Communities Sub Group.
- **Wider Determinants**
 - Three key areas; employment, housing and transport.
 - A new Executive Director would soon be in post and it was hoped that there would be more specific actions towards the end of the year.
- **Whole Systems Approach**
 - Integration of health and social care. The membership and terms of reference of the System Transformation Board had been refreshed. There would be consideration of the interface between the Health & Wellbeing Board and the ICB Place Board.
 - A time limited working group would be set up to ensure progress and this would be aided by the new stability with the appointment of Executive Directors in Northumberland and the ICB Place Based Strategy coming online. It would be important to avoid duplication where possible.
 - By June 2023, each thematic area should have reviewed actions in the current plan and provided an update on achievements and proposed 'refreshed' actions/indicators.
 - By August/September 2023 a report highlighting work done to date, proposed new actions and refreshed indicators should be produced. The aim would be to publish the refreshed JHWS by the end of the year.

RESOLVED that the presentation be received.

144. POPULATION HEALTH MANAGEMENT

To receive a verbal update and presentation on Population Health Management from Alan Bell and David Cummins, NENC ICB Northumberland Place. A copy of the presentation is filed with the signed minutes.

The following key issues were raised:-

- National, Regional and Local Direction involved building an infrastructure and gathering intelligence and putting the right interventions in place. NHS England had recently released 'Tackling Neighbourhood Health Inequalities' guidance and asking PCNs to establish a Health Inequalities Lead to champion and take direct action at local level. Regionally, data sharing platforms were being looked at and Northumberland was seen as an exemplar. Locally, PCNs would have further resources to deliver local projects.
- Details were provided of local projects being carried out by several PCNs
- **Wansbeck PCN** was focusing on child poverty in the Hirst, Bedlington East and Choppington Ward. A new Children's Link Worker was to be appointed. The new Family Hub was being well used and 'Wellbeing Wednesday' events were being held weekly. A well-attended Wellbeing Event had been held on 21 March 2023 to raise awareness of what was going on and of groups in the community.
- **Blyth PCN** was focusing on under 5s' A & E attendances and the reasons behind them. Rates of attendance had been found to be highest in the Cowpen and Kitty Brewster wards and were predominantly male. Most attended Cramlington NSECH with others going to Wansbeck Urgent Care Centre. A Working Group had been set up involving Public Health, Healthwatch, Family Hubs and Early Health. Invitations had been issued to parents to attend discussion groups, focusing on vulnerable groups.
- **Cramlington & Seaton Valley PCN** was focusing on patients aged 35-65 living in IMD 1 and diagnosed with depression and either CVD/COPD. Patients had been written to and invited to take part in the project including analysing smoking cessation, uptake of vaccine and pulmonary rehab. Data on their A & E emergency attendances was also being analysed. Other areas of focus were NHS health checks, alcohol and learning difficulties.
- **Well Up North PCN** was focusing on obesity and piloting a project on Wooler and Amble. Sessions were being held on food choices, exercise, barriers, calories and labels and relapse prevention. Patients were reporting improved wellbeing in one or more categories such as weight loss and reduce waist circumference.
- Health Inequality – Fishermen project – This had been a successful joint project to engagement with fisherman on the quay side at Amble Harbour. Due to working long and unsocial hours fisherman were usually unable to access healthcare easily.

The following comments were made:-

- Many of the organisations which made up the Board membership were involved in one or more of the projects mentioned in the presentation. This had provided the environment which enabled project such as these to thrive. The Board's ongoing inequalities work was allowing these projects to have a different 'lens' and taking a slightly different slant.

RESOLVED that the presentation be received.

145. CORPORATE PLAN REFRESH

Members received a verbal update and presentation from Philip Hunter, Senior Service Director, on the Corporate Plan refresh. A copy of the presentation is filed with the signed minutes.

The following key points were raised:-

- It was aimed to update the Board on how the Corporate Plan was being developed and redrafted, to give an overview on the three corporate priorities, and to raise awareness of the Corporate Plan with other organisations.
- The Corporate Plan was originally drafted in February 2022 but was now being redrafted because this was good practice and was an opportunity to reflect on and respond to the recommendations in last year's independent governance review.
- The three corporate priorities were Tackling Inequalities, Driving Growth and Jobs, and Value for Money. The slide outlined how the Corporate Plan would drive the organisation through service planning and set the context for budgeting. Tackling inequalities would be embedded across the Council.
- Outcomes and actions for each of the priorities was listed, along with impact on net zero sustainability and climate change
- **Tackling Inequalities**
 - Empowered and resilient communities
 - Children and young people have the best start in life and grow up well
 - Residents live and age well
 - The building blocks of a good life
- **Driving Economic Growth**
 - Thriving places and culture
 - A diverse and resilient economy
 - Skilled people
 - A connected county
- **Achieving Value for Money**
 - The best customer experience
 - Making the best spending decisions
 - Working better, more efficiently
 - Doing more through technology

The presentation on the Corporate Plan refresh was welcomed and it was acknowledged that it was important to align with other organisations. Newcastle Hospitals NHS Trust was refreshing its strategies currently and would welcome discussion with Northumberland as working with partners was a key part of its strategy.

RESOLVED that the presentation be received.

146. HEALTH AND WELLBEING BOARD – FORWARD PLAN

Members noted details of forthcoming agenda items at future meetings.

147. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 13 April 2023, at 10.00 am in County Hall, Morpeth.

CHAIR _____

DATE _____

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Northumberland County Council

HEALTH AND WELL BEING BOARD

11TH MAY 2023

Update to Pharmacy Needs Assessment: Cramlington

Report of: Councillor Wendy Pattison - Adult Health and Wellbeing

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

Purpose of report

The purpose of the report is to update the Health and Wellbeing Board about developments since the publication of the Pharmaceutical Needs Assessment in September 2022.

Recommendations

It is recommended that the Health and Wellbeing Board note the new developments and the action being taken to mitigate against the risks to Northumberland residents.

Link to Corporate Plan

Health and Well Being – our aim is to ensure that everyone has the opportunity to lead healthy, independent lives for as long as possible and to safeguard our most vulnerable residents in a way that maintains their dignity and confidence.

Key issues

1. Lloyds Pharmacy, operating from Sainsbury's supermarket, Manor Walks, Cramlington has informed NHS England of its plan to close the pharmacy on 31st July 2023. As it is currently a 100-hour pharmacy the regulations require a six month notice period of intended closure.
2. This 100- hour pharmacy is one of 5 pharmacies across the county which form the network of out of hours provision of pharmacy services. The conclusion of the PNA states

"The Council considers that the network of extended hour pharmacies are essential to meet patients' needs by widening access to pharmaceutical services outside core hours"

when other pharmacies are closed. Any loss of 100 hour pharmacies or reduction in supplementary hours may lead to gaps in pharmacy services”.

3. There are 3 other pharmacies in Cramlington.

- Well Ltd operate a pharmacy in the Manor Walks shopping centre which is open until 6.30pm weekdays and 1pm on Saturdays. It does not open on Sundays.
- Boots operates a pharmacy in Manor Walks shopping centre which is open until 6pm weekdays, 5.30pm on Saturdays and between 10am and 4pm on Sundays.
- Lloyds operate another pharmacy at the Brockwell Centre which is 1.9miles from Manor Walks centre. This pharmacy is open Monday to Friday until 6pm. It does not open at weekends. This pharmacy is currently being sold to a new owner who will continue to provide pharmacy services.

Consideration must be given as to the ability of these pharmacies to pick up the workload of Lloyds operating from Sainsburys, and in particular the services being operated outside of normal hours on weekday evenings.

Background

The Pharmacy Needs Assessment was approved by the Health and Wellbeing Board in September 2022.

Cramlington currently has 4 pharmacies to serve its population of around 30,000 residents. It is also a hub for a wider geographical region for shopping and medical services outside “normal” hours of 9am to 6pm. Consideration was given in the PNA to the current pharmacy provision in Cramlington because of the application to open a new pharmacy on the Cramlington hospital site. The application by the developers was to provide a one stop service for patients at the relocated Brockwell medical centre (due for completion in Autumn 2023) along with other community-based health services. This application went to appeal after it was turned down by NHS England in autumn 2022. The result of the appeal was published on 31st March 2023 and was positive for a new 40 hour pharmacy at the Brockwell development, at the site adjacent to the Urgent Care Hospital. The developers have 2 years to open the new pharmacy.

GPs offer extended hours services from the hub at The Village medical centre in Cramlington for practices in Ponteland and Cramlington during weekday evenings, and additionally for practices from further afield at the weekends and bank holidays. Patients expect to be able to access a pharmacy after a medical consultation if new medicines are prescribed.

The pharmacy contract has caused extreme financial difficulties for community pharmacy. The 2019 settlement saw a reduction in funding, and this situation has been worsened by the COVID crisis, and the spike in inflation. The Lloyds group posted a £66million loss in their official financial return for 2022/23. Lloyds group will stop providing pharmacy services in all 237 branches located in Sainsbury stores by the end of 2023. It has said

that the future of each store will be decided individually but any future owner would need to negotiate a new lease for each pharmacy with Sainsbury.

100-hour pharmacies are very expensive to run and also need three whole time equivalent pharmacists to maintain a professional presence over the 100 hours opening time. There is a shortage of pharmacists nationally, and therefore finding staff has proved an issue, and the Cramlington branch operated reduced hours while COVID regulations permitted this.

Concerns have been raised by Healthwatch Northumberland about how this change (and indeed other changes) are communicated to patients and that the impact is understood. Specifically:

1. What direct communication will be made to patients at the point the prescription is made (eg at the GP surgery) as to where an electronic prescription is being sent
2. What direct communications will be made to patients and carers who have repeat prescriptions at this pharmacy. When will this be done and what information will be included
3. When will an Equalities Impact Assessment be done by NHSE and/or NENC ICB (depending on timing) to determine the effect on patients with Protected Characteristics. Specific focus required in relation to mental capacity, sensory loss and ability to travel to different locations. Consideration should be given to how patients, for whom English is an additional language, including those whose first language is BSL, are made aware of the change.

Healthwatch Northumberland Board has approved an “Enter and View” engagement exercise to ascertain further information about the patients who use the 100 hour pharmacy, when other pharmacies are closed. This will help determine the full extent of the gap in pharmacy services when this 100 hour pharmacy closes.

The need to support the extended hours which GP services are required to cover means that the loss of out of hours pharmacy services may impact those patients who do not have access to private transport to go to the next nearest pharmacy which is open for extended hours (Blyth, Ashington or Kingston Park).

When the Lloyds branch in Cramlington closes we will review the remaining access to determine whether there is a gap in pharmacy services. The Pharmacy regulations mean that a gap in pharmacy services cannot be declared until the pharmacy has closed, because they can change their minds or sell the contract up to the date of closure.

The granting of a 40hour pharmacy contract to the site adjacent to the emergency care hospital will make it difficult to attract a fifth pharmacy into a town centre location, where rates are likely to be high. It may be, that there is sufficient capacity to service the pharmacy needs of residents of Cramlington during “normal working hours”, once the new pharmacy at the new Brockwell primary care site is open. However, this will not address the needs of those patients who attend evening appointments at the GP out of hours hub.

We propose that we bring back to the August Health and Wellbeing Board a second paper describing the situation at that time, when the Health and Wellbeing Board can decide

whether there is a gap in pharmacy services. This would be done by producing a correction to the Pharmacy Needs Assessment 2022, by issuing a supplementary statement. As a response to that supplementary statement, normally an application to open a new pharmacy would be sent to NHS England to cover for the gap in hours identified or an existing contractor would agree to extend its hours. Failing that the gap in hours could be covered by a pharmacy rota.

Implications

Policy	Consideration must be given to how this closure will impact the residents of Cramlington and South East Northumberland
Finance and value for money	There are no direct financial implications for the council.
Legal	The council has a duty to inform NHS England if any changes to pharmacy arrangements will create a gap in pharmacy services. The duties and responsibilities of a Health and Wellbeing Board as set out in the Health and Social Care Act 2012. The Local Authorities (Functions and Responsibilities) (England) Regulations 2000 confirm that the matters within this report are not functions of the Executive
Procurement	N/A
Human Resources	There are no specific implications for human resources,
Property	N/A
Equalities (Impact Assessment attached) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Closure of a centrally located pharmacy which is open for extended hours may impact the ability of disadvantaged members of the community to access pharmacy services.
Risk Assessment	The council is obligated to update the PNA on a regular basis and when there are significant changes to pharmacy services.
Crime & Disorder	Commissioned services for opiate substitution provided by community pharmacies reduce the crime associated with illegal substance misuse
Customer Consideration	The fundamental aim is to ensure that pharmacy services are available to Northumberland residents.

Carbon reduction	N/A
Health and Wellbeing	The fundamental aim is to ensure that pharmacy services are available to Northumberland residents.
Wards	All

Background papers:

Pharmaceutical Needs Assessments; Information Pack for local authority Health and Wellbeing Boards. Department of Health May 2013

Pharmaceutical journal: closure of Lloyds pharmacies. <https://pharmaceutical-journal.com/article/feature/supermarket-pharmacy-closures-a-watershed-moment>

Report sign off.

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

	Full Name of Officer
Interim Director of Law and Governance and Monitoring Officer	Suki Binjal
Executive Director of Resources and Transformation (S151 Officer)	Jan Willis
Executive Director	Gill O'Neill
Chief Executive	Helen Paterson
Portfolio Holder(s)	Wendy Pattison

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Northumberland County Council

HEALTH AND WELLBEING BOARD

11 MAY 2023

Northumberland Oral Health Strategy 2022-2025

Report of: Councillor Wendy Pattison - Adult Health and Wellbeing

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

Purpose of report

This report presents the updated Northumberland Oral Health Strategy, following Boards agreement to extend it from 2022 to 2025.

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 the updated Northumberland Oral Health Strategy and Action Plan 2022-25.

Link to Corporate Plan

This report is relevant to the 'Living' priority included in the NCC Corporate Plan 2021-2024 and its overarching theme of tackling inequalities within our communities, supporting our residents to be healthier and happier. The extended Northumberland Oral Health Strategy 2022-2025 will facilitate improvements to the oral health of our communities and will contribute to the reduction of oral health inequalities.

Key issues

Oral health is an important part of the overall health and wellbeing of individuals and 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 five year olds shows that 16.7%% of 5 year olds in Northumberland had experience of tooth decay¹.

¹ OHID: [Oral health survey of 5 year old children 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2022)

Oral health is also a key issue for adults, and 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. In terms of other indicators of oral health, the age standardised oral cancer mortality rate per 100,000 of the population in Northumberland in 2017-19 was 3.4 (i.e. 3.4 deaths per 100,000 of the population each year), which is lower than the England value of 4.7 and the North East value of 6.0².

Data are not currently monitored on how many people are 'registered' with a dentist as the current arrangements do not record access in this way, and dental services are not currently provided on a 'registration' basis in the same way that GP services are. We can look at the proportion of people who are able to get an appointment with a dentist if they want one. In Northumberland in 2020/21 78.6% of the population successfully obtained a dental appointment, which is slightly lower than the average for the North East at 80.1% but higher than the England average of 77%³. This is lower than in previous years, as the coronavirus pandemic impacted dental services severely in 2019 and recovery has been slow.

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, and local dentistry commissioning transferred to the Integrated Care Board (ICB) from 1st April 2023. The Northumberland Oral Health Strategy and action plan, as described in this paper, 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.

Background

Progress during 2019-2022

A paper outlining the impact of the Covid-19 pandemic on dental provision and the implementation of the 2019-22 oral health strategy was presented to Health and Wellbeing Board on 12 May 2022.

A number of issues were raised at the meeting (in bold). Current position is stated for the Board's update:-

Toothbrushes and toothpaste were a luxury for some families, and it was suggested that supplies of these be sent to foodbanks. - Toothbrush and toothpaste packs were

² OHID Fingertips:

<https://fingertips.phe.org.uk/search/oral%20cancer#page/3/gid/1/pat/6/ati/402/are/E06000057/iid/92953/age/1/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0> Accessed Dec 2022

³ OHID Fingertips:

<https://fingertips.phe.org.uk/search/dental%20access#page/3/gid/1/pat/6/par/E12000001/ati/402/are/E06000057/iid/92785/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/tre-do-0> Accessed Dec 2022

sent to Foodbanks during the pandemic. NCC Public Health maintains this link for toothbrush/paste provision to some of our most vulnerable residents.

Changing responsibilities for consultation on any variation to the community water fluoridation scheme. – The process has changed since comment was made in the Board meeting last year. Responsibility no longer lies with local authorities and has transferred to the Secretary of State. Directors of Public Health continue to seek clarification about this new process and any implications for local authorities from the Department of Health and Social Care and will provide updates as and when information is released about community water fluoridation extension schemes consultation process. The Executive Director of Public Health, Inequalities and Stronger Communities will keep Council and Health and Wellbeing Board up to date with any progression and implications for Council and partners.

Healthwatch raised there are inequalities of dentistry access due to issues with the dental contract. – Dental practice has been commissioned by NHS England (NHSE) until responsibilities transferred on 1 April 2023. 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 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.

The Administration supported fluoridation as part of its key theme of addressing inequalities – The Executive Director of Public Health, Inequalities and Stronger Communities will inform the Administration and the Health and Wellbeing Board of any updates regarding national consultation and the implementation of the north-east community water fluoridation scheme variation.

On 12 May 2022 Board resolved that:

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

Developing the new strategy and action plan

Following approval to proceed, the OHSIG met in June 2022 to begin work to update the strategy and devise a new action plan for 2022-2025. The meeting was held on Teams and all partners contributed to the development work via a shared 'RetroBoard' which public health managers had populated with the strategy themes. Participants added comments

and ideas in real-time and voted for actions suggested by other members. Any members not present were given the link and added their contributions subsequently.

This content was developed by NCC Public Health into the new action plan, which has been shared with all group members for their agreement and endorsement.

The new 2022-2025 plan continues the elements of the previous strategy still to be addressed and incorporates some new priorities and action. The OHSIG will continue to meet twice a year to report on action and monitor progress toward the actions and strategy aims.

The Strategy document has been updated to reflect the extension period. The majority of its content 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
- Reference to the impact of the COVID-19 pandemic on oral health
- Reference to the changing commissioning responsibilities for NHS dentistry (NHSE to ICB)
- Reference to the changing responsibilities regarding community water fluoridation (Secretary of State responsibility)

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.

Implications

Policy	The oral health strategy supports the ‘Living’ corporate priority and the overarching theme of tackling inequalities with the commitment to provide a range of programmes which will help residents achieve and maintain good health.
Finance and value for money	The oral health strategy and action plan is based on evidence based and cost-effective interventions to improve oral health. Some funding to support the implementation of the action plan is identified in the ring-fenced public health grant. (£10K pa)
Legal	The transfer of the responsibility for varying Community Water Fluoridation schemes from LAs to the Secretary of State for

	<p>Health & Social Care removes the most significant legal implication.</p> <p>The Local Authorities (Functions and Responsibilities) (England) Regulations 2000 confirm that the matters within this report are not functions reserved to Full Council.</p>
Procurement	Any opportunities for including elements of oral health promotion as part of arrangements between the council and commissioned providers will be developed as part of the normal commissioning process.
Human Resources	The oral health strategy and action plan will be delivered within existing resources.
Property	None identified
Equalities (Impact Assessment attached) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Not undertaken for this report but have been undertaken for elements of the original oral health strategy.
Risk Assessment	Not undertaken for the oral health strategy
Crime & Disorder	No implications for crime and disorder identified
Customer Consideration	The strategy and recommendation set out in this report is 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 oral health.
Carbon reduction	It is not envisaged that the processes set out within this report will have any impact, positive or negative, on carbon reduction.
Health and Wellbeing	Good oral health is an essential component of overall good health. It supports better educational and social outcomes throughout the life course and is a key area where inequalities are apparent.
Wards	All

Background papers:

1.The extension to the Northumberland Oral Health Strategy was approved by Health and Wellbeing Board on 12 May 2022:

Paper –

<https://northumberland.moderngov.co.uk/documents/s10381/05.%20Oral%20Health%20Strategy%20update%20paper%20HWB.pdf>

Minutes -

<https://northumberland.moderngov.co.uk/documents/g1588/Printed%20minutes%2012th-May-2022%2010.00%20Health%20and%20Well-being%20Board.pdf?T=1>

2. Northumberland Oral Health Strategy and Action Plan 2022-2025 (DRAFT – subject to final ratifications by OHSIG and acceptance from this Board) [Draft Northumberland Oral Health Strategy 22-25 extension.docx](#)

Report sign off.

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

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Northumberland
County Council

**NORTHUMBERLAND ORAL
HEALTH STRATEGY AND ACTION
PLAN 2022-25**

DRAFT

NORTHUMBERLAND ORAL HEALTH STRATEGY AND ACTION PLAN 2022-2025

1. INTRODUCTION

This document supports the comprehensive 2017 Northumberland Oral Health Needs Assessment (OHNA), which provides a full overview of oral health in Northumberland and highlights inequalities and issues for people across the county.

Oral health can be defined as “*a standard of the oral and related tissues which enables an individual to eat, speak and socialise without active disease, discomfort or embarrassment and which contributes to general wellbeing*”¹. In other words, oral health is an important part of the overall health and wellbeing of individuals, and poor oral health can have a significant impact on many aspects of an individual’s life.

Oral health is a key public health issue because of its prevalence, impact on individuals and society, and the expense of treatment from both a medical and wider societal perspective. Tooth decay is largely preventable but it affects a significant proportion of the population. There are also inequalities in good oral health and like many other health issues, poor oral health is more prevalent in more deprived areas. Oral health also places a financial burden on services e.g. latest figures suggest the NHS spends £3.4 billion a year on dental care, including over £50 million for extracting decayed teeth in children². Poor oral health can have an effect on the whole of an individual’s life course as, in addition to the obvious pain caused by dental decay in childhood, it also leads to children missing school and a resultant effect on education attainment, parents and carers taking time off work and also poor self-esteem and anxiety as a result of the pain and subsequent treatment and appearance of decaying teeth. Oral health is an important aspect of a child’s overall health status and of a child’s readiness for school. It is often a marker of wider health and social care issues including poor nutrition and obesity. Oral health is also important in older people because it supports good nutrition and positive health and wellbeing overall.

Dental decay is the most common non-communicable disease worldwide³. Dental decay and other oral diseases such as gum disease and oral cancer share common risk factors with several other non-communicable diseases, such as diabetes, cardiovascular disease and chronic obstructive pulmonary disease. These risk factors include unhealthy diet (including excessive sugar intake and sugary drinks) and excessive alcohol consumption. Tooth decay and obesity are also more likely to occur together, given that social deprivation and excess sugar intake are associated with both.

This strategy and action plan is informed by local and national evidence, drawing on the recommendations from the 2017 OHNA; the NICE guidance on oral health for local authorities

¹ Department of Health and WHO definition

² Public Health England (2018) <https://www.gov.uk/government/publications/child-oral-health-applying-all-our-health/child-oral-health-applying-all-our-health>

³ WHO (2018) <https://www.who.int/news-room/fact-sheets/detail/oral-health>

and their partners;⁴ the NICE guideline on oral health for adults in care homes;⁵ and the NICE quality standards on oral health promotion in the community.⁶

2. LOCAL CONTEXT

2.1 Children and young people

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. Several key indicators are monitored by the Office for Health Improvement and disparities (OHID) on oral health^{7,8}, and these provide an indication of the current picture in Northumberland. The 2022 Oral Health Survey of five year olds shows that 16.7% of 5 year olds in Northumberland had experience of tooth decay⁹. This is less than the average for England at 29.3% and less than the North East at 26%. In 2022 five year olds in Northumberland had an average of 0.5 teeth that are decayed, missing or filled (dmft), which is lower than the England and North East averages of 0.8⁹. As the majority of children had no experience of dentinal decay (that is tooth decay through the outer enamel surface and into the dentine layer underneath), it is important to look at the severity of disease in only those children who have experienced dentinal decay. Among these children in England, the mean number of teeth with experience of tooth decay was 3.5. The proportion of teeth with tooth decay which had resulted in tooth extraction in 5 year olds across England was 6.4%. At regional level this ranged from 3.9% in the South East to 13.4% in the North East and in Northumberland was 12.6%⁹.

Evidence shows there is a clear link between deprivation and tooth decay. As is the case with general health, there is a consistent stepwise relationship across the entire social spectrum with oral health being worse at each point as one descends along the social hierarchy, a relationship known as the social gradient¹⁰. Child poverty has increased in recent years, the proportion of children living in absolute low income families in Northumberland in 2021 was 23.4% (Figure 1). Poverty negatively impacts general health and wellbeing, including oral health.

⁴ NICE (2014). Public Health Guidelines [PH 55]. <https://www.nice.org.uk/guidance/ph55>

⁵ NICE (2016). NICE guidelines [NG 48]. <https://www.nice.org.uk/guidance/ng48>

⁶ NICE (2016). Quality Standards [QS139] <https://www.nice.org.uk/guidance/qs139>

⁷ Source: OHID Fingertips Oral Health Profile (accessed 15 December 2022)

⁸ Source: OHID Fingertips Child & Maternal Health Profile (accessed 15 December 2022)

⁹ OHID: National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old children 2022: <https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2022>

¹⁰ Sanders A E, Slade G D, Turrell G, John Spencer A, Marcenes W. The shape of the socioeconomic-oral health gradient: implications for theoretical explanations. *Community Dent Oral Epidemiol.* 2006; 34(4): p. 310-9.

Figure 1. Percentage of children in absolute low income families (under 16s) 2020/21

Area	Value	Lower CI	Upper CI
England	15.1	15.1	15.2
North East region	27.1	26.9	27.3
Middlesbrough	39.2	38.4	40.0
Newcastle upon Tyne	29.9	29.4	30.5
South Tyneside	28.4	27.6	29.1
Sunderland	28.0	27.5	28.6
Redcar and Cleveland	27.7	27.0	28.5
Hartlepool	27.3	26.4	28.2
County Durham	26.4	26.0	26.8
Gateshead	26.3	25.6	26.9
Darlington	25.8	25.0	26.7
Stockton-on-Tees	24.3	23.7	24.9
Northumberland	23.4	22.9	23.9
North Tyneside	21.8	21.2	22.4

Source: The Office for Health Improvement and Disparities

In 2021 to 2022 5 year olds in the most deprived 20% of areas of the country (35.1%) were 2.5 times as likely to have experience of dentinal decay as those in the least deprived 20% of areas⁹.

Oral health data for older children is not collected as frequently as it is for 5 year olds. The last national survey of children's teeth, which included 5, 8, 12 and 15 year olds was in 2013. At that time the proportions of children with some untreated decay in their permanent teeth were 21% 15 year olds and 19% of 12 year olds. Free school meal eligibility was used as a proxy measure for deprivation and the data show that children who were from lower income families (eligible for free school meals) are more likely to have oral disease than other children of the same age. A fifth (21%) of the 5 year olds who were eligible for free school meals had severe or extensive tooth decay, compared to 11% of 5 year olds who were not eligible for free school meals. A quarter (26%) of the 15 year olds who were eligible for free school meals had severe or extensive tooth decay, compared to 12% of 15 year olds who were not eligible for free school meals¹¹. This is national data, unfortunately we do not have a local breakdown of this.

Tooth decay remains the leading reason for hospitals admissions among 5 to 9 year olds. Data show that hospital admissions for dental decay of children aged 0-5 years in Northumberland was 738 per 100,000¹². Figure 2 shows that this is the highest rate in the north east and is higher than the north east average. These indicators are important as they provide a direct measure of dental health and an indirect measure of child health and diet

¹¹ Child Dental Health Survey 2013, England, Wales and Northern Ireland: <https://digital.nhs.uk/data-and-information/publications/statistical/children-s-dental-health-survey/child-dental-health-survey-2013-england-wales-and-northern-ireland>. Accessed dec 2022.

¹² OHID Fingertips: <https://fingertips.phe.org.uk/search/oral%20health#page/3/gid/1938133257/pat/6/par/E12000001/ati/402/are/E06000047/iid/93479/age/247/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0>. Accessed dec 2022

overall. Hospital admissions due to tooth decay in children are noteworthy not only because of the significant pain and discomfort in terms of the caries and infection, but also because of the avoidable clinical risks associated with a general anaesthetic and the fact that surgery at a young age can be traumatic. However, for extensive decay in young children, a hospital admission is often the only way to extract the decayed teeth. The only way to reduce hospital admissions in young children is to reduce dental decay.

Figure 2 Hospital admissions for dental caries (0-5 years) 2018/19-21/22 (Crude rate per 100,000)

Area	Value	Lower CI	Upper CI
England	221	218	224
North East region	404	387	422
Northumberland	736	669	816
Newcastle upon Tyne	719	653	791
North Tyneside	449	389	521
Gateshead	432	364	498
Middlesbrough	405	335	471
Darlington	401	329	507
County Durham	368	329	406
South Tyneside	268	210	330
Redcar and Cleveland	267	205	333
Stockton-on-Tees	216	176	268
Sunderland	131	101	164
Hartlepool	105	64	163

Source: Hospital Episode Statistics (HES) Copyright © 2022, Re-used with the permission of NHS Digital. All rights reserved.

A large health and wellbeing survey of Northumberland school children, in both primary and secondary schools, is carried out every two years. These results are from a survey collected in the academic year 2021-2022 from a sample of pupils in year 6 in 29 primary or middle school settings, and a sample of pupils in years 9 and 11 in 5 secondary school settings, in Northumberland. The survey includes some questions about how often children brush their teeth and how many times they had visited the dentist for a check-up and treatment (e.g. filling or a tooth removal). The survey showed that:

- 81% of secondary school children and 75% of primary school children reported brushing their teeth at least twice a day
- 39% of secondary school children and 38% of primary school children report visiting the dentist once in the last year, and 46% and 43% respectively reporting they had visited the dentist twice in the last year. These are lower than the results from the previous survey, however, this may be due to the impact of the coronavirus pandemic.
- 16% of secondary school children and 19% of primary school has not visited the dentist at all in the previous year.
- Children were also asked about their food and drink choices. 31% of secondary school children and 23% of primary school children reported drinking fizzy drinks on a daily basis. Fizzy drinks are often high in sugar and therefore cause decay, however, even

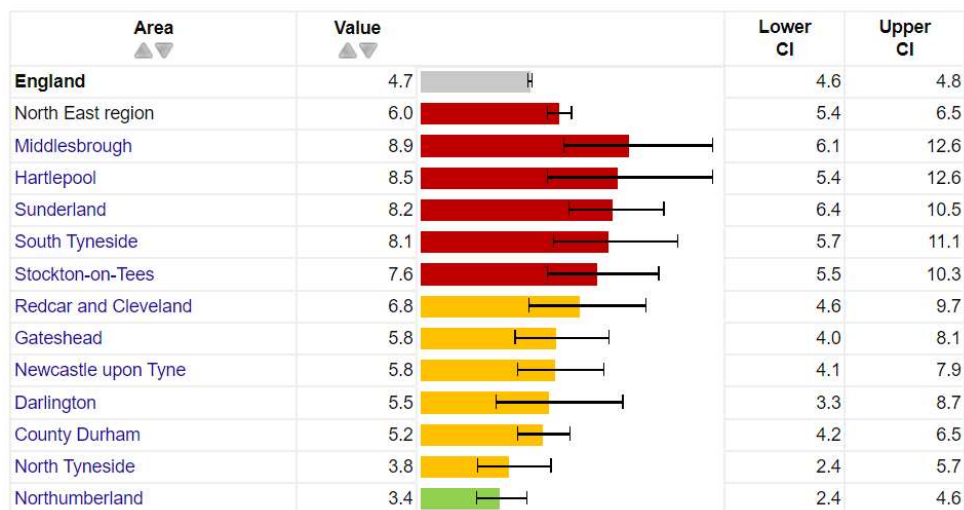
sugar-free fizzy drinks are not good for dental health because they are acidic and can cause tooth erosion (wear).

- Children were also asked about what they eat before school. In secondary school children 4% reported having biscuits, 5% cakes/muffins and 6% chocolate/sweets. Among primary school children there were similar findings, 4% had biscuits, 4% cakes/muffins and 6% chocolate/sweets. This enforces the need for key messages around diet advice and dental health for children and families.

2.2 Oral health and ageing well

Oral health is also a key issue for adults, and 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. In terms of other indicators of oral health, the age standardised oral cancer mortality rate per 100,000 of the population in Northumberland in 2017-19 was 3.4 (i.e. 3.4 deaths per 100,000 of the population each year), which is lower than the England value of 4.7 and the North East value of 6.0¹³.

Figure 3 Mortality rate from oral cancer 2017-19 (Directly standardised rate per 100,000)



Source: Calculated by OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Registrations Extract and ONS Mid Year Population Estimates

Data are also available on smoking status which is directly related to oral cancer. In 2021 in Northumberland 11.8% of the adult population (aged 18+) are current smokers, this is less than the average for the North East at 14.8% and lower than the England average of 13%¹⁴.

¹³ OHID Fingertips:

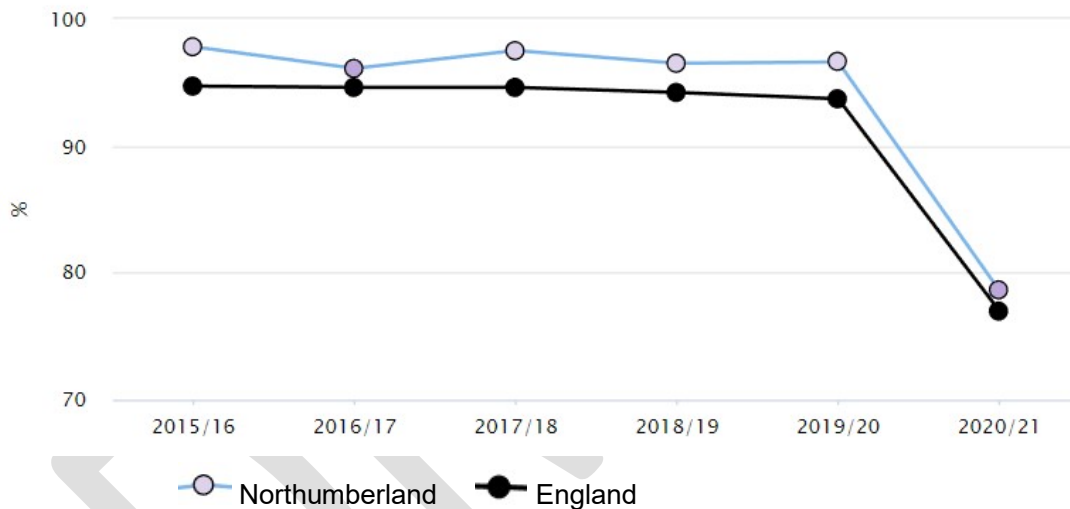
<https://fingertips.phe.org.uk/search/oral%20cancer#page/3/gid/1/pat/6/ati/402/are/E06000057/iid/92953/age/1/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0> Accessed Dec 2022

¹⁴ OHID Fingertips:

<https://fingertips.phe.org.uk/search/smoking#page/3/gid/1938132885/pat/6/par/E1200001/ati/402/are/E06000047/iid/92443/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0> Accessed Dec 2022

Data are not currently monitored on how many people are ‘registered’ with a dentist as the current arrangements do not record access in this way, and dental services are not currently provided on a ‘registration’ basis in the same way that GP services are. We can look at the proportion of people who are able to get an appointment with a dentist if they want one. In Northumberland in 2020/21 78.6% of the population has successfully obtained a dental appointment, which is slightly lower than the average for the North East at 80.1% but higher than the England average of 77%¹⁵. This is lower than in previous years and figure 4 shows the impact of the coronavirus pandemic which impacted dental services severely in 2019 and recovery has been slow¹⁴. The graph shows adults aged 18+, however, access for children followed a similar pattern.

Figure 4 Access to NHS dental services – proportion of adults who successfully obtained a dental appointment from 2015/16 - 2020/21



A 2013 report from PHE¹⁶ noted good access in Northumberland in children followed by a decline in young adults, particularly young males. Despite this, almost 40% of young males accessed dental services in the period under review. Access was noted to increase with middle age and then decline again from the age of 70. The report highlighted geographic inequalities across the county, with less than 40% of the populations of Amble and Wooler accessing a dentist compared to 68% in Hexham West. The report recommended improving access in those areas where uptake was low; and for Northumberland County Council (NCC) and NHS England to work together to address inequalities. Dentistry access remains a national and local issue in 2022, exacerbated during the COVID-19 pandemic and whilst the sector is still in recovery. Northumberland County Council will continue to monitor the situation and work with partner organisations wherever possible to address any inequalities.

¹⁵ OHID Fingertips:

<https://fingertips.phe.org.uk/search/dental%20access#page/3/gid/1/pat/6/par/E1200001/ati/402/are/E06000057/iid/92785/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/tre-do-0> Accessed Dec 2022

¹⁶ D Landes (2013). Access to NHS Dental Services 2012/2013 - Northumberland Council And Cumbria, Northumberland and Tyne & Wear NHS England Area Team. (Available on request from PHE)

The Organisation of Dental Services

NHS England (NHSE) and NHS Improvement (NHSI) have direct commissioning responsibilities for primary dental and secondary dental care, for the population of England. Dental practices can offer both NHS and private dental care. NHS dental treatment has associated dental charges which will apply unless people are in an exempt group eg pregnant, in receipt of certain benefits such as Income Support.

Specialised dental services are commonly provided by community dental services. This service is also directly commissioned by NHSE and NHSI. Community dental services are available in a variety of places to ensure everyone can have access to dental health. People who may need community dental services include: children with physical or learning disabilities or medical conditions, adults with complex needs. In Northumberland these services are provided by Northumbria Healthcare NHS Trust.

From April 2023 it is expected that NHSE and NHSI will delegate responsibility for commissioning dental services to local Integrated Care Boards.(ICB).

The Local Authority Role

Although not responsible for clinical services, local authorities are statutorily required to provide or commission oral health promotion programmes to improve the health of the local population, to an extent that they consider appropriate in their areas.

Northumberland County Council leads a multi-disciplinary, multi-agency steering group which has guided the development of this strategy and action plan. We have developed an action plan to improve oral health across the county using evidence based interventions. There is guidance available to help local authorities in this role eg NICE guidance, and all available guidance has been followed in the development of this strategy and action plan^{4,5,17}.

Many of the initiatives are already in place across Northumberland to improve the oral health of young children. For example, the 0-19 Public Health Service delivers various sessions at various stages including general education on cups and bottles, dummies and sugary drinks as part of the universal offer and more targeted work like the Wriggly Smile Programme and National Smile Month.

The COVID-19 Pandemic

Inequalities in oral health are evident in the UK across the social spectrum and across the life course largely reflecting the socio-economic inequalities that impact on general health. The COVID-19 pandemic is likely to have widened these inequalities as well as having a direct impact on dental care provision. Health behaviours, which also impact on oral health, such as smoking and alcohol consumption have increased during the lockdown periods associated with the pandemic¹⁸. During the first lockdown period in England all routine and non-urgent

¹⁷

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/321503/CBOHMmaindocumentJUNE2014.pdf

¹⁸ Arora and Grey (2020) Health behaviour changes during COVID-19 and the potential onsequences: A mini-review. Journal of Health Psychology 2020, Vol. 25(9) 1155–1163

dental care stopped as practices were unable to operate safely. Once NHS dental services were restored, uptake of care happened more quickly for adults than children.

Secondary dental care was also affected as general anaesthetic tooth extraction lists in hospitals were cancelled and postponed. There may also be an impact on oral cancer rates. Routine dental examinations allow for screening of the mouth for early signs of oral cancer, however, during the pandemic there has been a decrease in routine examinations and a decrease in urgent referrals for suspected oral cancer¹⁹.

The British Dental Association reported in December 2021 that nearly 1000 dentists left the NHS in the previous year during the pandemic and that over half of dentists they surveyed stated they are likely to reduce their NHS commitment, putting further pressure on the NHS dental system and making it more difficult for patients to get an appointment²⁰.

Water fluoridation

In the North East of England, the lowest rates of dental decay in children are found in areas such as Hartlepool, North Tyneside and Newcastle. These areas have fluoridated water, either through naturally fluoridated supplies (Hartlepool) or artificial water fluoridation schemes. A lack of fluoride does not cause dental decay but fluoride increases the tooth's resistance against the effects of frequently consumed sugar.

In Northumberland, 135,480 residents received fluoridated water in 2014 and 179,139 were supplied by water that did not contain high enough levels of fluoride to be considered fluoridated. Data presented in the 2017 OHNA highlighted that the rate of dental extractions performed under general anaesthetic on under 18 year olds in 2013-2015 was almost double in areas without water fluoridation compared to those with a fluoridated supply when matched for deprivation decile.

At a population level, water fluoridation is the most effective way of reducing inequalities, as it ensures that people in the most deprived areas receive fluoridated water and it does not require any behaviour change among the population. The Office for Health Improvement and Disparities (OHID) monitor the effects of water fluoridation schemes on the health of people living in the areas covered by these arrangements and reports its findings every four years. The findings of the 2022 health monitoring report are consistent with the view that water fluoridation at levels within the UK regulatory limit (<1.5mg/l) is an effective, safe, and equitable public health intervention to reduce the prevalence, severity, and consequences of dental decay. It reported strong statistical evidence for a clinically significant reduction in dental caries, indicated by prevalence, severity, and hospital admissions for extraction, with increasing fluoride concentration. The greatest benefit was seen in the most deprived areas,

¹⁹Stennett and Tsakos (2022), The impact of the COVID-19 pandemic on oral health inequalities and access to oral healthcare in England. British Dental Journal volume 232, pages109–114 (2022)

²⁰ . British Dental Association: <https://bda.org/news-centre/latest-news-articles/Pages/England-New-targets-force-more-NHS-appointments-despite-Omicron-wave.aspx>

supporting previous conclusions that drinking fluoridated water is an effective public health intervention for tackling dental health inequalities²¹.

Water fluoridation should be part of an overall oral health strategy, it is one intervention which should run alongside others, for example, distribution of oral health packs by health visitors. NCC has an oral health promotion strategy which aims to support all residents with their oral health. There is an associated action plan which outlines the interventions in place, these take a life course approach, with a particular focus on those at high risk of dental disease, including vulnerable groups.

Since 2013 local authorities have had the responsibility, through the Water Industry Act 1991, to propose and consult on new fluoridation schemes and variations to or termination of existing schemes. The Health and Social Care Act 2022 transfers the responsibility and powers for water fluoridation to the Secretary of State, which allows central government to directly take responsibility for fluoridation schemes. Final details of how the new process will work have not been released at the time of writing. NCC will continue to monitor the situation and advise and work with partners as appropriate.

3. STRATEGIC OBJECTIVES

The 2017 OHNA made 15 recommendations for Northumberland Council and partnership organisations and these are addressed in this action plan in order to address the oral health needs of Northumberland's population and improve the dental health of all age groups, with a specific focus on those groups identified as having additional needs in the HNA.

This document sets out recommendations to improve oral health and reduce inequalities in Northumberland by endorsing the following four strategic priority areas:

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

The 2010 report from the Marmot Review (Fair Society, Healthy Lives)²² remains a key reference source in reducing health inequalities. The document highlighted the differences in health and wellbeing outcomes between people living in the least and most wealthy neighbourhoods. The review advocated a "proportionate universalism" approach whereby health improvement work is universally available, but with an intensity proportional to need. This approach supports work to reduce the gap between the best and worst off, and in reducing the entire social gradient. Drawing on this approach, we should be identifying initiatives which will improve oral health across the county, whilst also targeting some

²¹ OHID: Water fluoridation Health monitoring report for England (2022): https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1060471/water-fluoridation-health-monitoring-report-2022.pdf

²² <https://www.local.gov.uk/marmot-review-report-fair-society-healthy-lives>

interventions in our most deprived communities, who experience the worst oral health outcomes in the county.

As set out in section 2 of this document, Northumberland’s children have the highest rates of general anaesthetics for tooth decay in 0-5 year olds in the north east so this age group will be a focus for strategic efforts in 2022-2025. To reduce the number of children who need general anaesthetics to have teeth removed we need to reduce the number of children who need to have teeth removed in the first place through a combination of population and targeted measures.

Many clinical oral health interventions focus on increasing the use of fluoride in children and young people. There is a useful evidence base behind many of these interventions to understand what is cost-effective and provides the best return on investment for local authorities. Figure 5 shows the differences between five interventions and shows that the largest return on investment is from water fluoridation and the targeted provision of toothbrushes and toothpaste. Consideration of both approaches in Northumberland would result in actions at both a population and more targeted needs-based level.

Figure 5 – Return on investment of oral health improvement programmes in under 5s²³



We are also committed to improving the oral health of older people as part of our ageing well approach. We know that we have a disproportionately older population in Northumberland

²³ Public Health England (2018) – Oral health improvement programmes commissioned by local authorities https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/707180/Oral_health_improvement_programmes_commissioned_by_local_authorities.pdf

compared to other areas, and this is expected to increase in the future. Therefore, we will work jointly to improve the oral health of people in residential care and increase awareness of oral cancer in the county.

We have also considered our vulnerable groups in the development of the action plan eg learning disabilities.

In line with NICE guidance, frontline staff working in health, children and adults services should be using every possible opportunity to promote oral health and emphasise the links with general health and wellbeing. If services can help prevent oral disease from occurring in the first place and reduce the burden when it does occur, then the overall health and wellbeing of the population of Northumberland can improve and inequalities reduced.

4. ACTION PLAN

Giving every child the best start in life	
1.	Delivery of Oral Health (OH) packs by Health Visitors(HV) at 3-4 month visit to continue as part of universal offer. Consistency of key OH messages delivered alongside distribution of dental packs by HVs.
2.	Develop online access to the Integrated Wellbeing Service children and young people's oral health workbook via Learning Together and develop a workbook/ training resource focussing on adults. Promote and evaluate the Early Years (EY) training programme.
3.	Maintain ongoing assurance of Breastfeeding (Bf) advice including benefits to oral health, delivered by HVs, midwives and EY as part of partnership between NCC and NHS providers. This should include review of Bf policy annually or at appropriate times.
4.	Explore opportunities for supervised brushing in those areas with the highest risk of dental decay.
5.	Work with schools to promote good oral health and develop an oral health promotion campaign, with particular consideration given to special schools eg LD, SEND, those permanently excluded from school (Alternative Provision)
Improving the oral health of older people	
6.	Support residential care settings to improve the OH of residents. Including introducing an Oral Health Lead in every residential care setting and compliance with NICE guidance
7.	To seek to understand provision of domiciliary dental care for those who cannot access care from routine dental practices.
Service development and commissioning	
8.	Ensure that oral health improvement strategies are mandated in all service specifications for appropriate local authority commissioned services for children and older people.
9.	To incorporate oral health training into existing staff training for staff working with Looked After Children (LAC) and foster carers
Partnership working	

10.	To support SoS and national team in the public consultation on Community Water Fluoridation (CWF). CWF remains a critical pillar in the Northumberland Oral Health Strategy.
11.	Through the Northumberland Cancer Strategy, encourage partners to work together to increase awareness in Northumberland residents of oral cancer and the risk factors associated with it, especially for those most at risk (e.g. smokers, those drinking more than 25g alcohol per day and those at increased risk of exposure to Human Papillomavirus).
12.	To refine process for delivery of oral health packs to vulnerable groups, including Foodbanks, and distribution through children's centres/family hubs.
13.	To support Better Health At Work Award (BHAWA). Also, to explore food choices at local authority and community venues to ensure sugar free options available and promotion of plain drinking water (including vending machines).
14.	Work with partners at NHSE/OHID to explore available data on dental contracts to highlight areas in Northumberland at risk of poor access to primary dental care services.
15.	Proactive use of Making Every Contact Count (MECC) to promote oral health. To explore developing an OH MECC for use by frontline staff eg primary care staff including GPs, pharmacists. There should be a focus on vulnerable groups.
16.	Work with Northumbria Healthcare NHS Trust (NHCFT) and Health Education England (HEE) in delivery of OH training for carers of adults with Learning Disabilities.
17.	Undertake regular monitoring and review of the oral health promotion plan to demonstrate progress and determine any additional actions required.

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NORTHUMBERLAND COUNTY COUNCIL

HEALTH & WELLBEING BOARD

FORWARD PLAN 2022 - 2023

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Updated : 24 April 2023

FORTHCOMING ITEMS

ISSUE	OFFICER CONTACT
11 May 2023	
<ul style="list-style-type: none"> • Northumbria Police Presentation – Overview of approach to Prevention Strategy, Early Intervention and Serious Violence • Northumberland Oral Health Strategy 2022-2025 • Pharmacy Needs Assessment 	<p>Claire Wheatley</p> <p>Kerry Lynch Ann Everden/Pam Lee</p>
8 June 2023	
<ul style="list-style-type: none"> • Towards a Collaborative Approach to Reducing Inequalities in Employment Outcomes for our Population – responses from Members’ organisations • Report from Thematic Groups – reviewed actions, update on achievements and proposed refreshed actions/indicators 	<p>All</p> <p>June 2023</p>

MEETING DATE TO BE CONFIRMED

<ul style="list-style-type: none"> • CNTW Priorities Report • Thematic Groups - Highlight work done, update on achievements and actions • Aging Well • Urgent and Emergency Care - Strategic Care • Child and Adolescent Mental Health 	<p>Summer 2023</p> <p>September 2023</p> <p>October 2023</p>
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Updated : 24 April 2023

REGULAR REPORTS

<p>Regular Reports</p> <ul style="list-style-type: none"> • Joint Health & Wellbeing Strategy Refresh Thematic Groups – Update (Quarterly – Apr/July/Oct/Jan) • System Transformation Board Update • SEND Written Statement Update - progress reports • Population Health Management - (Oct/Jan/Apr/July) <p>Annual Reports</p> <ul style="list-style-type: none"> • Public Health Annual Report • Child Death Overview Panel Annual Report • Healthwatch Annual Report • Northumberland Safeguarding Children Board (NSCB) Annual Report and Update of Issues Identified • Safeguarding Adults Annual Report and Strategy Refresh • Annual Health Protection Report • Northumberland Cancer Strategy and Action Plan • Tobacco Control • Healthy Families Partnership Board Annual Report 	<p>Sir Jim Mackey/Siobhan Brown ?? Rachel Mitcheson</p> <p>Gill O'Neill (APR) Paula Mead/Alison Johnson (JAN) David Thompson/Derry Nugent (JULY) Paula Mead (JAN)</p> <p>Paula Mead (JAN) Liz Morgan (OCT) Robin Hudson (DEC/JAN) Kerry Lynch (DEC) Jon Lawler (SEP)</p>
<p>2 Yearly Report</p> <ul style="list-style-type: none"> • Pharmaceutical Needs Assessment Update 	<p>(MAY 2024)</p>

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

Re f	Date	Report	Decision	Outcome
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.	

Updated : 24 April 2023

			<p>(2) The evolution/expansion of the Family Hubs model as the mechanism to drive forward CYP integration and the governance process be approved;</p> <p>(3) The proposed approach to culture and leadership change and interface with community centred/place-based approaches to tackle inequalities be supported.</p>	
6	14.7.22	Ageing Well Service Review	<p>(1) the comments of the Board be noted.</p> <p>(2) the refresh of a strategic Northumberland Healthy Ageing Board accountable to the Health and Wellbeing Board be supported.</p> <p>(3) Inclusion of the importance of volunteering to be considered during the refresh.</p> <p>(4) The refreshed Northumberland Health Ageing Board be chaired by the Director of Public Health.</p> <p>(5) the decision to appoint an independent chair of the Health Ageing Board be delegated to the Director of Public Health in</p>	

			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	<p>(1) Members' comments on the evidence in the report and Advice Services Health Needs Assessment Summary be noted.</p> <p>(2) The importance of the role that advice services have in reducing inequalities be acknowledged.</p> <p>(3) The role of advice services with Northumberland's system-wide Inequalities Action Plan be noted; and</p> <p>(4) The contribution of partners to support access to welfare and benefits advice for their staff, patients, and residents, be agreed.</p>	
9	11.8.22	Board Development Session – Review	<p>(1) the update be received and noted.</p> <p>(2) Liz Morgan and Rachel Mitcheson to discuss development of the task and finish group.</p>	
10	8.9.22	Northumberland Inequalities Plan 2022-23		

			<ul style="list-style-type: none"> (1) the proposals for the shorter term supporting and enabling actions be agreed. (2) The proposed short, medium and long term indicators be agreed. (3) The levels of ambition and Board members' contribution to the plan be agreed. (4) The mechanism to continue to the next stage and development the long term plan be agreed (5) Board partners will present the plan at a strategic level within their own organisation for endorsement and agreement on their contribution. 	
11.	8.9.22	Pharmaceutical Needs Assessment Consultation Report	Updated Northumberland Pharmacy Needs Assessment approved.	
12.	8.9.22	Family Hub Development	<ul style="list-style-type: none"> (1) to proceed with the funding for the Family Hub offer. (2) the development of the governance and wider processes to underpin this be supported. 	
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 & Rescue Service be invited to each send a representative to join the Health & Wellbeing Board.</p> <p>(2) Dr. Graham Syers remain as Vice-Chair of the Health & Wellbeing Board until further notice.</p>	
15.	13.10.22	Northumberland Healthy Weight Declaration	<p>(1) the Healthy Weight Declaration (and its 16 commitments for action) for Northumberland County Council be adopted.</p> <p>(2) A joint launch of the Healthy Weight Declaration between Northumberland County Council, North Tyneside Council and Northumbria Healthcare NHS Foundation Trust be supported.</p>	
16.	13.10.22	Northumberland Joint Strategic Needs Assessment	<p>(1) The JSNA should include both needs and assets to reflect the Northumberland Inequalities Plan 2022-32.</p> <p>(2) The establishment of a JSNA Steering Group to co-ordinate current work attached to the report as Appendix 5 be agreed.</p>	

			(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.	
23	8.12.22	Developing Northumberland's Collaborative Approach to Tobacco Control	(1) that Members' comments be noted. (2) that the Chair of the Health & Wellbeing Board write 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) that Northumberland County Council becomes a signatory to the 2022 Local Government Declaration on Tobacco Control attached as Appendix 2 to the report.	
24	8.12.22	The Safe Haven/Alternatives to Crisis Northumberland Project	Presentation received.	
25	8.12.22	Northumbria Healthcare Foundation Trust Headline Performance Details and Winter Plans	Presentations received.	
26	8.12.22	Northumberland Communities Together – Cost of Living Crisis	Presentations received.	
27	8.12.22	Integrated Care Board Update on Place-Based Working in Northumberland	Verbal report received.	
28	8.12.22	Joint Health & Wellbeing Strategy Thematic Groups – Wider Determinants	Verbal update received.	
29	12.1.23	Child Death Overview Panel Annual Report (March 21-April 22)	Report and presentation received	
30	12.1.23	Northumberland Children and Adults Safeguarding Partnership Annual Report (September 21 – August 22) Safeguarding Children in Northumberland	Report noted	
31	12.1.23	North Tyneside and Northumberland Safeguarding Adults Board Annual Report 2021-22	Report noted	
32	12.1.23	Better Care Fund and the Adult Social Care Discharge Fund	Endorse the main contents of the Better Care Fund Plan 2022/23 and contents of the additional plan for use of Adult Social Care Discharge Fund during the current winter.	

33	9.3.23	Director of Public Health Annual Report 2021/22 – Health Weight for all Children	<p>(1) the content of the DPH Annual Report 2021/22 be noted;</p> <p>(2) comments on the contribution that Health and Wellbeing Board partners can make to healthy weight in children be noted;</p> <p>(3) the findings in the independent DPH Annual Report 2021/22 attached as appendix 1 to this report be agreed and endorsed.</p>	
34.	9.3.23	0-19 Growing Health Service Summary Report	Presentation noted.	
35.	9.3.23	Health Inequalities Funding Allocation Across the North East and North Cumbria Integrated Care Board	Report received	
36.	9.3.23	Improving Patient Experience to Accessing Primary Care	Presentation noted.	
37.	13.4.23	Towards a Collaborative Approach to Reducing Inequalities in Employment Outcomes for our Population	<p>(1) receive the contents of the report be received and the recommendations of Northumberland’s Inclusive Economy Joint Strategic Needs Assessment (JSNA) noted.</p> <p>(2) Board Members discuss with their respective organisations and feedback to a future meeting of the Health & Wellbeing Board.</p>	
38.	13.4.23	Joint Health and Wellbeing Strategy – Thematic Areas Review and Next Steps	Presentation noted	

39.	13.4.23	Population Health Management	Presentation noted	
40.	13.4.23	Corporate Plan Refresh	Presentation noted	