

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING OSC

At the meeting of the **Health and Wellbeing OSC** held at Council Chamber - County Hall on Tuesday, 7 March 2023 at 1p.m.

PRESENT

Councillor V. Jones
(Chair, in the Chair)

MEMBERS

Bowman, L.
Hardy, C.

Hunter, I.
Nisbet, K.

ALSO IN ATTENDANCE

Angus, C.	Scrutiny Officer
Dunbar, C.	County Councillor and FACS OSC Member
Fletcher, P.	NHS England
Herne, K.	Senior Public Health Manager
Marynissen, K	Public Health Trainee
Mitcheson, R.	Director of Place and Integrated Services- Northumberland ICB
Nugent, D.	Northumberland Healthwatch
O'Neil, G.	Interim Director of Public Health, Inequalities and Stronger Communities
Richardson, M.	County Councillor and FACS OSC Member
Todd, A.	Democratic Services Officer

1 member of the press was also in attendance

The Chair agreed to reorder the agenda to allow officers to be available when members considered the Director of Public Health Annual Report.

60 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors E. Chicken, R. Dodd, G. Hill, C. Humphrey and R. Wilczek.

61 MINUTES

RESOLVED that the minutes of the meetings of the Health & Wellbeing Overview & Scrutiny Committee held on 7 February 2023, as circulated, be confirmed as a

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true record and signed by the Chair.

62 FORWARD PLAN

The Committee considered the Forward Plan of key decisions (a copy of the Forward Plan has been filed with the signed minutes).

RESOLVED that the report be noted.

63 REPORT OF NHS ENGLAND

Access to Dental Treatment in Northumberland

Members received a presentation from P. Fletcher, Senior Primary Care Manager (Primary Care Central Commissioning Lead – North East and Cumbria) from NHS England which updated the committee on the level of NHS dentist provision in Northumberland including the support for provision in Berwick. (A copy of the powerpoint slides have been filed with the signed minutes).

The presentation covered the following issues:

- Confirmation that there was no 'formal' registration in NHS dentistry. Patients could contact any NHS dental practice to access care.
- Dental contracts and provision were activity and demand led with the expectation that practices delivered and managed their available commissioned activity to best meet the needs of patients.
- The contract regulations set out the contract currency which was measured in units of dental activity (UDAs) that were attributable to a 'banded' course of treatment prescribed under the regulations.
- COVID- 19 pandemic and requirement to follow strict infection prevention control guidance had significantly impacted on access to dental care. Demand for dental care remained high across all NHS dental practices.
- NHS England also commissioned: urgent dental care services, Community dental, Specialist orthodontic service and Domiciliary care services.
- Since the last update to committee Burgess and Hyder Dental Group Practice in Berwick had closed. This equated to a loss of 4300 UDA's.
- The pressures and challenges being faced particularly with recruitment and retention.
- Dental systems reforms, what had been achieved so far and next steps.
- Berwick access. It was noted that a formal market engagement had been undertaken to inform the procurement of a long-term sustainable contract to replace capacity lost from NHS contracts handed back. However, this

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had not been as successful as hoped. In the interim a number of options had been secured to help with access:

- Additional funding offered to practices in other parts of the county. Eight practices had taken up the offer with a focus on patients with an urgent/dental treatment need and nationally identified high risks groups, including children (Central and North Northumberland area).
- Additional clinical sessions had been secured at the Newcastle Dental Hospital.
- Additional capacity was to be provided by Northumbria Healthcare Trust community dental services to support access for vulnerable patients with additional needs that could not be met within high street practices.
- North Northumberland identified as a priority area for workforce recruitment and retention initiatives aimed at incentivising dentists to come to work in the area which included offering a financial incentive and support to overseas dentists to gain entry onto the National Performers list.

In response to member questions the following information was provided:

- Scottish Borders contracts worked differently to those in England. They also had experienced recruitment and retention issues but were starting to increase capacity. Officers had been working with colleagues over the border to share knowledge and experience. It was hoped that some of the projects established here would start to have a positive reaction soon and increase capacity.
- The method of payments was explained for UDA's to dentists. It was reported that if there were any dentists experiencing any problems with payment these could be investigated.
- It was reported that if the formal procurement procedure was successful in Berwick, then a new contract could be in place from April 2024.
- Members would be kept up to date with any progress made regarding the capacity issue in Berwick.
- The practices delivering the extra clinical capacity offer had purposely not been advertised to ensure they were not inundated.
- NHS Choices website listed all NHS dentists within Northumberland.
- The advice was to ring NHS 111 if you had any issues accessing an NHS dentist. However, appointments were still being prioritised by urgent need.
- Incentives for all NHS dental practices had been offered to prioritise patients not seen in the practice within the previous (24 months) adults and 12 months (children) who required urgent dental care.
- Routine access was still an issue along with workforce delivery.

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- Acknowledgment of the issues that could arise from not having routine checkup appointments including early detection of any changes within the mouth including gum disease and early signs of mouth cancer.
- There continued to be national discussions and work taking place on dental system reform.
- A refresh of the Oral Health Needs Assessment was taking place which would look at capacity.
- The offer to deliver NHS dentistry needed to be attractive to dentists. Northumberland was a lovely place to live and work.
- NHS England would welcome the ongoing partnership work with the Council and Healthwatch.

Members thanked P. Fletcher for the presentation.

RESOLVED that the information be noted and for members to continue to be kept informed of progress made.

64 **REPORT OF THE SCRUTINY OFFICER**

Health and Wellbeing OSC Work Programme

The Committee reviewed its work programme for the 2022/23 council year. (A copy of the work programme has been filed with the signed minutes).

Members discussed possible topics to add to the Work Programme over the next twelve months, including:

- Ambulance Service
- NEAS Quality Accounts

RESOLVED that the work programme and comments made be noted.

65 **DATE OF NEXT MEETING**

RESOLVED that the next meeting of the Health and Wellbeing Overview and Scrutiny Committee be held on Tuesday, 4 April 2023 at 1.00 p.m.

At this point the Committee adjourned to allow any members of the Family and Children Services Overview and Scrutiny Committee (FACS) to join the meeting whilst the next agenda item was to be considered.

66 **REPORT OF THE PORTFOLIO HOLDER FOR ADULT WELLBEING**

Director of Public Health Annual Report 2021/22

Members received the independent Director of Public Health Annual Report for 2021/22 which focused on healthy weight in children and highlighted the

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importance of creating the conditions to enable all children to be a healthy weight.

The report was introduced by G. O'Neill, Executive Director of Public Health, Inequalities and Stronger Communities, and a presentation made by K. Marynissen, Public Health Trainee. K. Herne, Senior Public Health Manager was also in attendance. A copy of the presentation and report has been filed with the signed minutes.

The key points of the Annual Report were highlighted:

- Healthy weight was incredibly important for physical and mental health being associated with lower rates of anxiety and depression. Children were more likely to do well at school. Economically, there were huge benefits as obesity was the second highest burden on the NHS after smoking.
- In Northumberland in 2020/21, 26.7% of children aged 4-5 years were overweight or had obesity and 40% by the age of 10-11 years. 2021/22 figures were very similar. Covid did have an effect with a national trend of increased obesity and there was still an increase on pre-pandemic figures.
- Obesity was more likely to affect boys, particularly relating to severe obesity. The Northumberland trend was following the national trend.
- Poorer households were disproportionately affected by obesity.
- It was now believed that obesity was not just individual responsibility but also caused by environmental factors.
- Poorer households had to spend almost half of their disposable income to eat healthily, whereas it was only 11% for the wealthiest fifth of households.
- The cost of living crisis was creating increased use of food banks.
- Breastfeeding rates were increasing in Northumberland over the last three years but was still below the national average.
- Reliance on takeaway food had increased during the pandemic and this trend was continuing. Advertising also tended to be for more unhealthy food.
- Barriers to physical activity included access to equipment, confidence and skills. Northumberland was a car dependent culture due to its rurality.
- Schools were trying to add physical activity in the daily routine and provide healthy and nutritious food.
- There was an issue for some families which were not eligible for free school meals but could not afford to provide a healthy lunch.

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- There was still a lack of recognition of weight issues amongst parents and healthcare professionals and a lot of stigma surrounding weight. This made it difficult to breakdown some of the barriers.
- Northumberland County Council had recently signed the Healthy Weight Declaration and the Joint Health & Wellbeing Strategy and there was a lot of good work ongoing.
- Recommendations of the report were:-
- Reframing our approach – moving from an individualistic approach to look at supporting children to live health, active lives through schools, the home, communities and healthcare systems.
- Communication and sharing good practice – clarifying what support was available to help families achieve and maintain health weight and how to access the support.
- Collaboration – develop a healthy weight alliance to build on the good work already being done bringing communities and agencies together to ensure a coordinated approach.
- Strategy development and implementation – healthy weight to be a core priority in strategies such as the Northumberland Food Insecurity Plan and Northumberland Physical Activity Plan.
- Using data and local insights – make best use of data to inform plans and prioritise future work to target areas where they are most needed.

The following comments were made:-

- Members welcomed the Annual Report.
- Members detailed some of the ways they were supporting local projects to help improve the offer available in their wards.
- The cost of living crisis was further impacting on healthy eating choices.
- The approach of healthy weight not just being an individual responsibility was welcomed.
- The cost of gym memberships and the need for these to be more accessible to all.
- Could there be an opportunity to build upon Active Northumberland and create a leisure offer that was free for residents.
- The high cost of school meals and that of breakfast clubs.
- Growing restrictions and financial implications placed on those trying to run clubs in local communities which had resulted in less sport and social opportunities available for children and adults.

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- The worrying levels of obesity especially in children.
- Childhood healthy weight needed to be a core priority in new and existing strategies including the Northumberland Food Insecurity plan and the Northumberland Physical Activity Plan, to ensure there were steps in place to improve the opportunities for Northumberland's children to stay healthy.
- The good work achieved in schools including the walk to school initiative.
- Healthwatch would be happy to work with officers on the recommendations within the annual report.
- The need for free and safe physical activities within communities.
- The problem of easily accessible fast food and ready meals and the sheer number of fast-food outlets within towns. It was noted here had been no instances of Northumberland County Council refusing permission for new hot food takeaways in areas where there were high numbers of children and young people. The policy had been in place since March 2022 and was yet to be tested.
- Should free school meals be available to all primary children to ensure all children had access to a filling and nutritious lunch regardless of income or background.
- The need to educate people on ingredients to allow them to make better choices.
- Promote Northumberland. The county had beaches, countryside and some already established cycling and walking routes that were all free to use.
- The need for a joined-up approach across all departments to help deliver the recommendations detailed within the report.
- To look more widely at the ways in which our homes, communities, schools and healthcare systems could better support children to live healthy, active lives.
- To work with partners to tackle the issues identified and bring about real change.
- Confirmation that the DPH Annual Report would be used to inform local people about the health of their community, as well as providing necessary information for commissioners and providers.

Members thanked officers for the excellent DPH Annual Report for 2021/22.

RESOLVED that the report and comments made be noted.

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