



Northumberland County Council

Your ref:

Our ref:

Enquiries to: Lesley Bennett

Email: Lesley.Bennett@northumberland.gov.uk

Tel direct: 01670 622613

Date: 30 May 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, 8 JUNE 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), D Ferguson, S Lamb, J Mackey, S McCartney, V McFarlane-Reid, R Mitcheson, R Murfin, G O'Neill, W Pattison, G Reiter, G Renner-Thompson, S Rennison, G Sanderson, E Simpson, H Snowdon, G Syers (Vice-Chair), D Thompson, C Wardlaw and J Watson



Dr. Helen Paterson, Chief Executive
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AGENDA

PART I

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

1. MEMBERSHIP AND TERMS OF REFERENCE

To note the following membership and terms of reference:-

25 members

Chair: P. Ezhilchelvan

Vice Chair: G. Syers

Conservative	Labour	Independent Group	Liberal Democrats	Green Party	Ind Non-Grouped
P. Ezhilchelvan	E. Simpson				
D. Ferguson					
W. Pattison					
G. Renner Thompson					
G. Sanderson					
J. Watson					

Council Leader

Portfolio Holder Caring for Adults

Portfolio Holder Inspiring Young People

Portfolio Holder Promoting Healthy Lives

Portfolio Holder Improving Public Health and Wellbeing

Labour representative

Executive Director Children's Services and Education

Executive Director Adults, Aging and Wellbeing

Executive Director of Public Health, Inequalities and Stronger Communities

Director of Housing and Planning

North East and North Cumbria ICB (x1 representative)

Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust (x1 rep)

Northumbria Healthcare NHS Foundation Trust (x1 rep)

Northumberland Tyne and Wear NHS Foundation Trust (x1 rep)

Newcastle Upon Tyne NHS Foundation Trust (x1 rep)

North East Ambulance Service (to be invited) (x1 rep)

NHS England (x1 rep)

Voluntary Community and Social Enterprise Organisations (x1 rep)

Healthwatch (x1 rep)

Local Medical Committee (x1 rep)

Local Pharmaceutical Committee (x1 rep)

Children's and Adults Safeguarding Board (x1 rep)

Harrogate & District NHS Foundation Trust (x1 rep)
Northumbria Police (x1 rep)
Northumberland Fire & Rescue Service (x1 rep)

Terms of reference.

Statutory functions

- (1) To encourage all health and care organisations which operate within Northumberland to work together in an integrated manner.
- (2) To provide all appropriate advice, assistance and support to encourage the development of formal partnership arrangements between social care and health services, making use of the powers provided by Section 75 of the NHS Act 2006.
- (3) To produce and maintain the Joint Strategic Needs Assessment (JSNA) for Northumberland, covering all needs which either fall within the responsibilities of health commissioners, but could alternatively be met or significantly affected by local authority functions or vice versa.
- (4) To produce a joint health and wellbeing strategy (JHWS) for Northumberland, on behalf of the Council and NHS Northumberland Clinical Commissioning Group.
- (5) To ensure that Healthwatch Northumberland and the people who live and work in Northumberland are involved in the production of the JSNA and the JHWS.
- (6) To maintain and update Northumberland's Pharmaceutical Needs Assessment.
- (7) To respond to any pharmacy contract consolidation request submitted to NHS England within the statutory timeframe.
- (8) to consider the Northumberland County Council's COVID 19 Outbreak Prevention and Control Plan.

Development and Improvement Functions

- (9) To improve democratic accountability for health and wellbeing decision making.
- (10) To provide a focus for Health and Wellbeing Board partners and total public sector commitment to improving population wellbeing and health outcomes.
- (11) To ensure that communities and service users are involved in determining needs and in designing, developing and delivering services.
- (12) To monitor and report progress within the priorities identified within the JHWS and to hold partners to account including the ICS, ICP and System Transformation Board. This may be done through Joint Health and Wellbeing Boards across the ICP footprint.
- (13) To advise all partners and stakeholders on steps that they could take to reduce health inequalities within Northumberland and between Northumberland and England as a whole

- (14) To promote broader integration and partnership working between the NHS, LA, other public sector organisations and the VCSE.
- (15) Any other functions that may be delegated by the Council under section 196 (2) of the Health and Social Care Act 2012.
- (16) To provide an annual report to the Health and Wellbeing OSC; and undertake regular reviews of the Board's activity to ensure that it is achieving what it is setting out to do.

2. APOLOGIES FOR ABSENCE

3. MINUTES

(Pages 1
- 8)

Minutes of the meeting of the Health and Wellbeing Board held on Thursday, 11 May 2023 as circulated, to be confirmed as a true record and signed by the Chair.

4. 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

5. JOINT HEALTH AND WELLBEING STRATEGY

To receive a verbal update from Gill O'Neill, Executive Director for Public Health (DPH), Inequalities & Stronger Communities.

6. INTEGRATED CARE BOARD - UPDATE

To receive a verbal report from Levi Buckley, ICB Executive Place Director for the North, updating Members on the Integrated Care Board and his role.

7. THE COMMUNITY PROMISE UPDATE

To receive a presentation and summary from Alistair Blair, Executive Medical Director at Northumbria Healthcare NHS Foundation Trust, on the latest work being done to support communities and staff through the award winning corporate social responsibility programme.

8. HEALTH INEQUALITIES - NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST

(Pages 9
- 16)

To receive a presentation from Jill Harland and Robert Taggart, Northumbria Healthcare NHS Foundation Trust, updating Members on the Trust's work on inequalities.

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

To receive a verbal update from Pam Lee, Public Health Consultant, and Kevin Higgins, Employability and Inclusion Manager.

10. HEALTH AND WELLBEING BOARD – FORWARD PLAN

(Pages
17 - 22)

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

11. URGENT BUSINESS (IF ANY)

To consider such other business as, in the opinion of the Chair, should, by

reason of special circumstances, be considered as a matter of urgency.

12. DATE OF NEXT MEETING

The meeting scheduled for 13 July 2023, has been cancelled and replaced by the Inequalities Round Table. The next meeting will be held on Thursday, 10 August 2023, at 10.00 a.m. at County Hall, Morpeth.

Future Meeting Dates

14 September 2023

12 October 2023

9 November 2023

14 December 2023

11 January 2024

8 February 2024

14 March 2024

11 April 2024

9 May 2024

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)

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NORTHUMBERLAND COUNTY COUNCIL HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Wellbeing Board** held in County Hall, Morpeth on Thursday 11 May 2023 at 10.00 a.m.

PRESENT

Councillor P. Ezhilchelvan
(Chair, in the Chair)

BOARD MEMBERS

Binning, G.	Nugent, D. (Substitute)
Blair, A.	O'Neill, G.
Bradley, N.	Pattison, W.
Charge, Z. (Substitute)	Reiter, G.
Ice-ton, A (Substitute)	Sanderson, H.G.H.
McCartney, S.	Snowdon, H.
Moulder, B. (Substitute)	Syers, G.
Murray, K (Substitute)	Wardlaw, C.

IN ATTENDANCE

L.M. Bennett	Senior Democratic Services Officer
A. Everden	Public Health Pharmacy Adviser
K. Lynch	Senior Public Health Manager

148. APOLOGIES FOR ABSENCE

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

149. MINUTES

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

150. UPDATE TO PHARMACY NEEDS ASSESSMENT: CRAMLINGTON

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

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

The following issues were raised:-

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

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

- Healthwatch had used its 'Enter and View' powers under the Health & Social Care Act to carry out a series of engagement activities within Lloyds in Sainsbury's in Cramlington. The process was ongoing but had already provided a very good flavour of what patients were experiencing and their aspirations for pharmacy services in Cramlington.
- The survey was focusing on the out of hours service.
- 150 patients had responded to the survey with over 70 responses being received within the first 24 hours.
- 80% had heard of the closure and 57% used it for regular prescriptions. 66% knew how to change pharmacy and 31% indicated that they would go

to the Boots Pharmacy at Manor Walks. Only 5 patients would use Lloyds or other online service. 33% of weekday users stated that they went after 7 pm. 25% had not thought about what they would do following the closure.

- Regarding the impact of the closure, the biggest concern was people's access to a pharmacy outside their working hours. Many needed access outside core opening hours because it was convenient for them, but also because some had complex caring duties. Additional pressure would be placed on other pharmacies and could add to the already large queues at the Boots Pharmacy.
- It was vital that the reality of what the closure meant for patients and carers was understood.
- There was a need for an Inequalities Impact Assessment and care should be taken not to design services for people to fit into rather than services that fitted into people's lives

The following issues were raised:-

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

RESOLVED that

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

151. NORTHUMBERLAND ORAL HEALTH STRATEGY 2022-2025

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

The following key issues were raised.

- Oral health was an important part of individual's overall health and wellbeing and significantly impact on many aspects of their life.
- Oral health had improved considerably in the UK but there were still pockets of inequalities in Northumberland.
- Responsibility for fluoridation now lay with the Secretary of State and Directors of Public Health were seeking clarification from the Department of Health and Social Care about the new process.
- Local dentistry commissioning had transferred to the Integrated Care Board from April 2023. Access to dental treatment in Northumberland was slightly lower than it was prior to the Covid pandemic but was higher than the national average. The County Council supported water fluoridation as a crucial measure for the health of Northumberland residents and to reduce inequalities.
- The Oral Health Strategy and Implementation Group met twice a year and was looking at the 2022-25 strategy and plan. Some elements of the previous plan would continue but there were also some new priorities and actions eg. further development planning and process for delivery of oral health packs; training for carers of adults with learning difficulties and development of an oral health NECC module.
- The plan was divided into the following themes:-
 - Improving oral health of children and young people
 - Improving oral health of older people
 - Improving oral health of vulnerable groups
 - Partnership working
 - Service development and commissioning.

The following comments were made:-

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

RESOLVED that

- (1) the work of the Oral Health Strategy and Implementation Group to update the strategy and devise a new action plan for the corresponding period be noted.

- (2) The updated Northumberland Oral Health Strategy and Action Plan 2022-25 be accepted.

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

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

Karen Murray, raised the following key issues:-

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

- Serious Violence Strategy 2021-2024 – The key principles were listed along with Northumbria Police’s approach including early intervention, prevention, problem solving and partnership working. A list of activities considered as serious violence was provided.

The following comments were made:-

- The outcome of the recent inspection of the Youth Justice Board would be shared with the Members when available. It would show the effectiveness of the Youth Justice Board’s early intervention and prevention work around youth justice.
- Northumbria Police’s membership of the Health & Wellbeing Board was welcomed. Northumbria Police along with the Northumberland Fire & Rescue Service had the challenge as to how to use the various data sets, joint strategic needs assessments etc to identify areas to be focused on and to focus in the right way. Also to invest the communities and people within the communities in the decisions that were made. There was certainly a commitment to do this.
- Multi agency co-operation was very important.
- Northumbria Police did have a small team which visited schools. A newsletter was sent out quarterly anything important in the interim was shared. Working together with small groups of children was proven to be effective and was targeted in the highest harm areas.
- The Northumberland Fire & Rescue Services also had a full school programme running throughout the year. There was also the Extinguish Programme which was aimed at young people who were prone to fire setting. There were Fire Cadets and Princes Trust programmes.

The Chair thanked Karen Murray for her presentation.

RESOLVED that the presentation be noted.

153. NORTHUMBERLAND INEQUALITIES ROUND TABLE

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

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

154. HEALTH AND WELLBEING BOARD – FORWARD PLAN

Members noted details of forthcoming agenda items at future meetings.

155. DATE OF NEXT MEETING

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

CHAIR _____

DATE _____

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**THE
NORTHUMBRIA WAY**

PEOPLE CARING FOR PEOPLE

Interactive Public Health Dashboards

Public Health, Northumbria Healthcare NHS FT
Month Year



Public Health Analytics Team

Chris Wilcockson

Senior Public Health Analyst

Christopher.Wilcockson@northumbria-
healthcare.nhs.uk

Robert Taggart

Information Analyst

Robert.Taggart@northumbria-
healthcare.nhs.uk



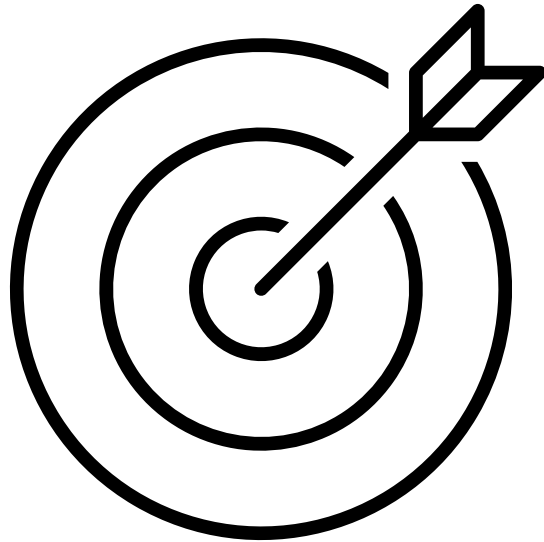
Aims

Healthcare metrics vs. Patient inequality factors

Interactive Updated in real time to reflect user choices

Intuitive Easy to use and navigate

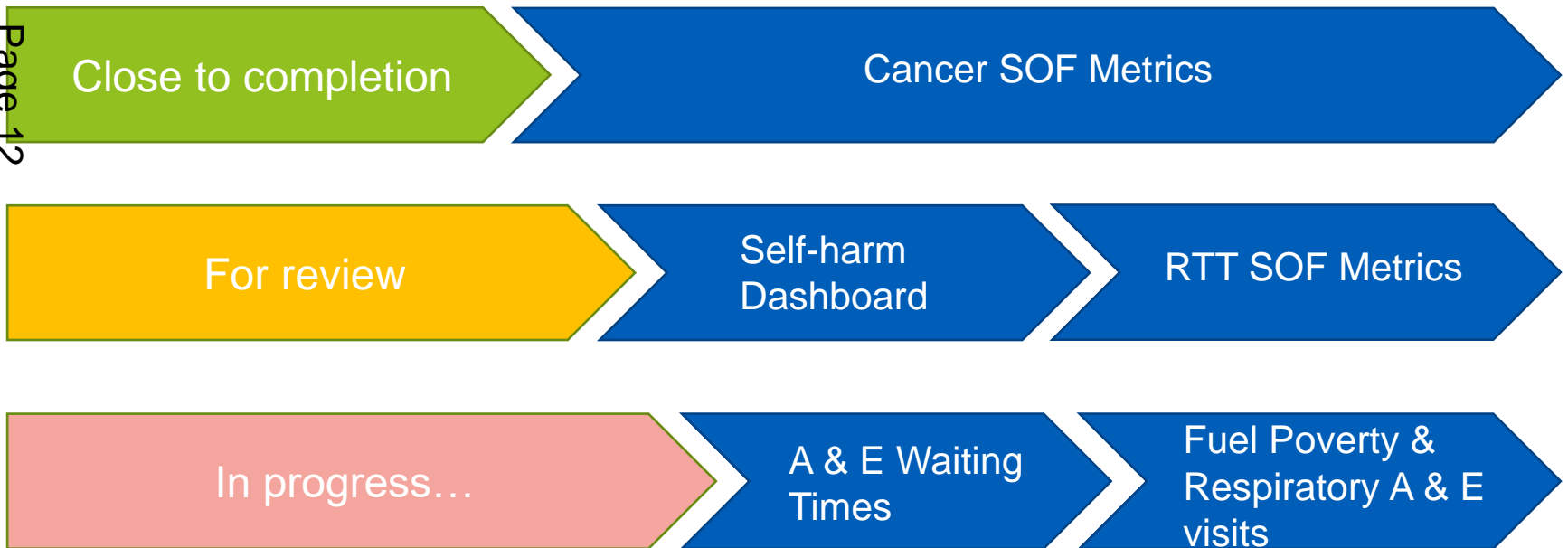
Informative Filters relevant data to produce insights



Work so far...

5 Dashboards currently in development

Page 12



Cancer SOF Metrics Dashboard

Page 13



1st Treatment for new tumour or metastatic tumour only



62 day wait clock starts at time of 1st appointment to time of first treatment



Appointment and treatment are both with the trust only

Cancer SOF Metrics Dashboard

Live demo...

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Proposed SOF Metrics

Current and possible future SOF Dashboards...

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NHS Area	ICB/Trust Metric	Metric	Inequalities Metrics	Status
Cancer 62 Waits	ICB/Trust	Patients waiting above 62 day threshold	Deprivation, Age, Sex, Ethnicity, Geography	Under Review
Elective Care (RTT)	ICB/Trust	Patients waiting over 52, 78, & 104 week thresholds to begin treatment	Deprivation, Age, Sex, Ethnicity, Geography	Awaiting data extraction pipeline
Self-Harm Admissions	Trust	Inpatient admissions with self-harm ICD10 codes	Deprivation, Age, Sex, Ethnicity, Geography	Built. Awaiting review.
Mental Health Services	ICB	Access rate for IAPT services	Deprivation, Age, Sex, Ethnicity, Geography	Prospective
Safe, high-quality care	Trust	C. Diff and gram-negative bacterial infection rate	Deprivation, Age, Sex, Ethnicity, Geography	Prospective, but datasets have been acquired.



Thank you



NORTHUMBERLAND COUNTY COUNCIL

HEALTH & WELLBEING BOARD

FORWARD PLAN 2023 - 2024

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Updated : 25 May 2023

FORTHCOMING ITEMS

ISSUE	OFFICER CONTACT
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 • Joint Health and Wellbeing Strategy – verbal update • NHCT Community Promise and Inequalities Work • Integrated Care Board – Update • Better Care Fund Plan Submission 2023-24 	Pam Lee and Kevin Higgins Gill O’Neill NCHT Levi Buckley Neil Bradley
13 July 2023 – Inequalities Round Table	
10 August 2023	
<ul style="list-style-type: none"> • Healthy Weight Alliance • CNTW Transformation Programme - TBC • Coroner’s Report - TBC • Healthwatch Annual Report 	David Turnbull Chloe Mann Andrew Heatherington Derry Nugent
14 September 2023	
<ul style="list-style-type: none"> • Health Protection Assurance and Partnership Board • Infection, Prevention and Control (ICP Strategy) • Aging Well 	Jon Lawler Jim Brown Pam Lee/Luke Robertshaw

12 October 2023	
<ul style="list-style-type: none"> • Joint Health and Wellbeing Strategy – Position Statement Report • ICB Place Based Board • Poverty and Hardship Plan – System Working • Thriving Together/VCSE Sector Update 	Gill O'Neill Rachel Mitcheson Emma Richardson Abi Conway
9 November 2023	
<ul style="list-style-type: none"> • Tobacco Control Partnership • Public Mental Health • Family Hubs 	Kerry Lynch Pam Lee/Yvonne Hush Graham Reiter
14 December 2023	
<ul style="list-style-type: none"> • Housing and Health • JSNAA Update 	Rob Murfin/Anne Lawson Pam Lee/Pam Forster

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 	Summer 2023 September 2023 October 2023
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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 2023-2024**

Ref	Date	Report	Decision	Outcome

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