



# Northumberland County Council

**Your ref:**

**Our ref:**

**Enquiries to:** Lesley Bennett

**Email:** Lesley.Bennett@northumberland.gov.uk

**Tel direct:** 01670 622613

**Date:** 30 January 2024

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, MORPRETH** on **THURSDAY, 8 FEBRUARY 2024** at **10.00 AM**.

Yours faithfully

Dr. Helen Paterson  
Chief Executive

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

**G Binning, A Blair, N Bradley, C Briggs, A Conway, P Ezhilchelvan (Chair), D Jackson, V Jones, S McCartney, V McFarlane-Reid, R Murfin, R Nightingale, G O'Neill, W Pattison, G Reiter, G Renner-Thompson, S Rennison, G Sanderson, E Simpson, H Snowdon, P Standfield, G Syers (Vice-Chair), 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. APOLOGIES FOR ABSENCE

### 2. MINUTES

(Pages 1  
- 8)

Minutes of the meeting of the Health and Wellbeing Board held on Thursday, 11 January 2024 as circulated, to be confirmed as a true record and signed by the Chair.

### 3. DISCLOSURES OF INTEREST

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

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

considered in exercise of their executive function, they must notify the Monitoring Officer and arrange for somebody else to deal with it.

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

**4. GROWING HEALTHY 0-19 SERVICE ANNUAL REVIEW**

(Pages 9  
- 18)

The purpose of this summary report is to provide an update to the Northumberland Health and Wellbeing Board on the 0-19 Growing Healthy Service, describing progress to date and giving assurance that the team deliver a high quality, responsive and effective service to the children, young people, and families (CYP&F) of Northumberland. The report will be presented by Sam Anderson, Service Manager, Harrogate and District NHS Foundation Trust.

**5. FAMILY HUBS**

To receive a verbal update and presentation from Graham Reiter, Director of Children, Young People and Families.

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

(Pages  
19 - 28)

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

**7. 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.

**8. DATE OF NEXT MEETING**

The next meeting will be held on Thursday, 14 March 2024, at 10.00 a.m. at County Hall, Morpeth.

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

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

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

## Registering Interests

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

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

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

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

### Non participation in case of disclosable pecuniary interest

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

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

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

### Disclosure of Other Registerable Interests

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

### Disclosure of Non-Registerable Interests

7. Where a matter arises at a meeting which **directly relates** to your financial interest or well-being (and is not a Disclosable Pecuniary Interest set out in **Table 1**) or a financial interest or well-being of a relative or close associate, you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

8. Where a matter arises at a meeting which **affects** –

- a. your own financial interest or well-being;
- b. a financial interest or well-being of a relative or close associate; or
- c. a financial interest or wellbeing of a body included under Other 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
<b>Employment, office, trade, profession or vocation</b>	Any employment, office, trade, profession or vocation carried on for profit or gain. [Any unpaid directorship.]
<b>Sponsorship</b>	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.
<b>Contracts</b>	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.
<b>Land and Property</b>	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.
<b>Licenses</b>	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer
<b>Corporate tenancies</b>	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.
<b>Securities</b>	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"> <li>i. the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or</li> <li>ii. if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/ her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners has a beneficial interest exceeds one hundredth of the total issued share capital of that class.</li> </ul>
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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, 11 January 2024 at 10.00 a.m.

#### PRESENT

Graham Syers  
(Vice-Chair, in the Chair)

#### BOARD MEMBERS

Bradley, N.	Paterson, L.
Conway, A.	Reiter, G.
Jenkins, C. (Substitute)	Sanderson, H.G.H.
Jones, V.	Simpson, E.
Kennedy, S. (Substitute)	Snowdon, H.
McCartney, S.	Standfield, P.
Murfin, R.	Waring, K (Substitute)
O'Neill, G.	Watson, J.

#### ALSO PRESENT

Horncastle, C.W.	Cabinet Member for Looking After Our Communities
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#### IN ATTENDANCE

L.M. Bennett	Senior Democratic Services Officer
A. Everden	Pharmacy Consultant to Public Health
J. Lawler	Public Health Consultant
A. Lawson	Public Health Manager
P. Lee	Public Health Consultant
D. Nugent	Healthwatch
P. Phelps	Deputy Director of Primary Care ICB
K. Youngman	Head of Pharmacy & Optometry Contracting ICB

#### 49. APOLOGIES FOR ABSENCE

Apologies for absence were received from G. Binning, V. McFarlane-Reid, C. Wardlaw, Councillors P. Ezhilchelvan and G. Renner-Thompson.

#### 50. MINUTES

**RESOLVED** that the minutes of the meeting of the Health and Wellbeing Board held on 14 December 2023, as circulated, be confirmed as a true record and signed by the Chair.

## 51. DECLARATION OF INTEREST

Peter Standfield declared an interest in agenda item no. 4 as he was Chief Executive of Abbeyfield Northumbria, a not-for-profit Registered Provider of Social Housing. As no decisions were being made in this item, it was not necessary for him to leave the meeting.

## 52. HEALTHY NEIGHBOURHOODS PAPER – HOUSING AND PLANNING AS BUILDING BLOCKS FOR A GOOD LIFE IN NORTHUMBERLAND

Members received a report providing an overview of how Housing and Planning can contribute towards the tackling of inequalities in Northumberland and contribute towards Healthy Neighbourhoods. The report sought support, suggestions, and an ongoing involvement of the Board to work together to further healthy approaches to Housing and Planning. The report was presented by Rob Murfin, Director of Housing and Planning, and Anne Lawson, Public Health Manager.

The following key points were raised in the presentation:-

- Members were asked to consider the following questions:-
  - How can the member organisations of the Health and Wellbeing Board input to the development of a Housing Strategy prioritising healthy outcomes for our residents?
  - HIAs are required in certain circumstances under new local plan. Should the HWB received Full HIAs to assure and further refine the process?
  - What more can we do to become exemplary in the development and delivery of good quality housing within Northumberland?
- Housing and Planning as Building Blocks of a Good Life – The following priorities had been identified as part of the Health Neighbourhoods category of the Building Blocks of a Healthy Life Theme in the Joint Health and Wellbeing Strategy Review refresh.
  - Priority 1 – Supporting Healthy Neighbourhoods through Planning
  - Priority 2 – Blyth Deep Dive Housing and Healthy Housing Hub
  - Priority 3 – Hirst Housing Masterplan Phase One Implementation
  - Priority 4 – Available, Affordable Quality Housing
- 11 Healthy Homes Principles (2023) from the Town and Country Planning Association were listed including liveable space, access to amenities and transport and safety from crime.
- The National Design Guide (2021) listed ten characteristics of well-designed places.
- The Place Standard Tool was used to understand residents' views of housing at 212 localities across the county.
- Healthy Housing as a Building Block for Health - The next steps
  - Retaining a focus; warm homes and fuel poverty, keeping people in own homes for longer, climate change and low carbon initiatives.

- Affordable Housing - NCC would aim to be an exemplar as biggest social landlord in county; drive up quality of housing and support tenants with healthy living initiatives.
- Housing and Health Conference – including social landlords, private landlords, housing developers and elected members.
- Delivering additional homes for Northumberland – opportunity to be an exemplar in healthy homes, work with other social landlords and commercial developers to ensure new schemes centred around healthy homes; homes supplied in right locations to meet local need.
- Health and Housing Forum – establish forum to report to Health & Wellbeing Board
- Structure of NCC Housing Service – review to include new strategic function to lead on health strategies within housing.
- Healthy Planning as a Building Block for Health – next steps including Health Impact Assessments, early engagement with developers, public health involvement throughout the planning application process, supporting infrastructure.

The following comments were made:-

- The Police were keen to become more integrated and aligned with Northumberland County Council and to contribute in areas such as designing out crime. The Police were already statutory consultees in the planning process, but this was usually only at the request of a resident or parish council when there was a perception of crime being an issue. The planners would be happy to draw on the skills of the police.
- Adult Services already had good links and integration with the housing team and was able to influence housing strategy. Some Members did not have these links and there could be further discussions with them.
- The Healthy Housing Forum was welcomed, and the CAB and voluntary sector would welcome the opportunity to contribute with knowledge of problems being faced by people such as fuel poverty. They could also involve well informed groups who would be able to discuss these issues.
- There was a danger that striving to be an exemplar could result in homes becoming unaffordable.
- When approving new estates, it was important to consider the existing infrastructure, for example GP surgeries, and whether it could support the growing population.
- Primary Care would welcome future involvement to be involved at the planning stage rather than being reactive.
- The report was welcomed following on from the item at the last meeting regarding the refresh of the Joint Health & Wellbeing Strategy and looked at what could actually be done. There was now a will to connect housing with Public Health. It was important to work with residents, particularly those with vulnerabilities, to ensure that their housing was not a compounding issue in relation to their health. The Healthy Housing Forum would be broader conversation beyond just new developments.
- Health & Housing Conference could be joined up with the tackling inequalities work in October 2024.

- CNTW would be committed to any forum that was set up. Issues seen in its community services where an increasing number of admissions to acute wards were being seen where housing and social situations had broken down to a point where a person had a significant relapse. There were also lengthy admissions as they were unable to discharge patients without lengthy retro fitting as their housing was not suitable.
- There needed to be discussions about the responsibilities of housebuilders going forward. The cost of providing Primary Care could be included in developments but this was a very complex area.

The Chair stated that there had been a definite expression of interest to say that this subject was important and that they wanted to be involved. There was a line of communication between members and the planning team and a responsibility on the team to outline what point had been reached and to seek opinions. A Health impact assessment was vital but would have an impact on resources. The question of how to become exemplary rested on how members related to each other and what systems were put in place. The Northumberland Partnership and inequalities work would enable us to let everyone know what was being done.

**RESOLVED** that

- (1) The report and presentation be received
- (2) The comments be noted.

### **53. NORTHUMBERLAND HEALTH PROTECTION ASSURANCE AND DEVELOPMENT PARTNERSHIP**

To provide an update on multiagency activity to develop a Health Protection Assurance and Development Partnership in Northumberland. The report was presented by Jon Lawler, Public Health Consultant.

A number of key points were raised including:-

- Health Protection was a core element of public health, to protect health of individuals and communities by
  - Preventing or reducing harm caused to people by communicable disease.
  - Minimising the health impact of environmental hazards
- A system wide approach
  - Key agencies and partners including NCC public protection/public health and civil contingencies, UKHSA, NHS providers and Primary Care, NHS Commissioners
  - Key settings – healthcare settings, care homes, educational settings, prisons
- Inequalities related to infectious diseases and environmental hazards.
  - Socio economic disadvantage and lower vaccination uptake

- Higher incidence of hepatitis B and C in drug users and those with contact with criminal justice system
- Poor air quality
- Higher rates of sexually transmitted infections in some groups
- Lower vaccination uptake in some inclusion groups
- The Director of Public Health had key role in protecting health of population through planning and response.
- The proposed Health Assurance Protection Board and Development Partnership built on the work of the multi-agency Health Protection Board established during the Covid-19 pandemic.
- The new Board would be a strategic partnership would support the Director of Public Health's oversight and assurance role, provide a link between the Health & Wellbeing Board and partners, exchange, scrutinise and analyse information, strengthen local arrangements.
- The added value of the Partnership would overcome limitations of available data, explore and share information, understand and reduce health impact of inequalities in Northumberland.
- The scope of the Board would be
  - Prevention and control of communicable diseases
  - Health and social care associated infections in community settings.
  - Emergency preparedness, resilience and response.
  - Environmental hazards
  - Immunisation
  - Cancer and non-cancer screening.
- The Board membership would include key partners and hold bi-monthly themed meetings.
- Provide strategic oversight of local health protection arrangements and identify good practice and areas for improvement. Liaise with operational partners to identify and oversee development. Provide core membership if a multiagency health protection group was required and produce an annual report which could be presented to the Health & Wellbeing Board.

Members welcomed the report and made the following comments:-

- It was suggested that the role of unpaid and family carers should also be considered and woven into this work. Some learning from the pandemic had shown that it was important to note the knock-on effect if they were not kept healthy and well. They were sometimes not seen as part of the system.
- The available data could look OK on a superficial level and appear that everything was going well on a Northumberland level, but that may not be the case when looked at in more detail. For example, looking at what might cause the drop off in numbers having the second MMR immunisation.
- Northumberland County Council was grateful for the work carried out by other partners.

**RESOLVED**

- (1) that the report, presentation and the proposed scope and terms of reference of the Health Protection Assurance and Development Partnership be accepted.
- (2). The Health Protection Assurance and Development Partnership to present a report to HWB annually.

#### **54. NOTIFICATION OF PHARMACY CLOSURES IN BLYTH**

Members received a report regarding two pharmacy closures in Blyth and the reduction in opening hours of the 100-hour pharmacy in Blyth. The Board was asked to consider if there were still sufficient pharmacies open in Blyth to meet the needs of the population for collection of prescriptions, advice from pharmacists and other services provided by community pharmacies. The report was presented by Anne Everden, Pharmacy Consultant to Public Health.

Members were informed that two pharmacies in Blyth had closed in the last three months and the 100-hour pharmacy had reduced its hours. The two pharmacies were located in Newsham which had high levels of multiple deprivation, poor infrastructure, a large elderly population and some poor housing including for people new to the area. Services and issues in the Blyth/Newsham area were outlined in detail in the report. Two pharmacies had indicated that they could cope with more business, however, the closures displaced 20,000 prescriptions per month, and this was a lot to take up. Many of the local population could not easily access pharmacies in the centre of Blyth. There was also a significant loss of capacity to provide other services such as seasonal flu vaccinations, supervised opiate consumption and blood pressure monitoring.

It was recommended that a statement be issued to the effect that there was a gap in pharmacy services in Blyth. A task and finish group had been set up by the Health & Wellbeing Overview and Scrutiny Committee to consider the options for the provision of pharmacy services in the Newsham area.

It was noted that there would be work with the ICB to try and make it attractive to other potential providers.

The following comments were made:-

- It was queried whether there was enough information available to make a decision, as there was no comparative data from other areas with similar issues such as an older population and deprivation. It was explained that this information was available within the main Pharmaceutical Needs Assessment and this was just a supplement to that document.
- The ICB was working collaboratively with Northumberland County Council to take forward the findings and recommendations from the Board and PNA and how to work together to identify opportunities for service provision going forward. There were multinational companies who were

consolidating and supermarkets reducing hours, national contract changes etc. and all of these issues added up.

- It was an opportunity to understand at a local level what to do for patients, such as those with end-of-life care needs where services had been lost, and mental health care patients etc. There would be an impact on these patients' care and needs. There was an opportunity for more discussion about impact of the pharmacy closures.
- The figures presented showed that there was enough work for another pharmacy but the demographic of Newsham did not need another pharmacy in Blyth town centre. It would be more useful to be located within an area of multiple deprivation. If the area for the pharmacy was not specified, then the ICB would be more or less duty bound to accept any application within the town centre.
- It was in everyone's interests to have access to health facilities as close to home as possible. People were being encouraged to go to pharmacies before accessing primary care or emergency departments. The Northumbria Healthcare Foundation NHS Trust would be willing to offer help, if required.
- How would the impact of the loss of services other than for prescriptions be measured?
- Prior to the Task & Finish Group there needed to be scoping work done to identify the community voice and vulnerable people. This was important alongside the professional opinion.
- Work was currently being undertaken by the Northumberland Recovery Partnership to hear the voice of the OST users who were having to go to alternative pharmacies. It was not always as simple as just getting to an alternative pharmacy and could result in patients being unable to be compliant with their prescriptions.
- There was also a potential effect on carers who may have to travel further to collect prescriptions.

## **RESOLVED**

- (1) To agree to an update to the Pharmaceutical Needs Assessment completed in October 2022, by means of a supplementary statement declaring that there is a gap in essential services, new medicines service, clinical pharmacy consultation service and opiate supervision services, in the Newsham area of Blyth, between Monday and Saturday.
- (2) To ask that the Task and Finish group set up by the Health and Wellbeing Overview and Scrutiny Committee look into pharmacy provision and consider options for provision of pharmacy services to the Newsham community, and report back to the March meeting of the Health and Wellbeing Board.

## **55. HEALTH AND WELLBEING BOARD – FORWARD PLAN**

Members noted details of forthcoming agenda items at future meetings.

**56. DATE OF NEXT MEETING**

The next meeting will be held on Thursday, 8 February 2024, at 10.00 am in County Hall, Morpeth.

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

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



**0-19 Growing Healthy Northumberland**

**Annual report.**

**Report to: Northumberland Health and Wellbeing Board**

**Report Author: Ashley Icton, 0-19 General Manager Northumberland/Gateshead.  
Harrogate and District NHS Foundation Trust**

## Report contents.

### Purpose

The purpose of this summary report is to provide an update to the Northumberland Health and Wellbeing Board on the 0-19 Growing Healthy Service, describing progress to date and giving assurance that the team deliver a high quality, responsive and effective service to the children, young people, and families (CYP&F) of Northumberland.

### Background

Harrogate and District NHS Foundation Trust (HDFT) has provided 0-19 Health Visiting and School Nursing services in Northumberland from the 1<sup>st</sup> of October 2021, working in partnership with Northumberland County Council through a Section 75 Partnership Agreement. Our vision is for every child to have the best start in life, and be happy and healthy, through working in partnership with families in Northumberland. We have a strategic commitment to integrated working to optimise the impact of collective resources on health and wellbeing outcomes across Northumberland and reduce inequalities.

### The 0-19 Growing Health Service Northumberland.

The 0-19 Healthy Child Programme (HCP) provides an evidence-based universal offer of core contacts, mandated by the Department of Health, leading to early identification of needs and provision of early intervention, enhanced offer and early help through both single agency and wider multi-agency interventions.

The 0-19 HCP in Northumberland is delivered by the 0-19 Growing Healthy Team, HDFT. The service is delivered by a skill mixed workforce led by Specialist Community Public Health Nurses (SCPHN), enhanced by clinical champions and thematic lead roles.

The 0-19 Growing Healthy workforce are working in partnership with Family Hubs to ensure maximum collaboration opportunities and shared resources to meet the needs of families.

### Significant events for the Growing Healthy Team since 1<sup>st</sup> February 2023

- The 0-19 team moved into the new service model on the 1/6/23.
- The Family Health Needs assessment and home environment assessment tool have been embedded into the mandated home contacts.
- UNICEF Gold Accreditation has been maintained.
- Health visitors are being trained in the Newborn Observation training and implementation into clinical practice has commenced.

- Eyes on baby training, 0-19 staff are in the process of completing their E learning training prior to implementation.

Progress on recommendations from Summary report January-March 2023.

**We will develop a robust Staff health and wellbeing offer. The management team will role model and embed the KITE values across the workforce. We will engage staff to develop local opportunities to promote staff health and wellbeing. Our aim will be to create a happy, healthy workplace.**

The 0-19 Northumberland team have been identified to be part of a pilot a focussed on current levels of work-related stress, identify remedies and implement where possible.

The pilot period is to be 4 months. Benchmarking data pre and post the pilot period will be produced for each team. The post Pilot Evaluation will determine the action plan to be developed to support the systemic management of work-related stress across the Trust.

**Local performance panels will be implemented in a proactive approach to understand specific issues in teams or localities impacting on their capacity and ability to consistently deliver a quality service. Performance Panel will also evidence areas of good practice and celebrate success.**

Performance panels are being implemented in January 2024.

**We are working towards the implementation of a Single Point of contact across all the Geographical areas in Northumberland.**

We successfully launched the Single point of contact (SPOC) in Northumberland on the 16<sup>th</sup> of August 2023, communication has been shared with partners.

**The senior management team are undertaking an audit of Wellbeing clinic to analyse uptake, impact and offer consideration around alignment to infant feeding groups to maximise impact and develop specialist infant feeding clinics.**

The audit was completed, analysed and in response some clinics have been relocated. Infant feeding groups have been aligned to community wellbeing clinics or the family hub offer.

**The Enhanced Parenting Pathway (EPP). The lead will develop an EPP action plan to drive service development and implementation. Key actions to include the development of an integrated EPP pathway, workforce training including a training need analysis, reporting systems on outcome measures and Communication/launch to partners.**

We have developed an Enhanced Parenting Pathway task and finish group. This group includes representation across the Northumberland System. We have developed terms of reference and a vision. We are focusing on co-creating a pathway that captures and aligns service offers.

**Family hubs improving integration. The senior management team are promoting a vision that seeks to improve and embrace connections. The 0-19 service will work with partners to maximum collaborative opportunities and share resources to meet the needs of families within the Family Hub offer.**

The 0-19 team in partnership with Family Hubs staff have come together to look at ways in which we can collaborate and integrate our efforts to better support the children and families we work with. We have developed integrated workshops, which include activities which create an opportunity for staff to work together, create connections and learn more about each other, each other's roles, and our partner organisations.

**We will continue to work in partnership on integrated pathways including the sensory pathway, Emotional Health, and Resilience offer.**

The leadership team are co-opted onto two task and finish groups, looking at CYP mental health and the multi-agency response for neurodiversity.

**We are in the process of decommissioning Chat Health, the senior management team are working through the decommissioning requests whilst in preparation for the launch of our virtual nurse offer, supporting staff with expectations. Developing and embedding an 0-5 duty rota to support the offer.**

We have successfully launched the Growing Healthy 0-19 Health chat. This is embedded within the 0-19 service, providing a virtual offer from 08:30am until 17:00pm Monday to Friday.

#### Performance and Quality.

We have started a process of local performance panels in a proactive approach to understand specific issues in teams or localities impacting on their capacity and ability to consistently deliver a high-quality service. We are giving clear messages that Key Performance indicators are monitored to support delivering quality and that all universal families in Northumberland receive an equitable service, and those who need early help or have more complex needs and vulnerabilities receive the service and support they need for us, as a single agency or multi-agency response.

Underpinning continual service improvement is and Quality and Performance Management supervision. Locality Managers are providing monthly 1-1 Performance supervision, developing, challenging, and implementing changes leading to continual service improvement.

We will analyse staff competency and mandatory training requirements to ensure staff possess the appropriate professional knowledge, skills, experience, and qualifications to effectively deliver a high-quality service.

#### Key Achievements and Quality Improvements January 2023- November 2023.

We have had 16 staff across the Emotional health and resilience pillar and Northumberland family hubs trained in the delivery of Relax Kids and ChargeUp. They have successfully

facilitated 13 of these courses throughout Northumberland and have a further 32 courses set to be delivered before Summer 24. This co-delivery between partners has seen greater communication between the services, all staff reporting a greater understanding of one another's roles, and having the ability to share and promote some of the work that the other service is offering. Staff across both organisations meet regularly to work together to produce and update session plans for ChargeUp and Relax Kids, meaning that the children and young people will benefit from the knowledge and expertise of two groups of professionals coming together with the joint goal of improving their health and wellbeing.

The emotional health and resilience clinical lead attends a weekly interface meeting with partner agencies, such as the Children and Young People's Service (CYPS), Northumberland Primary Mental Health Work (PMHW) Team and the crisis team. This meeting allows services to discuss referrals to determine whether the most appropriate support is being offered, or whether this child, young person or family may have greater benefit in being supported by one of the other services. All professionals within the interface meeting have discussed how this has improved working relationships between services by allowing a greater understanding of one another's criteria, thresholds, and pressures. With this knowledge we are now able to make the right decision more confidently and timely.

The Community Anchor role has strengthened connections between the 0-19 service, community assets and our partners. A resource directory has been developed to identify National, County wide and Locality level resources to support staff to improve outcomes for children, young people, and their families.

The Northumberland Housing Pathway development – the Community anchor is planning workshops to support the co-creation of a pathway building on the home environment assessment tool. Membership includes partners in the local authority housing teams, housing associations, environmental health, citizens advice, and Northumberland Fire & Rescue Service. The vision for the pathway is to be clear, concise, and inclusive of all relevant parties. We will have a shared commitment to responding to the needs of residents to improve home conditions.

Hopes for Healthcare – HDFT is committed to making healthcare accessible to children and young people through embedding 'Hopes for Healthcare'. This provides a set of seven targets devised in collaboration with the Youth Forum to assess the service provided to children & young people by us, in the aim to offer excellence.

The Community Anchor is exploring the seven 'Hopes' to identify areas for service improvement. Collaborating with local young people's forums, to seek the views of young people to evaluate the current offer benchmarked against the 'Hopes' and to co-produce improvements and service development.

In collaboration with the Northumberland Fire Service, we have developed an enhanced home environment assessment tool, training has been provided to 0-19 staff on identifying electrical and fire safety risks during home contacts. In partnership with the Fire service, we have co-created a referral pathway to support families who may require any additional fire safety advice or require and further fire safety risk assessments within their home.

All Schools within Northumberland have received a school profile alongside an email explaining the purpose and service offer from the public health pillar. We have received over 30 returned school profiles and plans are in place to support the three identified key priorities. Analysis to date highlights oral health, smoking, and vaping as the emerging needs.

National child Measurement Programme (NCMP) - From September 2023 the delivery model will change, the screeners will complete the programme across the academic year developing a meaningful public health focused intervention. The screeners focus on developing relationships with schools as part of the NCMP process including promoting the completion of the school profiles and identifying health priorities.

The role of the Community Triage Nurse has developed a partnership approach to early intervention. The Community Triage Nurse is embedded within Northumberland County Council's Early Help First Contact. Early help alongside 0-19 are analysing the health needs of children and young people through discussion and access to direct advice, knowledge, and guidance, supporting an efficient referral process. Analysis identifies the role has reduced the time associated with processing onward referrals, improved timeframes for families and provided support to families when signposting to partners.

We have successfully co-created a 2-2.5-year integrated pathway with a launch date for October 2023. This will be a targeted offer that includes an exchange of information with the educational provider, ensuring assessments are triangulated. To strengthen communication, we have ensured all educational providers including childminders have an aligned Health Visitor.

In partnership with Family Hubs and Midwifery we have successfully held a series of events to support and develop Integration. Individual services gave updates of the service models, alongside facilitated group work that captured opportunities to develop different ways of working. Building on this the 0-19 service, alongside the Family Hubs will present an update to the Primary Network meetings.

The recruitment into the safeguarding pillar is complete with all internal 0-19 staff now transitioned across into the pillar. The operational management of the Safeguarding team is now aligned to the 0-19 management team. This allows Named Nurse's and Senior Nurse child protection to focus on their role and responsibility within Safeguarding.

Through the estates strategy we have successfully mobilised bases in the North (Linnet Court) and West (St Matthews House). We continue to work through mobilisation in the central Southeast, exploring opportunities to co-locate 0-19 staff within Family Hubs.

### Key Challenges and Areas for Development 2023.

We intend to co-create and develop a school readiness offer, this will build on our Enhanced Parenting Pathway and Integrated 2-21/2-year review. Scoping membership to the task and finish group is under consideration.

The Public Health pillar continues to offer a Tier 1 continence advice in accordance with nationally recognised ERIC (Education and Resources for Improving Childhood Continence) guidelines. All children receive a basic continence assessment at Tier 1 and an onward referral if above the Tier 1 threshold. We are looking to develop a new support pathway for parents, this will include initial ERIC advice and virtual/face to face group sessions. All Public health pillar staff will be undertaking ERIC continence training in September/ October 2023 to support with the new pathway.

On establishing the Public Health pillar, it was apparent the service had accepted a high volume of inappropriate Neurodiversity referrals. An action plan was put into place to support and triage these referrals. This has been a manual task, contacting referrers and families to gain an update on professionals/parents' concerns and signpost with consent onto the most appropriate partner. In Quarter 4 the service had 277 referrals waiting lists, to date we have 23 referrals that are awaiting a Family Health needs assessment. Supporting this piece of work was an additional full time School Nurse fixed for 1 year, commencing in September 2023.

The Enhanced parenting pathway is being co-created with partners; the scoping of individual service offers has been completed and the pathway is in development. The pathway will provide seamless support to those families requiring enhanced support, ensuring they receive the right support at the right time.

The HDFT 0-19 Infant feeding, and Nutrition Strategy is in development, once complete and socialised we are planning to develop a bespoke addendum to reflect the Northumberland Infant feeding and Nutrition landscape.

We have completed our SEND Self-assessment, this has highlighted areas of improvement including the implementation of the NCARD (National Congenital Anomaly and Rare Disease) registration, realigned our Thematic lead in SEND, launched our 0-19 App with a SEND information section, embedded our Single Point of contact for all service users and reviewed our training needs matrix.

Building on our bespoke staff health and wellbeing offer, we are planning an insights training session with the integrated management team. We are co-ordinating time out sessions for all staff to develop staff charters. These sessions will be facilitated by Mark Fuller HDFT Improvement and transformation manager.

### Service user and partner feedback

*“Jess is professional, motivated, knowledgeable, and enthusiastic. She is a warm and supportive colleague and a positively infectious member of the team. She brightens up my day, pleasure to work with her” (Partner feedback).*

*“Since attending ChargeUP I have strategies to use in times of emotional distress this has had a hugely positive impact both at home and at school” (Service user feedback).*

*“I have recently observed Joanne doing some Relax Kids sessions. Joanne was seen to be very good with taking the lead in the session. Joanne even had a challenging child and parent within the session, and she dealt with this professionally and calmly. She was able to engage the children well, even though some were hesitant or reluctant, and encouraged all the children to participate. The kids who attended seemed to really enjoy the sessions and Joanne had built up a lovely rapport with the children.” (External Student feedback).*

*Staff have worked to the highest standards within the West of Northumberland. They have all worked immensely hard with HNA. They have all worked to the highest level which has resulted in a dramatic reduction in the routine referrals waiting for allocation (Partner feedback).*

*“The digital officer has come into a brand-new role for Northumberland 0-19 Service. They have made this role her own and provided invaluable support to everyone across the system” (Partner feedback).*

*“I found it easier to contact the service with the one telephone number” (Service user feedback).*

*“I just wanted to email you to let you know what a difference my HV has made since taking over the role for our daughter. My daughter was referred to Paediatrics when she was 2.5/3 years old by a HV following concern regarding her development. Last week she was diagnosed with autism. Since Amy has taken over her case, she has made frequent contact with us & arranged to come & meet my daughter within a few weeks of taking over her case.*

*She has referred us to physio due to tip toe walking and has just been a really good support. I just wanted this recognised as I know how short, staffed teams are at the minute & I know Amy will likely have a lot of children under her care. I have never felt so supported from a Health Visitor & will be sad in a couple of months when my daughter turns 5 & will be handed over to Education. I feel she is a real asset to the HV team & wanted to pass this on” (Service user feedback).*

*Parent shared she got lots of support from Health Visitor, Infant Feeding Team staff and that she is grateful for all the support in supporting her in her Breast-Feeding journey. Mother said that without the support of those people, she would have not breast feed for that long. The mum had Telephone and Face to Face support regarding breastfeeding. She is attending Infant Feeding Groups, which gives her confidence (Service user feedback).*

*“Just a thank you post for all the amazing support the infant feeding team provide! I mentioned that I was struggling with my electric pump and Sarah offered support and dropped me a hand pump to try which worked so much better after my last breastfeeding journey in lockdown it’s amazing to be able to get out and talk to people who understand this time around”.*

*“Huge praise for my health visitor today and student. They were fantastic I couldn’t ask for a nicer health visitor, please pass this on to their manager they were Amazing” (Service user feedback).*

*“First of all, can I pass on my thanks to you and your team for all your help to date. I believe that the initial cohort of your staff were trained in April/May this year, since that time we have received 26 referrals from your teams. From the referrals we received, 72% of them were deemed to be medium to very high risk following an assessment by our Safe and Well teams. This is a fantastic statistic, particularly if we compare it to our alternative approach which yielded a return of 19% medium to very high-risk assessment. This means that we are significantly improving the effectiveness of our visits by targeting our resources in the areas where they are needed most on a more consistent and frequent basis. Thanks to you and your team again, this makes a huge difference” (Partner feedback).*

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# **NORTHUMBERLAND COUNTY COUNCIL**

## **HEALTH & WELLBEING BOARD**

### **FORWARD PLAN 2023 - 2024**

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Updated : 26 January 2024

## FORTHCOMING ITEMS

ISSUE	OFFICER CONTACT
<b>February 2024</b>	
<ul style="list-style-type: none"> <li>• Family Hubs</li> <li>• Healthy Families Partnership Board/0-19 Service Annual Review</li> </ul>	Graham Reiter Ashley Icceton/Jon Lawler
<b>March 2024</b>	
<ul style="list-style-type: none"> <li>• Refreshed Joint Health &amp; Wellbeing Strategy</li> <li>• Director of Public Health Annual Report – Ageing Well</li> <li>• Public and Community Transport Health Needs Assessment</li> <li>• Annual Report of Principal Social Worker (Adults)</li> </ul>	Gill O’Neill/Luke Robertshaw Kaat Marynissen/Keith Henderson
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## MEETING DATE TO BE CONFIRMED

<ul style="list-style-type: none"> <li>Local Authority Self Assessment for CQC (LASAIR)</li> <li>Sexual Health Strategy</li> <li>Urgent and Emergency Care - Strategic Care</li> <li>Child and Adolescent Mental Health</li> <li>Pharmacy Update Blyth, Prudhoe, Ashington – NOV/DEC</li> <li>Safe Haven, Ashington</li> <li>Healthy Families Partnership Board Update/0-19 Service Annual Review</li> </ul>	<p>Neil Bradley</p> <p>Ann Everden</p> <p>Jon Lawler/Russell Nightingale</p>
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## REGULAR REPORTS

<p><b>Regular Reports</b></p> <ul style="list-style-type: none"> <li>Joint Health &amp; Wellbeing Strategy Refresh Thematic Groups – Update (Quarterly – Apr/July/Oct/Jan)</li> <li>System Transformation Board Update</li> <li>SEND Written Statement Update - progress reports</li> <li>Population Health Management - (Oct/Jan/Apr/July)</li> </ul> <p><b>Annual Reports</b></p> <ul style="list-style-type: none"> <li>Public Health Annual Report</li> <li>Child Death Overview Panel Annual Report</li> <li>Healthwatch Annual Report</li> <li>Northumberland Safeguarding Children Board (NSCB) Annual Report and Update of Issues Identified</li> <li>Safeguarding Adults Annual Report and Strategy Refresh</li> <li>Annual Health Protection Report</li> <li>Northumberland Cancer Strategy and Action Plan</li> </ul>	<p>Sir Jim Mackey/Siobhan Brown</p> <p>??</p> <p>Rachel Mitcheson</p> <p>Gill O'Neill (FEB)</p> <p>Paula Mead/Alison Johnson (JAN)</p> <p>Peter Standfield/Derry Nugent (JULY)</p> <p>Paula Mead (JAN)</p> <p>Paula Mead (JAN)</p> <p>(OCT)</p> <p>Robin Hudson (DEC/JAN)</p>
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Updated : 26 January 2024

<ul style="list-style-type: none"> <li>● Tobacco Control</li> <li>● Healthy Families Partnership Board Annual Report</li> <li>● Annual Report of Senior Coroner</li> </ul>	Kerry Lynch (DEC) Jon Lawler (SEP) Andrew Hetherington/Karen Lounten (JAN)
<p><b>2 Yearly Report</b></p> <ul style="list-style-type: none"> <li>● Pharmaceutical Needs Assessment Update</li> </ul>	(MAY 2024)

**NORTHUMBERLAND COUNTY COUNCIL  
HEALTH AND WELLBEING MONITORING REPORT 2023-2024**

<b>Ref</b>	<b>Date</b>	<b>Report</b>	<b>Decision</b>	<b>Outcome</b>
1	8.6.23	The Community Promise Update	Presentation received.	
2	8.6.23	Health Inequalities – Northumbria Healthcare NHS Foundation Trust	Presentations received	
3	8.6.23	Towards a Collaborative Approach to Reducing Inequalities in Employment Outcomes for our Population.	(1) Presentation received (2) Health & Wellbeing Board survey to be recirculated to Members	
4	8.6.23	Joint Health & Wellbeing Strategy	(1) Report received (2) Summary report to be provided for October meeting	
5	8.6.23	Integrated Care Board – Update	Update noted	
6	8.6.23	Better Care Fund	Retrospective report to be reported to August meeting.	
7	10.8.23	Annual Report of Senior Coroner	Report received	
8	10.8.23	Healthwatch Annual Report 2022/23	Report received	
9	10.8.23	Better Care Fund Plan 2023-25	(1) the BCF Plan annexed to the report as Annex A (narrative plan) and Annex B (spreadsheet plan) be signed off by the Board. (2) the Council's statutory Director of Adult Social Services (currently the Executive Director for Adults, Ageing and Wellbeing) be delegated the authority to sign off any future BCF planning submissions, if the nationally-set timetable made it impracticable for the Board to do so	

			before the submission date, provided that a draft of the submission had been circulated to all Board members for comment, and no issues had been raised which required fuller discussion at a Board meeting before sign-off.	
10	10.8.23	Notification of Closure of 100 Hour Pharmacy in Cramlington	<p>(1) A supplementary statement to the Pharmaceutical Needs Assessment 2022 be agreed declaring that there was a gap in essential, advanced, additional and locally commissioned pharmaceutical services in Cramlington between the hours of 6 pm and 10 pm Monday to Saturday and on Sundays between 10 am and 4 pm.</p> <p>(2) a second supplementary statement was required to acknowledge the change in ownership of all Lloyds pharmacies in Northumberland.</p> <p>(3)an update report be submitted to the November/December meeting of the Board.</p>	
11	10.8.23	ICB Draft Joint Forward Plan	Report noted	
12	14.9.23	Northumberland and North Tyneside Community Infection Prevention and Control Strategy 2023-28	<p>(1) the new Northumberland and North Tyneside Community Infection Prevention and Control Strategy be accepted.</p> <p>(2) the strategy goals and actions to achieve those goals be approved.</p>	

13	14.9.23	Healthy Weight Alliance	<p>(1) the establishment of Northumberland HWA be approved to bring agencies and communities together to ensure a co-ordinated approach to healthy weight.</p> <p>(2) the Northumberland HWA report to the Health &amp; Wellbeing Board.</p> <p>(3) Responsibility be delegated to the HWA to deliver the Healthy Weight Declaration.</p>	
14	14.9.23	CNTW New Strategy 'With You In Mind'	<b>RESOLVED</b> that the ethos and ambition of the Trust's new strategy be noted, in particular, the commitment to partnership working across the Health & Social Care system.	
15	12.10.23	JHWS Refresh – Adopting a Whole System Approach to Health and Care	<p>(1) Note the achievements described in the report</p> <p>(2) Agree proposed amendments to priorities, actions and indicators or evince of achievement of the theme.</p>	
16	12.10.23	JHWS Refresh – Giving Children and Young People the Best Start in Life	<p>(1) Note the achievements described in the report</p> <p>(2) Agree the proposed amendments to the name of the theme, priorities and associated actions.</p>	
17	12.10.23	Thriving Together – VCSE Sector Update	Presented received.	
18	9.11.23	JHWS Refresh – Empowering People and Communities	<b>RESOLVED</b> that the proposed amendments outlined in the report be approved.	
19	9.11.23	Northumberland Tobacco Control Partnership Annual Update 2023	<b>RESOLVED</b> that the development and progress of the Northumberland Tobacco Control Partnership during 2023 be noted.	

20	9.11.23	Update on Promoting Better Mental Health and Wellbeing in Northumberland	<b>RESOLVED</b> that the wide range of multiagency work which has been undertaken to promote better mental health be noted.
21	14.12.23	JHWS Refresh – Tackling the Wider Determinants of Health	<b>RESOLVED</b> (1) to agree to the proposed amendments to the name of the theme, priorities, and associated actions; and (2) to note the comments on the national indicators aligned to this theme and other measures for understanding the qualitative impact of actions within the Joint Health and Wellbeing Strategy Theme.
22	14.12.23	Poverty and Hardship	<b>RESOLVED</b> to note the contents of the report.
23	11.1.24	Healthy Neighbourhoods Paper – Housing and Planning as Building Blocks for a Good Life in Northumberland	<b>RESOLVED</b> that (1) The report and presentation be received (2) The comments be noted.
24	11.1.24	Northumberland Health Protection Assurance and Development Partnership	<b>RESOLVED</b> (1) that the report, presentation and the proposed scope and terms of reference of the Health Protection

			<p>Assurance and Development Partnership be accepted.</p> <p>(2) The Health Protection Assurance and Development Partnership to present a report to HWB annually.</p>	
25	11.1.24	Notification of Pharmacy Closures in Blyth	<p><b>RESOLVED</b></p> <p>(1) To agree to an update to the Pharmaceutical Needs Assessment completed in October 2022, by means of a supplementary statement declaring that there is a gap in essential services, new medicines service, clinical pharmacy consultation service and opiate supervision services, in the Newsham area of Blyth, between Monday and Saturday.</p> <p>(2) To ask that the Task and Finish group set up by the Health and Wellbeing Overview and Scrutiny Committee look into pharmacy provision and consider options for provision of pharmacy services to the Newsham community, and report back to the March meeting of the Health and Wellbeing Board.</p>	

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