

## NORTHUMBERLAND COUNTY COUNCIL

### HEALTH AND WELL-BEING BOARD

At the meeting of the **Health and Well-being Board** held at Council Chamber, County Hall, Morpeth on Thursday, 11 January 2024 at 10.00 am.

#### PRESENT

Graham Syers  
(Vice-Chair, in the Chair)

#### MEMBERS

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

#### OTHER COUNCILLORS

C. Horncastle	Cabinet Member for Looking After Our Communities
---------------	--

#### OFFICERS

L M Bennett	Senior Democratic Services Officer
A Everden	Public Health Team Pharmacy Advisor
J Lawler	Public Health Consultant
A Lawson	Public Health Manager
P Lee	Public Health Consultant
D Nugent	Healthwatch Northumberland
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

Ch.'s Initials.....

held on 14 December 2023, as circulated, be confirmed as a true record and signed by the Chair.

## 51 DISCLOSURES 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

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

Ch.'s Initials.....

- 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

Ch.'s Initials.....

- 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.

Ch.'s Initials.....

- 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

Ch.'s Initials.....

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

Ch.'s Initials.....

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**.....

Ch.'s Initials.....