



# Northumberland County Council

**Your ref:**

**Our ref:**

**Enquiries to:** Lesley Bennett

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

**Tel direct:** 01670 622613

**Date:** 2 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, MOPRETH** on **THURSDAY, 11 JANUARY 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), V Jones, S McCartney, V McFarlane-Reid, R Mitcheson, 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  
- 6)

Minutes of the meeting of the Health and Wellbeing Board held on Thursday, 14 December 2023 as circulated, to be confirmed as a true record and signed by the Chair.

### 3. DISCLOSURES OF INTEREST

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

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

Monitoring Officer and arrange for somebody else to deal with it.

NB Any member needing clarification must contact [monitoringofficer@northumberland.gov.uk](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. HEALTHY NEIGHBOURHOODS PAPER** (Pages 7 - 26)

To receive 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 seeks support, suggestions, and an ongoing involvement of the Board to work together to further healthy approaches to Housing and Planning. The report will be presented by Rob Murfin, Director of Housing and Planning, and Anne Lawson, Public Health Manager.
- 5. NORTHUMBERLAND HEALTH PROTECTION ASSURANCE AND DEVELOPMENT PARTNERSHIP** (Pages 27 - 38)

To provide an update on multiagency activity to develop a Health Protection Assurance and Development Partnership in Northumberland. The report will be presented by Jon Lawler, Public Health Consultant.
- 6. NOTIFICATION OF PHARMACY CLOSURES IN BLYTH** (Pages 39 - 50)

To receive a report regarding two pharmacy closures in Blyth and the reduction in opening hours of the 100 hour pharmacy in Blyth. The Board is asked to consider if there are 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 will be presented by Pam Lee, Public Health Consultant, and Anne Everden, Pharmacy Consultant to Public Health.
- 7. HEALTH AND WELLBEING BOARD – FORWARD PLAN** (Pages 51 - 58)

To note/discuss details of forthcoming agenda items at future meetings; the latest version is enclosed.
- 8. 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.
- 9. DATE OF NEXT MEETING**

The next meeting will be held on Thursday, 8 February 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, 14 December 2023 at 10.00 a.m.

#### PRESENT

Councillor P. Ezhilchelvan  
(Chair, in the Chair)

#### BOARD MEMBERS

Binning, G.	Reiter, G.
Blair, A.	Rennison, S.
Bradley, N.	Sanderson, H.G.H.
Conway, A.	Standfield, P.
Jones, V.	Syers, G.
Lothian, J. (Substitute)	Waring, K (Substitute)
Murfin, R.	Watson, J.
O'Neill, G.	Wilkinson, G. (Substitute)
Paterson, L.	

#### IN ATTENDANCE

L.M. Bennett	Senior Democratic Services Officer
E. Richardson	Senior Manager Specialist Services – Poverty Lead
L. Robinson	Senior Public Health Manager

#### 43. APOLOGIES FOR ABSENCE

Apologies for absence were received from S. McCartney, V. McFarlane-Reid, H. Snowdon and Councillors W. Pattison, G. Renner-Thompson.

#### 44. MINUTES

**RESOLVED** that the minutes of the meeting of the Health and Wellbeing Board held on 9 November 2023, as circulated, be confirmed as a true record and signed by the Chair with the following addition:-

##### Page 7, 8th bullet point

That the following be added to the final sentence

Consideration should be given to which communities were not being heard from and which we could connect with better – communities in their widest sense, not just of place, but also communities of interest, experience, identity etc.

## 45. UPDATE ON AND REFRESH OF THE JOINT HEALTH & WELLBEING STRATEGY 2018-2028

### TACKLING THE WIDER DETERMINANTS OF HEALTH

Members received a report updating them on the achievements made against this theme and were requested to review and agree priorities and actions for the period 2023-28, to review indicators used to measure progress and comment on national indicators and other measures to understand the qualitative impact of actions.

The report was presented by Rob Murfin, Director of Housing and Planning, Place and Regeneration, and Liz Robinson, Senior Public Health Manager.

The following key points were raised:-

- The 'Tackling the wider determinants of health' theme in the current Strategy included the following four priorities:-
  - Tackling fuel poverty by increasing the number of households with access to affordable warmth' and
  - Supporting people to live independently for as long as possible by maximising the use of building regulations.
  - Increasing the number of people with long term health conditions into and sustaining work.
  - Ensure local transport policy delivers on providing resilient, flexible and sustainable transport options across the county, particularly in rural area.
- The aims relating to the priorities were outlined, along with the success against indicators.
- Covid-19 had re-focused attention on inequalities and the building blocks of a good life. This along with the cost of living crisis had disproportionately impacted on those with lower incomes as a larger percentage of their income was used for housing, food and energy. There was a caveat regarding the data for the Covid-19 period as the Northumberland average masked inequalities.
- **Proposed Changes**
  - Change the name of the theme from 'Tackling the Wider Determinants of Health' to 'Building Blocks of Good Life'.
  - Priorities for housing broadened to include impact on health of wider strategic housing and planning issues and remained 'Healthy Housing and Planning'.
  - Fuel poverty indicator to be supplemented with Energy Efficiency Measures, housing affordability and overcrowding indicators.
  - Closing gap in employment outcomes for people with long term physical and mental health conditions and reducing economic activity linked to poor health/disability.
- **Refreshed Priority 1 - Healthy Housing and Planning**

- Supporting Healthy Neighbourhoods through Planning
- Blyth Deep Dive Housing and Healthy Housing Hub
- Hirst Housing Masterplan Phase One Implementation
- Available, Quality Housing
- **Refreshed Priority 2 – Inclusive Economy**
  - Supporting the economically inactive with long term health conditions to obtain and sustain good quality work.
  - Increase access to Good quality Work.
  - Maximise the economic levers of Northumberland’s Institutions to reduce inequalities.
  - Increase in impactful, volunteering and training opportunities for economically inactive.
- **Refreshed Priority 3 – An Inclusive Transport System**
  - Public and Community Transport is equitable, accessible and appealing.
  - Increase children and young people’s active travel.
  - Ensuring the built environment is conducive to active travel.
- **Measuring Progress**
  - New indicators – affordability of home ownership, overcrowded houses % of properties EPC Band C and above, % economic inactivity rate
  - Retained indicators – fuel poverty, % gap in employment rate between those with long term physical or mental health conditions and overall employment rate, % adults walking for travel at least 3x per week, % adults cycling for travel at least 3x per week.

The following comments were made:-

- Countries such as Holland and Belgium had quite aggressive policies for the provision of good cycling networks. These should also be provided as part of developments in the UK and Local Authorities should feel confident in refusing planning permission if they were not included.
- The Government was consulting on a new approach regarding S.106 agreements.
- Some provisions such as cycle paths were obviously welcomed by regular cyclists but it was important to also encourage others who may not already be active.
- There could be a knock-on effect on the price of houses if more community benefits had to be provided as part of planning approval.
- Design of environmental space must ensure that it is safe for the public to use. By planning ahead, the police force could ensure that it had resources in the right place. The police would be happy to work along with planners to ensure this happened.
- The change of name of the theme was welcomed. It was stressed that it was important to avoid the perception that this theme related only to healthcare facilities but instead related to a ‘good life’ in a broader sense. It was the conditions within which people were born, grow, live, work and age that had a much bigger impact on health and inequalities than

healthcare services and health behaviours. Good life included having good health.

- There was a sub population of people including early retirees and a wealthy aging population living in rural areas. Cycling to work etc. was not relevant here and in some rural areas was not feasible for anyone. The occupancy of large houses was also an issue as in rural areas there was often just a token provision of affordable housing. There needed to be affordable, downsizing opportunities. It was acknowledged that there were different issues affecting rural areas.
- Consideration should be given to the indicators beyond the national statistics which may suit Northumberland's population better.

## **RESOLVED**

- (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.

## **46. POVERTY AND HARDSHIP**

Members were updated on the progress of the Poverty and Hardship Plan. The report was presented by Emma Richardson, Senior Manager Specialist Services – Poverty Lead.

The following key issues were raised:-

- The Poverty and Hardship Plan sat within the Northumberland Inequalities Plan and included funding agreed from the Public Health reserve and Integrated Care Board.
- The plan was produced by a group with representation from key areas of the Council and the voluntary, community and social enterprise sector.
- The Northumberland Community Centred Approach to close the inequalities gap had five principles and three questions:
  - Looking at everything through an inequalities lens
  - Voice of residents and better data sharing
  - Community strengths are considered first
  - Enhancing our services to ensure equity in access to opportunity.
  - Maximising our civic level responsibilities
  - What can communities do for themselves?
  - What might communities need some help with?
  - What can't communities do that agencies can?
- Pressures in households – included impact of inflation on food and energy, interest rates, average wages and spends.
- Working with knowledge – The council had access to information and data to ensure the greatest impact and best value from limited resources, LIFT

tool (Low Income Family Tracker), poverty and hardship data dashboard, reducing duplication and building partnerships and place based long term solutions.

- Poverty and Hardship Dashboard – showed expenditure on a range of commodities as a percentage of total expenditure across income decile groups.
- Understand the needs of residents using a targeted approach – LIFT tool. Identifying most vulnerable families, target support to them and track the change. Tackling problem debt and arrears, supporting families at risk of eviction, understanding how individual households were impacted by policy changes now and in the future.
- Approach to Hardship support – household support fund and other grants, community events, warm spaces and pop ups. Increased Citizens Advice capacity, including community advice, Financial Wellbeing Network and Northumberland Frontline.
- Access to food support and affordable food. Food insecurity and children. Requests for food support remained high. Holiday voucher support to continue, holiday activity and food programme, free school meal auto enrolment.
- Northumberland Energy Pathway – Energy Pathway Plus prioritised households adversely affected by cold homes. A collaboration by a number of organisations. Allocated funding for bespoke support, energy audits and home measures via the Integrated Care Board.
- Giving children and young people the best start. – Holiday and Activity Food Programme and a number of education based interventions.
- Community resilience was at the heart of everything we do.
- **In summary**
  - This work keeps residents to stay safe and well while enduring costs of living pressures with effective well directed support.
  - To prevent further widening of the inequalities gap – building resilience and prevention on to support and crisis intervention.
  - Seed and learn pilots to build working collaborative relationships, and to support the longer-term preventative and proactive measures in the wider system inequalities plan.

A number of comments were made including:-

- There was a recognised potential link between earlier offenders for shop theft and deprivation. First time offenders could be signposted to food banks or other services. Hopefully, this would prevent them from coming to the attention of the police again.
- It was hoped that the two reports / presentations today would help members to see the bigger picture over the next five years for longer term change. It also needed to consider what was being done 'in the now'. There were a number of ways in which work was going on across many communities to mitigate their circumstances whilst the longer term aims were progressed.

- It was useful to see the scale and volume of the work being done and the positive direction of travel, the shared work and collaboration of partners across the system.

**RESOLVED** to note the contents of the report.

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

Members noted details of forthcoming agenda items at future meetings.

**48. DATE OF NEXT MEETING**

The next meeting will be held on Thursday, 11 January 2024, at 10.00 am in County Hall, Morpeth.

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

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



## Northumberland County Council

Health and Well-being Board

Thursday, 11 January 2024

### **Healthy Neighbourhoods Paper - Housing and Planning as Building Blocks for a Good Life in Northumberland**

**Report of Councillor(s)** Cllr Veronica Jones, Cabinet Member for Improving Public Health and Wellbeing, Cllr Colin Horncastle, Cabinet Member for Looking After our Communities

**Responsible Officer(s):** Simon Neilson, Executive Director - Place and Regeneration, Gill O'Neill, Executive Director – Public Health, Inequalities and Stronger Communities

#### **1. Link to Key Priorities of the Corporate Plan**

This report is relevant to the following priorities in the NCC Corporate Plan 2023-26:

**Achieving value for money:** Creating conditions for everyone to live their best lives is typically highly cost effective and can yield lifelong costs savings such as increased earnings and productivity and reduced use of health and social care services.

**Tackling Inequalities:** To create a society where everybody can thrive, our residents need all the building blocks in place: a stable job, good pay, safe, affordable, and warm housing and good education. For some of our residents these foundations are weak or missing which create inequalities.

**Driving Economic Growth:** Ensuring that all our residents have access to building blocks of a good life, will help them to remain health and independent and pay an important part of the infrastructure contributing to Northumberland's future prosperity.

This report is also relevant to:

**Joint Health and Wellbeing Strategy (refresh) - Building Blocks of a Healthy Life Priority Theme 1 – Healthy Neighbourhoods**

#### **Northumberland Inequalities Plan**

Living conditions, reducing the gap in communities.

Quality and length of life; Healthy Life Expectancy (HLE) & Life Expectancy (LE).

#### **Northumberland Local Plan (2022)**

Includes policies supporting Health and wellbeing and healthy and sustainable homes.

## 2. Purpose of report

This report is intended to provide an overview of how Housing and Planning can contribute towards the tackling of inequalities in Northumberland and contribute towards Healthy Neighbourhoods.

The report seeks support, suggestions, and an ongoing involvement of the board as we work together to further healthy approaches to Housing and Planning.

## 3. Recommendations

The Health and Wellbeing Board are recommended to:

1. Receive the content of this report.
2. Attend the Health and Wellbeing Board prepared to reflect their organisations responses to the 3 Key Questions outlined below.
  - a. 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?
  - b. Should the Planning and Public Health Teams bring Full HIAs presented as a part of the planning application process for consideration by the Health and Wellbeing Board?
  - c. What more can we do to become exemplary in the development and delivery of housing within Northumberland?

## 4. Forward plan date and reason for urgency if applicable

N/A

## 5. Background

### 5.1 Key Issues and Opportunities

#### a) Issues

- Northumberland County Council is one of the largest Social Landlords in the county with 8326 properties.
- Resident voice tells us that communities do not have access to suitable affordable housing.
- There is under reporting of poor conditions in the private rented sector, resulting in a lack of comprehensive data on the condition of private sector housing stock.

#### b) Opportunities

- There is an opportunity to write a new, collaborative Northumberland housing strategy, focusing on healthy housing for our Northumberland residents,



including an opportunity for a systems approach to prioritisation of healthy housing initiatives through the Health and Wellbeing Board.

- Northumberland County Council and HWB partners as Anchor Institutions have an opportunity to lead by example in the development and delivery of high-quality housing schemes, becoming exemplars for other deliverers in the county.
- The introduction of Design Codes as a part of the new [Levelling up and Regeneration Act \(2023\)](#) presents an opportunity to develop design codes specifically to build on the Local Plan and support healthy developments across the county.
- There is an opportunity to work with the North East Mayoral Combined Authority (NEMCA) and with developers to create consistent messaging around a desire for 'Healthy Schemes'.
- The Northumberland Local Plan requires major schemes above a certain size to present a Health Impact assessment for review by the Local Authority. There is an opportunity to require the largest schemes (400 residential units or 40,000 square meters of non-residential development) to bring Full Health Impact Assessments to the Health and wellbeing Board for consideration.

## 5.2 **Housing and Planning as Building Blocks of a Good Life**

The concept of Healthy Neighbourhoods is broad and involves several of the wider determinants of health, including safe streets, green spaces, access to community spaces and local services, alongside housing and planning. This document focuses on housing and planning as building blocks of a good life. In this context, "housing" covers a broad range of functions including sector wide strategic renewal for example work with partners and landlords, policy development, place making, and housing management along with the decisions made by the Planning Authority about new/extended or changed homes in Northumberland.

The [Northumberland 2017 Director of Public Health Report](#) reviewed the wider determinants of health in Northumberland. It stated that a safe, settled, home is the cornerstone on which individuals and families build a good quality of life and access the opportunities and services they need.

The Kings Fund (2013) in their [Broader determinants of health: Future trends paper](#) suggest that improved housing conditions and greater access to green spaces should have a positive impact on health. They go on to suggest that cold, damp and 'non-decent' homes all impact on people's health, that overall social sector homes were in better condition than private sector homes. They also suggest that homeowners have better physical health outcomes, more positive mental health, and higher self-esteem, which all contribute to overall wellbeing. However, home ownership, especially cases where homeowners have high mortgages, could lead to increased levels of stress, which is detrimental to health.

In the Joint Health and Wellbeing Strategy Review refresh on the Building Blocks of a Healthy Life Theme (December 2023) the following priorities were identified in the Healthy Neighbourhoods category:

- 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

## 5.3 **How does Housing Affect Health?**

The Town and County Planning Association in its [Campaign for Healthy Homes](#) (2023), suggest that too many homes and neighbourhoods built today undermine residents' health

and wellbeing. Standards for new homes and places are fragmented, complex and do not guarantee that all new homes provide for residents' basic human needs, such as access to green space and local services, and clean air. It also suggests that some homes built through Permitted Development even lack access to natural light, and thousands more have been built in office parks and industrial estates. It proposes a series of [Healthy Homes Principles](#) (figure 1). outlining the breadth of elements that work together to constitute a healthy home.



To find out more about the Campaign for Healthy Homes please visit: [www.tcpa.org.uk/collection/campaign-for-healthy-homes/](http://www.tcpa.org.uk/collection/campaign-for-healthy-homes/)

Figure 1 TPCA Healthy Homes Principles

In 2021, the government updated its 2019 [National Design Guide](#), presenting ten Characteristics of well-designed places. Most usefully presented in its graphic in figure 2 below.

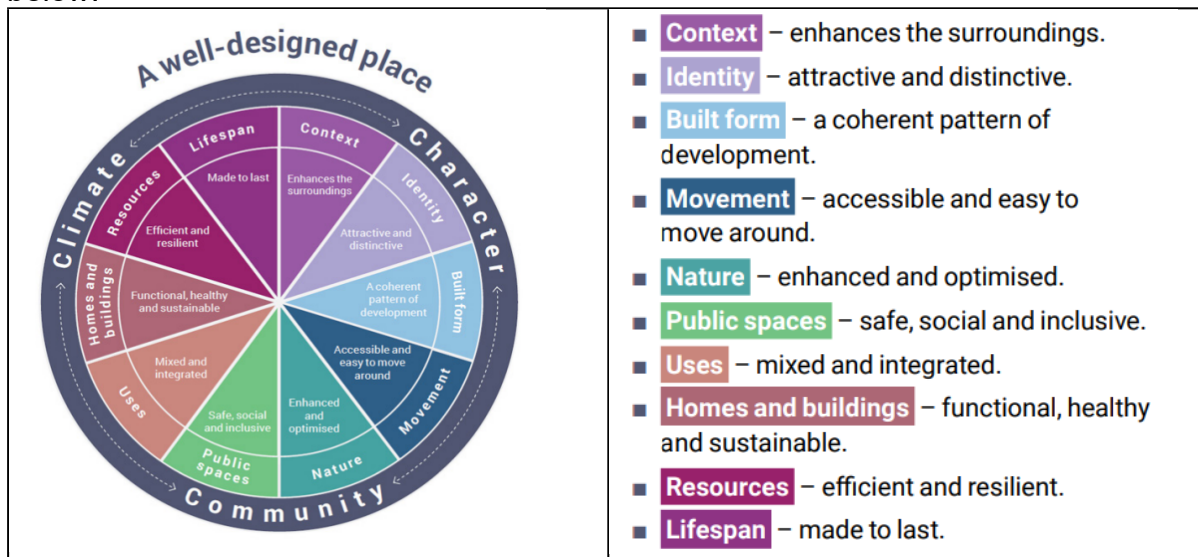


Figure 2 The Ten Characteristics of a well-designed place, MHCLG 2021

They suggest that well-designed places have individual characteristics which work together to create its physical character. The ten characteristics help to nurture and sustain a sense of community. They work to positively address environmental issues affecting Climate. They all contribute towards the cross-cutting themes for good design set out in the National Planning Policy.

## 5.4 Inequalities in Northumberland

It has been well documented that inequalities in Life Expectancy and Healthy Life Expectancy exist across the county, with a fourteen-year discrepancy of Life Expectancy

and a twenty-year discrepancy of Healthy Life Expectancy existing between our most and least deprived communities.

Opportunities in planning and the application of health-related policies to housing, help us to work towards the reduction in inequalities across the county.

Targeted housing interventions in our most deprived communities provide an opportunity to make a more direct and equitable impact in those areas where life expectancies and healthy life expectancies are lowest.

A commitment in the Northumberland Inequalities Plan states that residents voice is equal to data as we work within our communities. It is important that as we develop a strategy for housing in the county, and the projects to support that are developed with our communities, reflect the needs of our residents. We should continue to listen to resident voice in our communities and to understand the strengths that exist there; striving to build on those strengths and to understand what the community wants to do for itself, what it needs some help to achieve and what the community needs us as stakeholders to do for them.

## 5.5 Data

### a) Quantitative Data

The relevant national indicators to support an understanding of progress within this theme are shown in Table 1.

Table 1 Relevant National Indicators

Healthy Neighbourhood Indicators	Northumberland	Northeast	England	Time Period	Trend
Affordability of home ownership *	6.5	5.4	9.1	2021	Not available
Overcrowded Houses	3.6%		8.7%	2021	Awaiting new census data
% of properties at band C and above	40%	42%	42%	2023	
Fuel Poverty	13.8%	14%	13.1%	2021	

### b) Qualitative Data

Roll out of the use of the Place Standard Tool across the county allows us to gather residents voice. Facilitators of the conversation strive to get a view from a wide cross section of the community and have a focus on those who don't always have a voice in their communities. Those involved are asked to score a series of fourteen categories about their place between 1 and 7 and then asked to explain their scoring by answering two asset-based questions:

- What is good now?
- How could we make it better in future?

So far this has been used to capture views from stakeholders and residents across the following (table 2). We are working with Locality Coordinators and the Voluntary and Community Sector to resource further community conversations. Many of the fourteen categories have an impact on how people feel about their home and its environment: for example, feeling safe, moving around, and access to natural space. However, for the purposes of this report the scores and narrative around housing and community are shown. Detail of resident voice gathered in conversation is shown in Appendix 1, including a Place Standard Tool spider graph of views across the fourteen categories.

Table 2 Place Standard Tool community conversations.

Where	Stakeholders / Residents	Details	Score for Housing and Community
Twelve localities across the county	Stakeholders (400)	Twelve locality events were held across Northumberland in the summer of 2022. Cumulative Northumberland results shown below in figure 6	3.9 / 7
Hirst, Ashington	Residents (118)	Community conversation held across the Hirst during summer 2022 to form the scope for the Hirst Masterplan.	3.6 / 7
Bedlington	Residents (72)	Community conversation held across Bedlington autumn / winter 2022 to inform the Borderlands Place Planning process.	4.3 / 7
Cramlington	Residents (532)	Community conversation held across Cramlington summer 2023 to inform a Cramlington Place Plan.	4.6 / 7

## 6. Options open to the Board and reasons for the recommendations.

### 6.1 Healthy Housing as a Building Block for Health

There currently exist several projects and opportunities across the county, working towards developing or improving housing, with the potential for positive health outcomes. Appendix 2 provides some examples.

The opportunities in table 2 could be considered as we work together on Healthy Housing as a Building Block for Health.

Table 2 Potential opportunities towards Healthy Housing in Northumberland

Topic	Context	Potential Actions	Resources
Affordable housing	Northumberland needs more affordable housing, better spread across the county (localities events, summer 2022, and residents voice in Place Standard Tool conversations in Cramlington, Bedlington and Hirst 2022 & 23) 14071 applicants currently registered with Homefinder	<ul style="list-style-type: none"> <li>County wide Affordable Housing needs assessment</li> <li>Work with partners to optimise the delivery of Rural Affordable Housing</li> <li>NCC will aim to be an exemplar as the biggest social landlord in the county.</li> <li>Working to drive up quality of housing and support tenants with healthy living initiatives.</li> <li>Affordable Housing conference</li> </ul>	Need to draw in further money / capacity.

Housing and Health conference	Opportunity to hold a housing and health conference with stakeholders to launch new housing strategy end 2024.	<ul style="list-style-type: none"> <li>Assumes all new housing strategy focusing on health.</li> <li>To include social landlords, private landlords, housing developers and elected members.</li> </ul>	New way of working / no additional resource requirement Already have investment to deliver
Delivering additional homes for Northumberland	Northumberland County Council has made £45m available to invest in the provision of new council housing.	<ul style="list-style-type: none"> <li>Opportunity for NCC to be an exemplar in healthy homes.</li> <li>Opportunity to work with other social landlords and commercial developers to ensure all new schemes are centred around healthy homes.</li> <li>Work with developers and the Registered Provider sector on increasing the supply of new homes in the right locations to meet local need.</li> </ul>	Already have investment to deliver
Health and Housing Forum	Opportunity to establish a Health and Housing forum (reporting to HWB) to lead on prioritising, project development, housing strategy etc	<ul style="list-style-type: none"> <li>Could include specialist offshoot partnership groups e.g., Affordable Housing</li> </ul>	New way of working / no additional resource requirement
Structure of NCC Housing Service	Do not have a clearly defined Strategic Housing Function and Private Sector Housing is split across two service areas of the Housing Service.	<ul style="list-style-type: none"> <li>Review the structure</li> </ul>	New way of working / no additional resource requirement

## 6.2 Healthy Planning as a Building Block for Health

Planning can be used as a method of ensuring and regulating healthy developments across the county, for both residential and non-residential developments. The Northumberland Local Plan allows for this and has several policies relevant to developing healthy neighbourhoods. Several projects are already underway to ensure that planning contributes to the health of our residents, these are shown in appendix three. Further opportunities exist to build on these, and they are shown below.

The opportunities in table 3 could be considered as we work together on planning as a Building Block for Health.

Table 3 Opportunities for further work to support planning Healthy Homes and Neighbourhoods

Opportunity	Further Context	Resources
Health Impact Assessments	Opportunity for a reporting requirement of Rapid HIAs to the board for information. Opportunity for HWB consideration of Full Health Impact Assessments	New way of working / no additional resource requirement
Develop a common narrative across NECMA	Opportunity to promote the narrowing of the inequalities gap through devolution, create NECMA healthy developments messaging which is consistent across the whole of the new mayoral authority. This could be through a new spatial plan or through individual authorities' local plans but in the interim some form of shared agreement.	New way of working / no additional resource requirement
Early engagement work with developers	Raise understanding of the benefits of addressing the wider determinants of health (and carbon reduction) as part of new developments, including via the pre application process.	New way of working / no additional resource requirement
Ensure the effective involvement of Public Health throughout the planning application process	Ensure that health considerations are given appropriate weight in planning decisions and that health is integral from the start. This will include input at the pre-application stage and in planning decisions and refreshing HIA (Health Impact Assessment) guidance as part of an update to the Planning Validation List.	New way of working / no additional resource requirement
Ensure effective engagement with communities and Public Health involvement in work in strategic plan making.	This could include planning guidance to supplement the Local Plan, support for Neighbourhood Plan making.	New way of working / no additional resource requirement
Supporting Infrastructure	Feedback from residents is that housing expansion is putting strain on existing infrastructure such as schools, GP surgeries and dentists. The Local Plan has introduced new policy approaches to help secure developer contributions. However, the economic viability of development in Northumberland can mean there is insufficient funding to address needs. We need to assess and explore alternative approaches to funding where there are such limitations.	Need to draw in further money / capacity
Design Codes	A Countywide Design Code has become a mandatory requirement because of the Levelling Up and Regeneration Act.	Already have investment to deliver (potential for additional funding)

	There is an opportunity to use these to focus on healthy development e.g., access to outdoor space and active transport routes	requirement (depending on scope)
Benchmarking	Engage with national planning support organisations and other local authorities to review who is doing this well nationally. Be a part of networks sharing best practice and driving national change.	New way of working / no additional resource requirement
National Policy	Respond to government and other organisations' research and policy development to help shape and influence policy and guidance nationally.	New way of working / no additional resource requirement

## 7. Implications

<b>Policy</b>	This paper aligns with the revised 'Building Blocks of a Good Life' of the refreshed Northumberland Joint Health and Wellbeing Strategy. It considers and seeks to align with other organisational strategies and the corporate plan.
<b>Finance and value for money</b>	Each proposal has been categorised into one of the following: <ul style="list-style-type: none"> <li>• New way of working / no additional resource requirement</li> <li>• Already have investment to deliver.</li> <li>• Need to draw in further money / capacity.</li> </ul> No additional resources are being requested at this stage.
<b>Legal</b>	This report supports the Health and Wellbeing Board to fulfil its statutory duty to complete a joint local health and wellbeing strategy. It is not anticipated that the refreshed actions will have legal implications, however they will require additional action plans and each organisation will need to consider legal implications at this point.
<b>Procurement</b>	There are no specific requirements for procurement articulated in this report, however the actions will require additional action plans and each organisation will need to consider procurement implications at this point.
<b>Human resources</b>	No new recruitment is identified. However, system partners will need to devote resources in terms of staff / officer time to deliver these actions. It may be that as part of developing implementation plans, organisations will need to consider recruitment implications.
<b>Property</b>	There are no specific implications for estates. However, the document refers to the ongoing work of the housing team within the council.

<b>The Equalities Act: is a full impact assessment required and attached?</b>	No - not required at this point An equalities impact assessment has not been carried out. However, the actions included are specifically aimed at reducing health inequalities which include to people with characteristics protected by the Public Sector Equality Duty.
<b>Risk assessment</b>	A risk assessment has not been undertaken, though risk assessments may be needed as part of further implementation
<b>Crime and disorder</b>	No specific implications
<b>Customer considerations</b>	The proposals are intended to improve the lives of our residents.
<b>Carbon reduction</b>	No specific implications, though the development and delivery of healthy housing should include carbon reduction measures
<b>Health and wellbeing</b>	This report is explicitly intending to improve the health and wellbeing of the population of Northumberland and reduce health inequalities.
<b>Wards</b>	(All Wards);

## 8. Background papers

Appendix 1 – Resident View

Appendix 2 – Housing projects in process or development

Appendix 3 – Planning projects in process or development

[Levelling up and Regeneration Act \(2023\)](#)

[Northumberland 2017 Director of Public Health Report](#)

Kings Fund (2013) in their [Broader determinants of health: Future trends paper](#)

Town And County Planning Association in its [Campaign for Healthy Homes \(2023\)](#)

Ministry of Housing Communities and Local Government (2021), [National Design Guide](#)

[Social Housing \(Regulation\) Act 2023](#)

[New Homes fact sheets \(Homes England\)](#)

[TCPA Public Health in Planning Guidance](#)

Public Health England [Spatial Planning for Health](#)

## 9. Links to other key reports already published.

Joint Health and Well-being Strategy Refresh Build Blocks for a Healthy Life (14<sup>th</sup> December 2023)

## 10. Author and Contact Details

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# Healthy Neighbourhoods Paper - Housing and Planning as Building Blocks for a Good Life in Northumberland

Health and Well-being Board

Thursday, 11th January 2024

## Appendix 1 – Resident Views on Housing and Community

Community views on Housing and Community gathered as a part of Place Standard Tool community conversations:

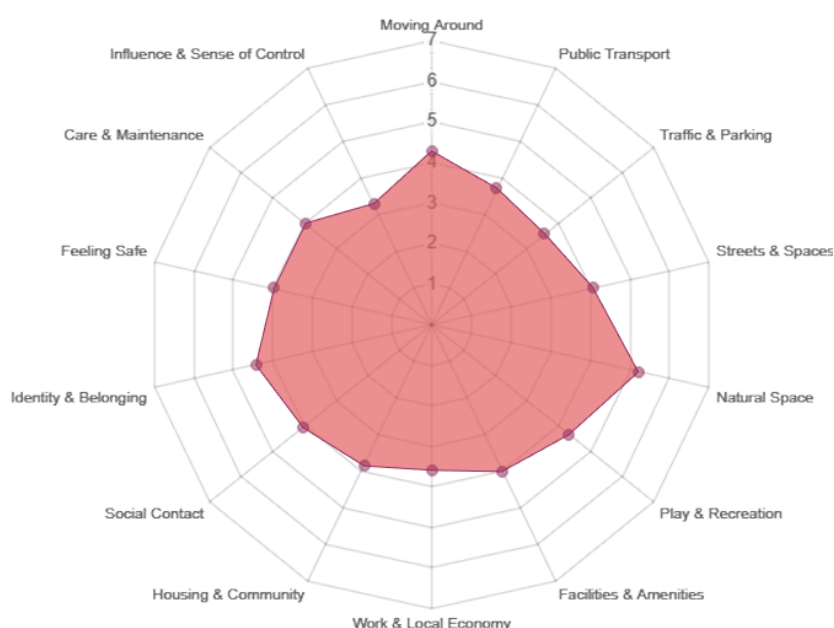


Figure 4 Place Standard Tool responses - stakeholders across 12 localities, summer 2022.

A summary of the residents' views in the Hirst, Bedlington and Cramlington on housing and community is shown below.

### Hirst (2022)

- Availability of good quality, affordable social housing or Local Authority owned housing is inadequate.
- People feel that private sector renting is an expensive option. People say that it is difficult to move on from this sector.
- Residents feel they are excluded from the property market by the speed and ease of purchasing by 'serial' landlords.
- Some people are concerned about the increasing change of use of single residence properties into Houses of Multiple Occupancy

- Some living in owner occupied properties feel that the ceiling value of their home means they are unable to move to a comparable property in another area or elsewhere in Ashington.
- People feel that new housing developments in Ashington do not offer opportunities to Hirst residents.
- The levels of social housing within developments and the cost of new houses built means people consider them to be out of their reach.
- People feel existing housing stock in Hirst does not meet the diversity of community needs.
- People consider the rental housing stock (social and private sector) to be typically low quality.
- Some feel houses could be more energy efficient and are concerned about increasing heating costs.

### **Bedlington (2022)**

- Many people feel housing and the sense of community in Bedlington is good or very good.
- The housing offer is considered varied, and homes are generally thought to be well maintained by residents and housing associations.
- Some feel there is a good variety of good standard housing that offers opportunities for storage and is energy efficient.
- Others feel their houses could be more energy efficient and offer increased opportunities for cycle storage, electric car charging and recycling.
- People feel that housing development in and around Bedlington has grown substantially and there are concerns that population growth has outgrown the local infrastructure.
- People are concerned green spaces are being lost to housing development.
- People feel local house prices can be high and that there should be more affordable housing.
- Private rental stock can be poorly maintained.
- Low priced and leasehold properties available in Bedlington can be problematic to purchase.
- People feel there is limited availability of bungalows or retirement flats.
- A small minority of people feel more housing in Bedlington would be a positive improvement.

### **Cramlington (2023)**

#### What is good now?

People appreciate the variety and choice of housing stock across the town. They also enjoy the community spirit and community groups that allow for volunteering and participation. Some council tenants feel that their properties are well maintained. People do not feel that homelessness is an area for concern in Cramlington.

#### How could we make it better in future?

Potential improvements suggested included the provision of more affordable and social housing, particularly for young people. Many people also felt that there should be no further housing development in Cramlington to prevent continued loss of green space and overstretching of amenities and social infrastructure. Young people feel that housing is overly expensive and unattractive. Some council tenants feel that their homes are not well looked after. Some Beacon Hill residents feel that their homes are 'sub-standard'. Older people feel that there is a lack of affordable bungalows which prevents downsizing.

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## Healthy Neighbourhoods Paper - Housing and Planning as Building Blocks for a Good Life in Northumberland

Health and Well-being Board

Thursday, 11th January 2024

### Appendix 2 – Existing Housing Projects contributing to Healthy Neighbourhoods

Examples of existing housing projects either in delivery or development with the potential to positively impact the health of our residents.

*Table 4 Current example projects working to improve the health impacts of housing in Northumberland.*

Project	Context	Actions
NCC Housing Stock	NCC is one of the county's biggest social landlords with 8326 properties. Alongside Bernicia and Karbon Homes. Opportunity for NCC to be an exemplar for all providers.	<ul style="list-style-type: none"> <li>• Significant work over the past 5 years to improve thermal efficiency.</li> <li>• Continued work on condition and quality of buildings.</li> <li>• Provide ongoing support to residents, recognise continued challenges around fuel poverty. <ul style="list-style-type: none"> <li>• Requirements of the <a href="#">Social Housing (Regulation) Act 2023</a></li> <li>• Work with Social Housing Regulator</li> <li>• Continued work towards carbon neutrality.</li> </ul> </li> </ul>
Private Landlords	Difficulty in achieving a healthy homes standard across a significant number of landlords in the county with a variety of approaches to maintaining their property.	<ul style="list-style-type: none"> <li>• County-wide accreditation scheme.</li> <li>• Pilot selective licencing scheme in the Croft &amp; Cowpen Quay area in Blyth (application to government early 2024)</li> </ul>
Housing Pathway	A number of frontline workers (health visitors, school nurses, fire service,	<ul style="list-style-type: none"> <li>• Expansion of the 'Frontline' service providing a referral pathway into housing providers, charities, and</li> </ul>

	police) across the county encounter housing concerns as they make visits to homes.	other support organisations to assist residents in addressing housing issues.
Community Led Housing	Communities are supported across Northumberland by NCC and Communities CAN, to deliver bespoke community owned and managed housing projects to fulfil local need.	<ul style="list-style-type: none"> <li>• Small residual pot of NCC funding</li> <li>• Potential for Homes England support</li> </ul>
Fuel Poverty	NCC Northumberland Communities Together and Climate change Team working alongside VCS and strategic partners to support residents	<ul style="list-style-type: none"> <li>• Warm Hubs and a network of Warm Spaces and Places</li> <li>• District heat networks</li> <li>• Design standards and building control.</li> <li>• Promoting energy efficiency schemes to public and front-line workers</li> <li>• Maximising the take up of retrofit measures boilers/insulation.</li> <li>• Now a mainstream energy pathway</li> </ul>
Affordable Housing	Housing Tackling fuel poverty by increasing the number of households with access to warm homes.	<ul style="list-style-type: none"> <li>• New collaboration between NCC and CAN on rural and urban affordable housing</li> <li>• Direct delivery</li> <li>• Consents through planning</li> <li>• Empty Homes team to be established in Blyth as part of Deep Dive.</li> <li>• Private Sector Housing Team to further explore bringing back into use across the County</li> </ul>
Hirst Masterplan	Supporting the implementation of Phase 1 of the Hirst	<ul style="list-style-type: none"> <li>• Masterplan and Strategic Outline Business Case has</li> </ul>

	<p>Masterplan - Heart and Hopes of Hirst - Towards an Imagined Future.</p>	<p>been written and presented to partners.</p> <ul style="list-style-type: none"> <li>• Introduce strategic lead and a community and housing programme manager to deliver phase 1 of the Master Plan and prepare for phase 2. Including:</li> <li>• Clean, tidy and safe streets</li> <li>• Shaping our neighbourhood</li> <li>• Opportunity sites</li> <li>• Community connections</li> <li>• Community assets</li> <li>• Skills and job</li> <li>• Respond to resident voice using Place Standard Tool</li> <li>• Opportunity to develop specific design codes for the Hirst in line with the Masterplan</li> </ul>
<p>Blyth Care Village and town centre housing options</p>	<p>Delivery of extra care facility and town centre housing options.</p>	<ul style="list-style-type: none"> <li>• Strong NHS / NCC partnership</li> <li>• Part DHLUC funded - £12m awarded through Blyth Deep Dive</li> <li>• 80 - 100 bed extra care unit on hospital site in partnership with NHS</li> <li>• A third phase of Energising Blyth programme, focused on Housing renewal and town centre living supported by Levelling Up Deep Dive funds.</li> <li>• Empty Homes Team will be established in Winter 2023 for Cowpen Quay area of Blyth.</li> <li>• Bowes Court – an energy efficiency scheme to improve NCC properties - delivery starts early 2024.</li> </ul>

		<ul style="list-style-type: none"> <li>• Extra Care Facility – delivery 2024-26.</li> <li>• Richard Stannard House – redevelopment of commercial property as high quality residential apartments for rent. Delivery from 2024-2026</li> <li>• Blyth Better Together Housing Group</li> </ul>
Housing Delivery Board	Established to oversee the delivery of additional NCC housing in the county.	<ul style="list-style-type: none"> <li>• Opportunity to ensure that the board embraces the development of Healthy schemes as a priority through adaptation of existing guidelines adopted by the group</li> </ul>
Homelessness	Delivery of Statutory function to prevent and relieve homelessness	<ul style="list-style-type: none"> <li>• Development and delivery of new additional units of temporary accommodation, using Homeless Prevention Grant to fund additional bedspaces.</li> <li>• Development of Insurance product, to be available to Private landlords and supported increased access to the Private Rented Sector for potential tenants currently struggling to access it</li> </ul>
Independent Living	Supporting people to live independently for as long as possible	<ul style="list-style-type: none"> <li>• New independent living strategy due Feb 2024</li> <li>• Considering needs of older/disabled people to live independently.</li> <li>• Converting and building new purpose-built homes and adaptations to existing housing</li> <li>• Maximise Disabled Facilities Grant take up</li> </ul>



## Healthy Neighbourhoods Paper - Housing and Planning as Building Blocks for a Good Life in Northumberland

Health and Well-being Board

Thursday, 11th January 2024

### Appendix 3 - Existing Planning Projects contributing to Healthy Neighbourhoods

There currently exist several projects and opportunities across the county, working towards developing or improving health outcomes for residents. Table 5 below provides some examples:

*Table 5 Current planning projects supporting Healthy Neighbourhoods*

Project	Context	Actions
Local Plan	A new local plan was adopted in 2022 with a range of new policies to improve health and wellbeing. This includes a requirement for Healthy Planning checklists, and health impact assessments for some developments as part of the planning process. It also includes a Hot Food Takeaway Policy.	<ul style="list-style-type: none"> <li>• Healthy Planning checklists now required for all major applications for Full Planning Permission or Approval of Reserved Matters.</li> </ul>
Health Impact Assessments	<p>Health Impact Assessments are now required for large scale major applications for Full Planning Permission or Approval of Reserved Matters which comprise:</p> <ul style="list-style-type: none"> <li>• 100 or more residential dwellings/housing units.</li> <li>• 10,000sqm (non-residential) floor space to be created.</li> </ul>	<ul style="list-style-type: none"> <li>• Updated guidance on HIA development usage to be issued as a part of the validation checklist review early 2024. This will include a Rapid HIA template and thresholds for Full HIA requirement (400 residential dwellings or 40,000 sqm (non-residential) floor space to be created).</li> <li>• Broaden involvement in HIA assessment and</li> </ul>

	<ul style="list-style-type: none"> <li>minerals and waste applications.</li> </ul>	<p>approval across the authority and partners.</p> <ul style="list-style-type: none"> <li>Opportunity for a reporting requirement of Rapid HIAs to the board for information.</li> <li>Opportunity for HWB consideration for Full Health Impact Assessments.</li> </ul>
Further guidance for developers	A growing suite of guidance for around healthy homes and developments is available.	<ul style="list-style-type: none"> <li><a href="#">New Homes fact sheets</a> (Homes England)</li> <li><a href="#">TCPA Public Health in Planning Guidance</a></li> <li>Public Health England <a href="#">Spatial Planning for Health</a></li> </ul>



## Northumberland County Council

Health and Well-being Board

Thursday, 11 January 2024

### Northumberland Health Protection Assurance and Development Partnership

**Report of Councillor(s)** Veronica Jones, Cabinet Member for Improving Public Health and Wellbeing

**Responsible Officer(s):** Gill O'Neill, Executive Director for Public Health (DPH), Inequalities & Stronger Communities

#### 1. Link to Key Priorities of the Corporate Plan

- **Achieving value for money:** Partnership working will focus resources to ensure we are achieving value for money at a system level through effective health protection arrangements. An effective health protection response will improve people's health and economic contribution and potentially reduce demand and impact on services.
- **Tackling inequalities:** There are recognised inequalities in the effects of health protection related issues. These often follow similar patterns to other inequalities. A focus of the Health Protection Assurance and Development Partnership is to better understand these inequalities in Northumberland and work with stakeholders to minimise their impact.
- **Driving economic growth:** Robust health protection arrangements help improve health, thereby supporting residents to be in the best place to be economically active.

#### 2. Purpose of report

To provide an update on multiagency activity to develop a Health Protection Assurance and Development Partnership in Northumberland

#### 3. Recommendations

- 3.1 The Health and Wellbeing Board is invited to note and comment on the Health Protection Assurance and Development Partnership, including the proposed scope and terms of reference.

- 3.2 The Health and Wellbeing Board is invited to consider and comment on the proposal of the Health Protection Assurance and Development Partnership to present a report to HWB annually.

#### 4. **Forward plan date and reason for urgency if applicable**

N/A

#### 5. **Background**

- 5.1 Health protection is described as preventing or reducing the harm caused by communicable or infectious diseases and minimising the health impact of environmental hazards. There is a broad range of communicable diseases that can be transmitted between people or acquired from other sources with examples including respiratory infections, measles, meningococcal disease, hepatitis A, B and C, tuberculosis and gastrointestinal infections such as norovirus and salmonella. Examples of environmental hazards include extreme weather, indoor and outdoor air quality and contaminated land. There is a broad range of interventions which minimise health protection associated impacts including ensuring good standards of housing, food and water, implementing infection control measures and securing high uptake of vaccinations.
- 5.2 Health protection is delivered through a system-wide approach which involves a range of health and social care partners, including NHS organisations in primary and secondary care, and Directorates within Northumberland County Council. The United Kingdom Health Security Agency (UKHSA) North East Health Protection Team (HPT) delivers a specialist regional health protection response including information and advice, incident and outbreak management. In addition, NHS England commissions some public health services known as Section 7A services, including immunisation and screening programmes.
- 5.3 There are recognised health inequalities related to infectious diseases and environmental hazards. Examples include lower vaccination uptake in more socio-economically disadvantaged people, higher incidence of hepatitis B and C associated with drug use and higher incidence of meningococcal infection associated with socioeconomic disadvantage<sup>1</sup>. Poor air quality has been associated with higher rates of childhood asthma. The COVID-19 pandemic highlighted the association between inequalities in wider determinants of health and the disproportionate distribution of the impact of communicable diseases. The UKHSA has recently set out a strategic vision to contribute to tackling inequalities in its Strategic Plan 2023 to 2026<sup>2</sup>.
- 5.4 Northumberland County Council has a health protection duty, under section 6C of the National Health Service Act 2006. This duty is fulfilled by the Director of Public Health who is responsible for the Council's role in planning for and responding to incidents which present a threat to the public's health. In practice, health protection measures are undertaken collaboratively by multi-agency partners, and the Director of Public Health's role is to seek assurance that appropriate arrangements are in place, that these are implemented and are responsive to local health needs. Prior to COVID-19, assurance was achieved through a range of reports and partnership

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<sup>1</sup> European Centre for Disease Prevention and Control (2013) Health inequalities, the financial crisis, and infectious disease in Europe.

<sup>2</sup> UKHSA Strategic Plan 2023-2026 [UKHSA 3 year strategy \(publishing.service.gov.uk\)](https://www.ukhsa.gov.uk/publications/ukhsa-3-year-strategy)

meetings. Some of these groups, such as Screening and Immunisation Oversight Groups (SIOGs) no longer meet.

- 5.5 A Northumberland Health Protection Board was convened in 2020 to coordinate delivery of the multiagency COVID-19. This was overseen by the Director of Public Health and stood down in spring 2022 when remaining national control measures were eased. However, partners agreed that the opportunity should be taken to continue the effective collaborative working of the COVID-19 response by developing a Health Protection Assurance group which could focus on place-based issues.
- 5.6 Development sessions were held with stakeholders in spring and summer 2023 to explore the commitment and capacity of partners to support the Northumberland Health Protection Assurance and Development Partnership (HPADP), propose terms of reference and scope. Discussion at the development sessions emphasised the need to describe the additional value of this partnership and it was agreed that there should be an explicit emphasis on understanding and reducing health inequalities related to health protection in Northumberland. Partners agreed that the HPADP should be a forum for partners to work collaboratively, using information to identify and agree developments to strengthen the health protection response in Northumberland.
- 5.7 Partners agreed that the proposed purpose of the Northumberland HPADP should be to support the Director of Public Health's statutory oversight and assurance role of health protection. In turn, the HPADP could provide a mechanism for assuring the Northumberland Health and Wellbeing Board that adequate arrangements are in place for the prevention, surveillance, planning and response required to protect the health of the local population. In its proposed form, the HPADP can provide a link between the Health and Wellbeing board and partner organisations which have roles in the delivery of health protection functions. Proposed draft terms of reference for the Health Protection Assurance and Development Partnership are attached.
- 5.8 Routinely available data provides an overview of key health protection across Northumberland at a county level. However, a key theme to emerge from discussions was the limitations of available data which mask variation within Northumberland and do not provide an insight into associated inequalities. The HPADP provides the opportunity to explore how datasets held by various organisations might be used in different ways to understand the effect of inequalities at a local level and influence action to minimise impact.
- 5.9 Partners agreed that the HPADP should usefully consider the following broad topic areas:
  - a) Prevention and control of communicable diseases
  - b) Immunisation
  - c) Cancer and non-cancer screening
  - d) Health and social care associated infections in community settings
  - e) Emergency Preparedness, Resilience and Response
  - f) Environmental Hazards

- 5.10 Prevention and control of communicable diseases. The HDADP includes key partners that contribute to prevention and control of communicable diseases. These include the UKHSA North East Health Protection Team which provides specialist regional response including surveillance and response to outbreak and cases of certain communicable diseases, representatives from the Northumbria Healthcare Foundation Trust Infection and Prevention Control team, Cumbria, Northumberland and Tyne and Wear NHS Foundation Trust and Northumberland County Council's Public Protection Team.
- 5.11 Immunisation. Immunisation is one of the most effective interventions which protects residents from the impacts of a range of communicable diseases. The United Kingdom has a comprehensive vaccination programme for children and adults, comprising of universal and targeted elements. Figures 1 and 2 show the uptake of key vaccinations in Northumberland. Although at county level, uptake for most childhood and adult vaccinations is similar or better than the regional and national average, publicly available data does not provide insights into variation and inequalities. The HPADP membership includes key partners from the NHS England Public Health Programmes Team which commissions immunisation and screening programmes for Northumberland, the North East and North Cumbria ICB at Northumberland Place and primary care, affording the opportunity to work collaboratively to explore and understand vaccination uptake and associated inequalities within the county.

**Figure 1. Childhood and school age vaccination uptake in Northumberland**

Indicator	Period	Northum'land		Region England			England		Best/ Highest
		Count	Value	Value	Value	Worst/ Lowest	Range		
Population vaccination coverage: Dtap IPV Hib (1 year old) <span>New data</span>	2021/22	2,571	95.7%	95.6%	91.8%	64.0%		98.4%	
Population vaccination coverage: MenB (1 year) <span>New data</span>	2021/22	2,584	96.2%	95.4%	91.5%	64.5%		98.3%	
Population vaccination coverage: Rotavirus (Rota) (1 year) <span>New data</span>	2021/22	2,556	95.1%	94.3%	89.9%	61.7%		97.6%	
Population vaccination coverage: PCV <span>New data</span>	2019/20	2,755	96.4%	96.4%	93.2%	74.8%		98.7%	
Population vaccination coverage: Hepatitis B (2 years old)	2021/22	0	-	*	*	-		-	
Population vaccination coverage: Dtap IPV Hib (2 years old) <span>New data</span>	2021/22	2,583	94.5%	96.0%	93.0%	70.6%		99.1%	
Population vaccination coverage: MenB booster (2 years) <span>New data</span>	2021/22	2,562	93.7%	93.7%	88.0%	60.2%		97.7%	
Population vaccination coverage: MMR for one dose (2 years old) <span>New data</span>	2021/22	2,587	94.7%	94.5%	89.2%	65.4%		97.7%	
Population vaccination coverage: PCV booster <span>New data</span>	2021/22	2,594	94.9%	94.3%	89.3%	64.3%		97.6%	
Population vaccination coverage: Flu (2 to 3 years old)	2022/23	3,056	53.0%	45.0*	43.7%	24.3%		61.7%	
Population vaccination coverage: Hib and MenC booster (2 years old) <span>New data</span>	2021/22	2,593	94.9%	94.4%	89.0%	61.6%		97.7%	
Population vaccination coverage: DTaP and IPV booster (5 years) <span>New data</span>	2021/22	2,920	90.8%	90.6%	84.2%	56.1%		95.3%	
Population vaccination coverage: MMR for one dose (5 years old) <span>New data</span>	2021/22	3,147	97.9%	96.3%	93.4%	83.0%		97.9%	
Population vaccination coverage: MMR for two doses (5 years old) <span>New data</span>	2021/22	2,942	91.5%	91.7%	85.7%	58.9%		95.6%	
Population vaccination coverage: Flu (primary school aged children)	2022	14,917	63.6%	58.2*	56.3%	20.2%		77.0%	
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female)	2021/22	1,418	85.3%	64.3%	69.6%	34.3%		93.2%	
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Male)	2021/22	1,388	78.0%	56.6%	62.4%	27.8%		92.3%	
Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 years old) (Female)	2021/22	1,450	90.2%	60.5%	67.3%	0.0%		91.6%	
Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years)	2021/22	2,942	88.4%	78.5%	79.6%	48.2%		100%	

**Figure 2. Annual vaccination uptake (adults)**

Indicator	Period	Northum'land			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Population vaccination coverage: Flu (aged 65 and over) (Persons, 65+ yrs) <75% ≥75%	2022/23	↑	59,550	85.6%	82.5%*	79.9%	59.6%		86.8%
Population vaccination coverage: Flu (at risk individuals) (Persons, 6 months-64 yrs) <55% ≥55%	2022/23	↑	23,110	59.4%	51.6%*	49.1%	32.7%		59.9%
Population vaccination coverage: Shingles vaccination coverage (71 years) (Persons, 71) <50% 50% to 60% ≥60%	2021/22	–	2,080	48.8%	49.9%	44.0%	22.3%		
Population vaccination coverage: PPV (Persons, 65+ yrs) <65% 65% to 75% ≥75%	2020/21	→	61,792	74.8%	73.7%	70.6%	49.9%		81.0%

5.12 Cancer and non-cancer screening. National screening programmes in the UK include those for cancer (breast, bowel, cervical cancer) non-cancer (e.g. abdominal aortic aneurysm, diabetic eye screening, newborn hearing screening) and infectious diseases in pregnancy (HIV, hepatitis B and syphilis). Routinely available screening data has limitations. Coverage (the proportion of eligible population tested) is reported at local authority level but uptake (the proportion of those invited who are screened) is reported by screening provider which usually includes several local authority areas. Figure 3 shows coverage of key screening programmes in Northumberland. Coverage in Northumberland in 2021/22 was below the regional and national averages for abdominal aortic aneurysm, breast cancer and the newborn and infant physical examination, although coverage for the latter exceeded 95%. Coverage for bowel cancer and newborn hearing screening exceed regional and national averages. It is important to note that many screening programmes were disrupted during the COVID-19 pandemic and the impact of recovery measures may not yet be reflected in data.

5.13 Inequalities in uptake have been well-described in literature including lower breast screening uptake in areas of social disadvantage. However, the more granular level data required to understand local variation and the impact of inequalities is not publicly available.

**Figure 3. Coverage of selected cancer and non-cancer screening programmes**

Indicator	Period	Northum'land			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Abdominal Aortic Aneurysm Screening Coverage (Male, 65)	2021/22	↓	1,536	66.0%	71.7%*	70.3%*	10.5%		90.2%
Cancer screening coverage: breast cancer (Female, 53-70 yrs)	2022	↓	28,467	62.7%	67.1%*	65.2%*	40.9%		78.9%
Newborn Hearing Screening: Coverage (Persons, <1 yr)	2021/22	→	2,514	99.4%	99.1%*	98.7%*	82.1%		100%
Newborn and Infant Physical Examination Screening Coverage (Persons, <1 yr)	2021/22	–	2,425	95.7%	96.1%*	96.6%*	92.0%		100%
Cancer screening coverage: bowel cancer (Persons, 60-74 yrs)	2022	↑	54,991	77.3%	72.5%*	70.3%*	51.2%		77.6%

With the exception of infectious diseases in pregnancy screening, cancer and non-cancer programmes would not usually be included within the commonly used definition of health protection. However, following discussion with other stakeholders, it was identified that currently there is not an alternative established forum for scrutinising and providing assurance about screening at local authority level. It was agreed that the HPADP had appropriate membership to include screening within its scope and this approach has been taken by other local authorities in the region.

5.14 Health and social care associated infections in community settings. The development session discussions about scope considered health and social care associated infections in acute and community settings. Partners agreed that there is

comprehensive review and governance of healthcare associated infections in acute settings through established processes within Northumbria Healthcare NHS Foundation Trust and the NENC ICB. It was agreed that infections in acute settings should be out of the scope of the HPADP as further review would duplicate existing arrangements without adding value.

- 5.15 Partners agreed that the HPADP could add value by considering health and social care associated infections in community settings, such as care and educational settings. In order to provide assurance and identify potential areas for development, related to this topic area, it was proposed that the HPADP would be the appropriate forum to annually review local progress against implementation of the Northumberland and North Tyneside Infection Prevention and Control Strategy.
- 5.16 Emergency preparedness, resilience and response. As a category one responder under the Civil Contingences Act (2004) Northumberland County Council contributes to a multi-agency risk assessment process across nine categories including, human, animal and plant diseases and, natural and environmental hazards. The HPADP will provide a local forum to discuss arrangements for relevant key risks such as pandemic, emerging infectious diseases, low temperatures and snow, high temperature and heatwave. The HPADP also provides a link between NCC's community resilience workstream and the corporate priority to address inequalities within our communities. This is in harmony with the National Resilience Framework which sets out three key themes of, improved risk assessment, prevention being better 'than cure' and a whole of society approach. This National Framework set the direction of travel for policy from now until 2030.
- 5.17 Environmental Hazards. The HPADP includes representation from the NCC Public Protection Team and other stakeholders who are well-placed to explore health protection issues associated with environmental hazards, some of which are closely with with the emergency preparedness, resilience and response theme. It was noted that whilst this should be included within the scope it was an area for development.
- 5.18 Partners proposed that the HPADP meet every two months to focus on one of the key topics included within the scope. The partnership will provide strategic oversight of the health protection system across Northumberland including health protection intelligence, highlighting risks, inequalities, areas of good practice and areas where performance could be improved. Partners will work collaboratively to identify opportunities to improve local health protection arrangements, and liaise with operational partners to identify and oversee appropriate development activity. It is proposed that the HPADP will produce an annual report which could be presented to the Health and Wellbeing Board.
- 5.19 It is proposed that the partnership includes the appropriate membership to lead the local strategic response to a significant health protection incident and if required, HPADP members would coordinate initial additional operational response from their respective organisations. The HPADP would provide the core membership if a multiagency health protection group was required, for example in response to a pandemic.



## 6. Options open to the Council and reasons for the recommendations

- 6.1 It is recommended that the Council endorses the establishment of the multiagency Health Protection Assurance and Development Partnership and suggested reporting arrangements to the Health and Wellbeing Board. The rationale is that this partnership will support the Executive Director of Public Health, Inequalities and Stronger Communities to fulfil their statutory health protection assurance function and help to achieve the corporate plan objective of tacking inequalities.

## 7. Implications

<b>Policy</b>	None identified
<b>Finance and value for money</b>	No additional funding required
<b>Legal</b>	The Health Protection Assurance and Development Partnership will support the Executive Director of Public Health, Inequalities and Stronger Communities fulfil NCC's health protection duty, under section 6C of the National Health Service Act 2006
<b>Procurement</b>	None identified
<b>Human resources</b>	None identified
<b>Property</b>	None identified
<b>The Equalities Act: is a full impact assessment required and attached?</b>	No <a href="#">Click to explain reasons if EIA not required before making the decisions recommended in the report, or to add a summary of and/or reference to the EIA (e.g. an appendix number).</a>
<b>Risk assessment</b>	N.A
<b>Crime and disorder</b>	None identified
<b>Customer considerations</b>	No positive or negative impacts identified
<b>Carbon reduction</b>	None identified
<b>Health and wellbeing</b>	This report is relevant to improving the health and wellbeing of residents

<b>Wards</b>	(All Wards);
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**8. Background papers**

Northumberland Health Assurance and Development Partnership draft Terms of Reference

**9. Links to other key reports already published**

Northumberland and North Tyneside Community Infection Prevention and Control Strategy 2023-2028 Health and Wellbeing Board 14 September 2023

**10. Author and Contact Details**

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Email: [Jon.lawler@northumberland.gov.uk](mailto:Jon.lawler@northumberland.gov.uk)

## **Northumberland Health Protection Assurance and Development Partnership (HPADP)**

### **Terms of Reference**

#### **1. Background**

Health protection can be described as preventing or reducing the harm caused by communicable diseases and minimising the health impact of environmental hazards. Health protection is delivered through a system-wide approach which involving a range of partners, including NHS organisations and Directorates within Northumberland County Council. The United Kingdom Health Security Agency (UKHSA) North East Health Protection Team (HPT) delivers a specialist regional health protection response including general health protection information and advice, incident and outbreak management.

Northumberland County Council has a health protection duty, under section 6C of the National Health Service Act 2006. This duty is fulfilled by the Director of Public Health who is responsible for the Council's role in planning for and responding to incidents which present at threat to the public's health. In practice, partners work closely together and the Director of Public Health's role is to seek assurance that appropriate arrangements are in place to protect the health of residents, that these are implemented and are responsive to local health needs.

#### **1. Purpose**

The purpose of the Northumberland HPADP is to support the Director of Public Health's statutory oversight and assurance role of health protection and provide assurance to the Northumberland Health and Wellbeing Board that adequate arrangements are in place for the prevention, surveillance, planning and response required to protect the health of the local population.

The HPADP will provide a link between the Health and Wellbeing board and partner organisations which have roles in the delivery of health protection functions.

The HPADP will act as mechanism for the exchange of information, scrutiny and analysis of data between partners who have a role in health protection across Northumberland. The HPADP will be a forum where partners use information to identify and agree developments to strengthen the health protection response in Northumberland, with a particular focus on understanding and reducing the health impact of inequalities.

#### **2. Scope**

The HPADP will consider the following topics:

- Prevention and control of communicable diseases
- Immunisation
- Cancer and non-cancer screening

- Health and social care associated infections in community settings
- Emergency Preparedness, Resilience and Response
- Environmental Hazards

### 3. Objectives

The HPADP will support the DPH to undertake their health protection role by:

- Providing strategic oversight of the health protection system across Northumberland including health protection intelligence, highlighting risks, inequalities, areas of good practice and areas where performance could be improved
- Identifying and mitigating against inequalities in the delivery of health protection functions across Northumberland and consider vulnerable groups and rural populations
- Co-ordinating public health input into system and place-based plans and policies relevant to health protection, for example, pandemic planning and air quality
- Working collaboratively to share information from different sources, plan and undertake data analysis to understand health protection related inequalities. For example: Immunisation uptake (childhood and adult programmes), communicable disease epidemiology
- Work collaboratively to identify opportunities to improve local health protection arrangements, which may be informed by the Health and Wellbeing Board, DPH Report and Joint Strategic Needs and Assets Assessment and liaise with operational partners to oversee development activity
- Sharing learning from local, regional and national sources including inquiries, incidents, outbreaks, or root cause analyses and explore how this can be embedded within the local health protection system
- Producing and presenting an annual health protection report to the Health and Wellbeing Board
- Lead the local strategic response to a significant health protection incident and if required, HPADP members would coordinate initial additional operational response from their respective organisations. The HPADP would provide the core membership if a multiagency health protection group was required, for example in response to a pandemic

#### 4. Membership

Chair: Consultant in Public Health, Northumberland County Council

Vice Chair TBC

Executive Director of Public Health, Inequalities and Stronger Communities	Northumberland County Council
Business Resilience and Emergency Planning Lead	Northumberland County Council
Public Protection ( <i>rep to be confirmed</i> )	Northumberland County Council
Senior Manager – Commissioning (Adult Social Care)	Northumberland County Council
Director of Education, SEND and Skills	Northumberland County Council
Senior Primary Care Development Manager	North East and North Cumbria ICB
Consultant in Health Protection	UKHSA North East Health Protection Team
Consultant Microbiologist /Director of Infection Prevention and Control (DIPC)	Northumbria Healthcare NHS Foundation Trust
Head of Infection Prevention and Control (IPC)	Northumbria Healthcare NHS Foundation Trust
Consultant in Public Health	Northumbria Healthcare NHS Foundation Trust
Head of Infection Prevention and Control	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Associate Director of Nursing and Quality	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Screening and Immunisation Lead	NHS England
Immunisation Coordinator	NHS England
Screening Coordinator	NHS England
Executive Officer Northumberland LMC	Northumberland Local Medical Committee

## **5. Meetings and conduct of business**

The expectation is that all partner agencies will:

- Support the aims and objectives of the Partnership
- Discuss organisational changes (including any changes in representation) that may impact on collective working
- Report on progress on mutually agreed actions
- Share relevant information and promote collaborative and innovative work
- Consider inequalities as an integral part of their health protection contribution

Meetings will be chaired by the Consultant in Public Health, Northumberland County Council, the Vice Chair, or their appointed deputy

Meetings will be held every two months and focus on one of the key topics included within section 2

Meeting papers will be circulated at least a week prior to meetings and minutes will follow in a timely fashion

Minutes will be produced by the NCC Public Health Team.

## **6. Reporting arrangements**

The Health Protection Assurance and Development Board will report to the Health and Wellbeing Board (HWB) annually and at any other time as requested by the HWB or at the discretion of the HPADP Chair

## **7. Review**

Terms of reference will be reviewed annually, next review August 2024

**Draft v3 July 2023**



## Northumberland County Council

Health and Well-being Board

Thursday, 11 January 2024

### Notification of Pharmacy Closures in Blyth

**Report of Councillor(s)** Veronica Jones, Cabinet Member for Improving Public Health and Wellbeing

**Responsible Officer(s):** Gill O'Neill, Executive Director for Public Health (DPH), Inequalities & Stronger Communities

#### 1. **Link to Key Priorities of the Corporate Plan**

This links to the corporate plan 2023-26, supporting the Tackling Inequalities priority-supporting everybody to live their best lives.

*All adults living well, regardless of age, background, illness or disability-* we need to find ways to help people to remain independent whatever their disability or condition. We must support people to live healthier lives and provide good, equitable services for those who need extra support to maintain health, wellbeing and independence.

#### 2. **Purpose of report**

Over the last few months, the Integrated Care Board (ICB) has notified the Health and Wellbeing Board of two pharmacy closures in Blyth, and the reduction in opening hours of the 100hour pharmacy in Blyth.

The Board is asked to consider if there are still sufficient pharmacies open in Blyth to meet the needs of the population, for collection of prescriptions, advice from pharmacists and the other services provided by community pharmacies.

### **3. Recommendations**

Health and Wellbeing Board is recommended to:-

- 3.1 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.
- 3.2 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.

### **4. Key Issues**

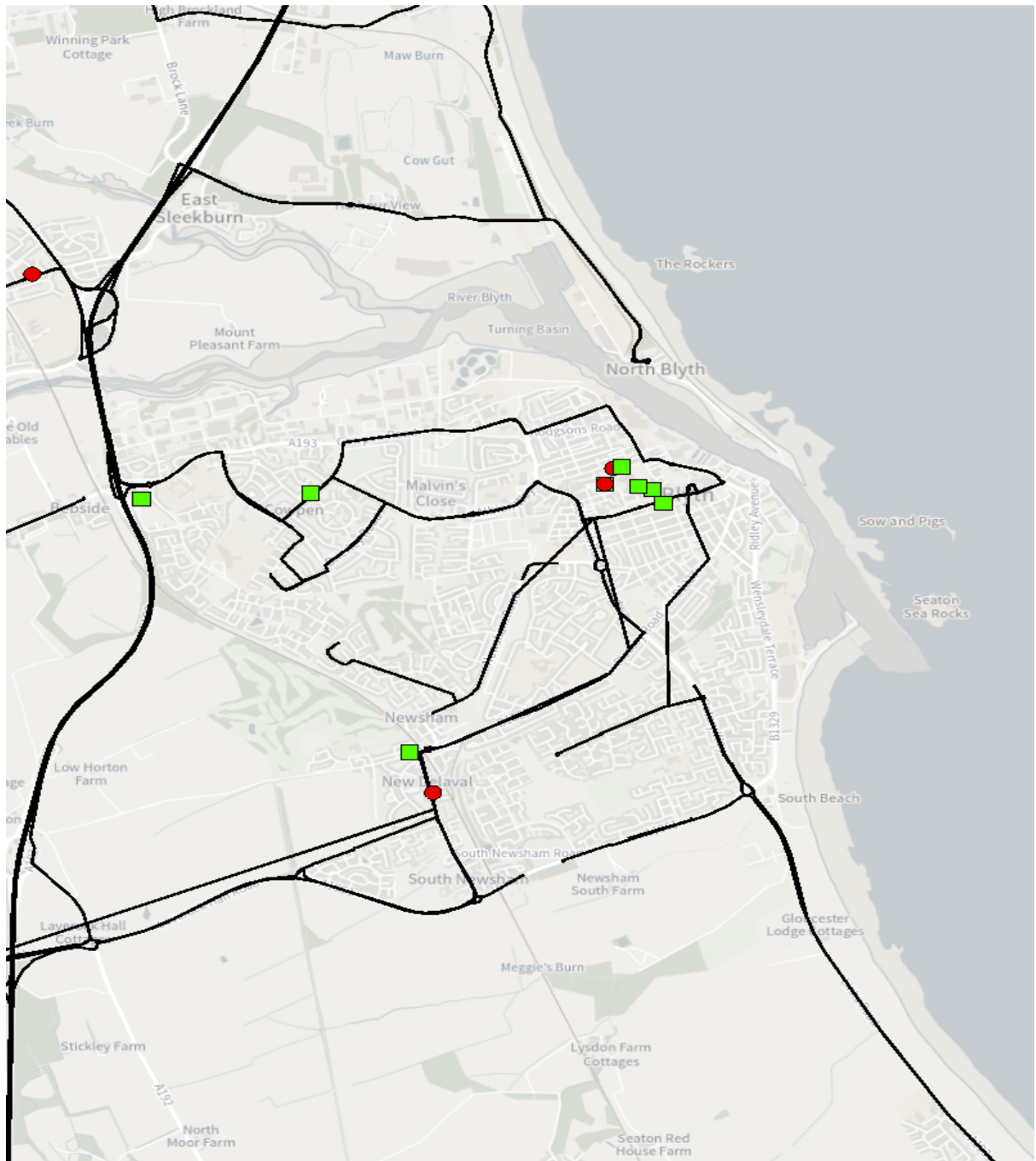
The closure of the pharmacy at the health centre, **and** at Plessey Road means that of the eight pharmacies which previously served the population of Blyth, two will have closed within 3 months of each other. Additionally, the 100-hour pharmacy in Maddison Street has reduced its hours and now opens between 9am and 9pm Monday to Saturday and 10am to 8pm on Sunday.

While two pharmacies (Eden Pharmacy in Briardale Road, and Croft pharmacy in Delaval Terrace) have said they have capacity to pick up more business, it is unlikely that they will have sufficient capacity to absorb the work of more than two pharmacies. Additionally, Newsham is a distinct community, with a vulnerable population which would benefit from the presence of a pharmacy.

### **5. Background**

- 5.1 Newsham developed as a distinct community following the opening of the pit in 1860, with the building of pit cottages, brickworks and railway links. Following closure of the pit in 1923, Newsham has been absorbed into “greater Blyth”, Newsham features as a deprived area in the Indices of Multiple Deprivation (20% lowest at 2019) with poor infrastructure, a large elderly population and poor housing including for people new to the area.
- 5.2 Up to 15 years ago there were 5 medical practices in Blyth. Through mergers and closures there are now 2 practices, Railway Medical Group (RMG) serving a population of around 30,000 and Marine Medical Group (MMG) serving around 15,000. Services have throughout this period been situated mainly on the Blyth Community Hospital site.
- 5.3 The Railway Medical Group has a branch surgery in Newcastle Road, Newsham, which is mainly nurse led chronic disease management clinics, but it also caters for those residents who cannot travel to the main surgery in the town centre. Closure of the pharmacy in Plessey Road would affect those patients who already have difficulty accessing services in the town centre.
- 5.4 Map of Pharmacies, Surgeries and bus routes in Blyth.





5.5

Key to Map :

Red dots= GP surgeries

Green dots = pharmacies

Black lines = bus routes

5.6 A significant proportion of GP consultations now take place remotely by email or telephone, and not necessarily in surgery premises. 95% of prescriptions are sent electronically to the pharmacy, and very few prescriptions are now on printed paper scripts. It is increasingly more important that access to medicines needs to be close to the patient's home, or where they regularly frequent e.g., where they shop.

Table 1: Monthly Prescriptions

Contractor Name	Address	Postcode	Items May 2023	Items June 2023	Items July 2023	Average No of Items
BLYTH HEALTHCARE	30 BOWES STREET	NE24 1BD	26210	23726	25,557	25164
Lloyds/ CROFT PHARMACY	4 DELAVAL TERRACE	NE24 1DJ	7486	8183	8,822	8164
BOOTS	60-62 MADDISON STREET	NE24 1EY	9908	10883	10,654	10482
EDEN PHARMACY & HEALTHCARE LIMITED	21E BRIARDALE ROAD	NE24 5LB	6663	6602	6,778	6681
BOOTS	COMMUNITY HOSP & HLTH CTR	NE24 1DX	10334	11065	10,042	10480
BOOTS	514 PLESSEY ROAD	NE24 4AA	9206	9051	8,439	8899
ASDA PHARMACY	COWPEN ROAD	NE24 4LZ	5090	5287	5,153	5210
BOOTS	31-35 WATERLOO ROAD	NE24 1BW	16488	16544	16,476	16503

It can be seen from the table above that closure of the pharmacies at the health centre and at Plessey Road combined means that approximately 20,000 prescriptions per month will need to be dispensed by other pharmacies, either in the town or by distance selling pharmacies.

- 5.7 The future direction of pharmacy services is to provide more clinical services, to complement those provided by GP surgeries. For example, COVID and flu jabs are frequently given in pharmacies. When considering the role of community pharmacy in delivering the annual flu vaccination campaign, table 2 shows the contribution made by each of the pharmacies in Blyth in 2022. (2023 figures will not be available until March 2024)

Table 2: Flu vaccines given in Blyth pharmacies – autumn 2022

Flu Vaccines		Sep-22	Oct-22	Nov-22	Dec-22	Total
Eden Pharmacy	21e Briardale Road	0	0	38	7	45
Boots	31-35 Waterloo Road	85	137	34	9	265
Blyth HC	30 Bowes Street	66	530	111	24	731
Boots	60-62 Maddison Street	4	23	10	6	43
Boots	Community Hosp and HC	93	91	14	13	211
Asda Pharmacy	Cowpen Road	0	0	114	3	117
Boots	514 Plessey Road	85	143	21	21	270
Lloyds	4, Delaval Place	64	16	16	12	108

The two pharmacies which have closed, gave 500 flu vaccines in 2022. It is likely that the pharmacy in Plessey Road vaccinates a very local population, which cannot easily access the town centre.

- 5.8 Pharmacies also provide services commissioned by NHS England which are additional to the standard pharmacy contract. These include advice to patients who have been started on new medicine regimens, community pharmacy clinical services (CPCS) for patients who would previously attended for a GP appointment, hypertension case finding (for those with high blood pressure) and several others. Community pharmacy is used as an alternative for those who call NHS 111.

Northumberland council commissions emergency hormonal contraception – the morning after pill (EOHC) through its sexual health contract, stop smoking advice and the encashment of nicotine replacement vouchers (NRT) and the supervision of opiates. Figures for these services are given in Table 3

Table 3: Additional Services Commissioned from community pharmacies.

**Commissioned Pharmacy Services Average Monthly Interventions**

		New Med S	CPCS	BP monitor	EOHC	Nic Vouch	Opiate Sup
BLYTH HEALTHCARE	30 BOWES STREET	134	12	0	4	30	30
BOOTS	31-35 WATERLOO ROAD	33	15	0	4	10	-
CROFT PHARM	4 DELAVAL TERRACE	0	10	0	2	10	120
BOOTS	COMMUNITY HOSP & HC	60	8	40	1	40	-
BOOTS	60-62 MADDISON STREET	26	50	15	9	20	600
BOOTS	514 PLESSEY ROAD	30	45	11	3	2	200
ASDA PHARM	COWPEN ROAD	35	30	0	2	3	-
EDEN PHARM	21E BRIARDALE ROAD	4	0	0	2	10	300

5.9 Of note is the loss of opiate supervision at Plessey Road, which provides about 20% of the current provision. The pharmacy at the community hospital provided a valuable high blood monitoring service for the community.

In future more services, not just dispensing, will be needed from pharmacies. We should not rely on distance selling pharmacies to meet all the needs of the local population, especially for services which require consultation with a pharmacist.

5.10 NHS England/ICB data given on the notice of closure of Plessey Road pharmacy states that the next nearest pharmacy is 1.1 miles away in Briardale Road. This is measured as the crow flies but is a 2 mile walk which would take an average person 30 minutes to walk. Most patients, therefore, would access pharmacies in the town centre a 1.2 mile distance as the crow flies.

5.11 While two pharmacies have indicated that they could cope with more business, it is unlikely that they could absorb the workload of the two pharmacies which have closed. The pharmacy at the health centre averaged nearly 11,000 prescriptions per month and Plessey Road nearly 9,000 scripts per month in total 20,000 prescriptions per month. On top of this, Blyth has lost significant capacity for seasonal flu vaccinations, supervised opiate consumption and blood pressure monitoring.

The “hub and spoke” model has limitations. Prescriptions are dispensed in large warehouses and sent to the local branch however, some prescription items are unsuitable for dispensing by robots. Queues develop in the pharmacy “spoke” as the on-duty pharmacist must deal with items which the robot has rejected.

5.12 Because of the unique demographics of the population in Newsham, with a high proportion of elderly people, and high levels of multiple deprivation, we recommend that any replacement pharmacy should be required to provide all essential services six days per week. There is also a gap in additional and advanced services,

particularly the new medicines service, clinical pharmacy consultation service and minor ailments service plus supervision of opiate consumption.

The town centre pharmacies are already picking up the work previously done in the community hospital pharmacy.

## 6. Options open to the Council and reasons for the recommendations

6.1 The Health and Wellbeing Board is recommended to

a) declare that the closure of the pharmacy in Plessey Road, combined with the closure of the pharmacy in the Community Hospital, and the reduction in hours of the 100hour pharmacy has resulted in a gap in pharmacy services in Blyth.

b) ask the Task and Finish group set up by the Overview and Scrutiny Committee, to consider options for the provision of pharmacy services in the Newsham area, in the event that publication of a Supplementary statement did not bring forward suitable applicants.

## 7. Implications

<b>Policy</b>	Consideration must be given to how these closures will impact the residents of Blyth, but more specifically Newsham
<b>Finance and value for money</b>	There are no direct financial implications for the council
<b>Legal</b>	The council has a duty to inform NHS England if any changes to pharmacy arrangements will create a gap in pharmacy services. The duties and responsibilities of a Health and Wellbeing Board as set out in the Health and Social Care Act 2012. The Local Authorities (Functions and Responsibilities) (England) Regulations 2000 confirm that the matters within this report are not functions of the Executive
<b>Procurement</b>	N/A
<b>Human resources</b>	There are no specific implications for human resources
<b>Property</b>	N/A
<b>The Equalities Act: is a full impact assessment required and attached?</b>	No - not required at this point  Closure of pharmacy in Newsham Road may impact the ability of disadvantaged members of the community to access pharmacy services
<b>Risk assessment</b>	The council is obligated to update the PNA on a regular basis and when there are significant changes to pharmacy services

<b>Crime and disorder</b>	Commissioned services for opiate supervision provided by community pharmacies reduce the crime associated with illegal substance misuse.
<b>Customer considerations</b>	The fundamental aim is to ensure that pharmacy services are available to Northumberland residents.
<b>Carbon reduction</b>	N/A
<b>Health and wellbeing</b>	The fundamental aim is to ensure that pharmacy services are available to Northumberland residents.
<b>Wards</b>	(All Wards);

**8. Background papers**

Health and Social Care Act 2012

[Pharmaceutical needs assessments: Information pack for local authority health and \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

**9. Links to other key reports already published**

Notification of Closure of 100 hour pharmacy in Cramlington 11<sup>th</sup> August 2023

**10. Author and Contact Details**

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## APPENDIX 1: Supplementary Statement 3

This supplementary statement has been prepared and issued by the Director of Public Health on behalf of the Health and Wellbeing Board of Northumberland County Council, and forms part of the Pharmaceutical Needs Assessment.

Since the publication of Northumberland's Pharmaceutical Needs Assessment (PNA) on 30<sup>th</sup> September 2022, the following change in pharmaceutical services has occurred:

### PNA Details

PNA Published	30 <sup>th</sup> September 2022
Date of Supplementary Statement	12 <sup>th</sup> January 2024
Supplementary Statement Number	3

### Type of Change

New Opening	
Pharmacy Closure	Pharmacy Closures
Change in Hours	
Change in Ownership	
Pharmacy Relocation	

### Details of Change

Boots pharmacy in the Community Hospital and Health Centre closed in October 2023. Boots pharmacy in Plessey Road closed in mid January 2024. Boots 100 hour pharmacy in Maddison street reduced its hours to 75 hours per week in September 2023.

A gap in essential pharmaceutical services Monday to Saturday has been left following these closures. A gap in additional and advanced services, particularly the new medicines service clinical pharmacy consultation service and minor ailments services has also been created. A gap in the locally commissioned service for supervision of opiate consumption has also been created. Any replacement pharmacy should be located in the Newsham area to serve the population of Newsham, a deprived community on the southern edge of Blyth.

This supplementary statement to Northumberland's Pharmaceutical Needs Assessment is issued in accordance with paragraph 3D (3) in Part 1A of the NHS (Pharmaceutical Services) Regulations 2005. If you require further information please contact [Pamela.forster@northumberland.gov.uk](mailto:Pamela.forster@northumberland.gov.uk)

Prepared by Anne Everden, Pharmacy Consultant

on behalf of Gill O'Neill, Executive Director of Public Health

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## APPENDIX 1: Supplementary Statement 4

This supplementary statement has been prepared and issued by the Director of Public Health on behalf of the Health and Wellbeing Board of Northumberland County Council, and forms part of the Pharmaceutical Needs Assessment.

Since the publication of Northumberland's Pharmaceutical Needs Assessment (PNA) on 30<sup>th</sup> September 2022, the following change in pharmaceutical services has occurred:

### PNA Details

PNA Published	30 <sup>th</sup> September 2022
Date of Supplementary Statement	12 <sup>th</sup> January 2024
Supplementary Statement Number	4

### Type of Change

New Opening	
Pharmacy Closure	
Change in Hours	
Change in Ownership	Changes in ownership
Pharmacy Relocation	

### Details of Change

The following pharmacies have been subject to a change of ownership since the publication of the PNA in October 2022

1. Ashington Healthcare Ltd, trading as Allied Pharmacy Ashington has taken over L Rowlands Ltd. 2 Lintonville Terrace from 21/11/23
2. MD & AG Burdon have taken over the pharmacy at Widdrington Surgery from 19/11/23

This supplementary statement to Northumberland's Pharmaceutical Needs Assessment is issued in accordance with paragraph 3D (3) in Part 1A of the NHS (Pharmaceutical Services) Regulations 2005. If you require further information please contact [Pamela.forster@northumberland.gov.uk](mailto:Pamela.forster@northumberland.gov.uk)

Prepared by Anne Everden, Pharmacy Consultant

on behalf of Gill O'Neill, Executive Director of Public Health

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# **NORTHUMBERLAND COUNTY COUNCIL**

## **HEALTH & WELLBEING BOARD**

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

Lesley Bennett, Senior Democratic Services Officer  
Tel: 01670 622613  
E-mail [Lesley.Bennett@northumberland.gov.uk](mailto:Lesley.Bennett@northumberland.gov.uk)

Updated : 20 December 2023

## FORTHCOMING ITEMS

ISSUE	OFFICER CONTACT
<b>11 January 2024</b>	
<ul style="list-style-type: none"> <li>• Housing and Health</li> <li>• Pharmacy Services - Blyth</li> <li>• Health Protection Assurance and Partnership Board</li> </ul>	Rob Murfin/Anne Lawson Anne Everden Jon Lawler
<b>February 2024</b>	
<ul style="list-style-type: none"> <li>• Public and Community Transport Health Needs Assessment</li> <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> </ul>	Gill O’Neill/Luke Robertshaw

## 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 ?? Rachel Mitcheson</p> <p>Gill O'Neill (FEB) Paula Mead/Alison Johnson (JAN) Peter Standfield/Derry Nugent (JULY) Paula Mead (JAN)</p> <p>Paula Mead (JAN) (OCT) Robin Hudson (DEC/JAN)</p>
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<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.	

Updated : 20 December 2023

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.	