

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

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

PRESENT

Councillor P. Ezhilchelvan
(Chair, in the Chair)

BOARD MEMBERS

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

IN ATTENDANCE

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

148. APOLOGIES FOR ABSENCE

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

149. MINUTES

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

150. UPDATE TO PHARMACY NEEDS ASSESSMENT: CRAMLINGTON

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

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

The following issues were raised:-

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

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

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

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

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

The following issues were raised:-

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

RESOLVED that

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

151. NORTHUMBERLAND ORAL HEALTH STRATEGY 2022-2025

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

The following key issues were raised.

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

The following comments were made:-

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

RESOLVED that

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

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

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

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

Karen Murray, raised the following key issues:-

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

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

The following comments were made:-

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

The Chair thanked Karen Murray for her presentation.

RESOLVED that the presentation be noted.

153. NORTHUMBERLAND INEQUALITIES ROUND TABLE

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

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

154. HEALTH AND WELLBEING BOARD – FORWARD PLAN

Members noted details of forthcoming agenda items at future meetings.

155. DATE OF NEXT MEETING

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

CHAIR _____

DATE _____