



HEALTH & WELLBEING BOARD

Date: 17 January 2019

Joint Health and Wellbeing Strategy for Northumberland 2018-2020

Report of: Director of Public Health

Cabinet Member: Councillor Veronica Jones, Adult Wellbeing and Health

Purpose of report

This report presents the final working version of the Northumberland Joint Health and Wellbeing Strategy (JHWS) 2018-2028 for approval.

Recommendations

It is recommended that the Board:

- a. Notes and comments on the changes made to the JHWS following engagement;
- b. Ratifies this final version of the strategy; and
- c. Delegates to the Director of Public Health the task of producing a public facing document.

Link to Corporate Plan

This report is linked to all priorities within the NCC Corporate Plan 2018-2021.

Key issues

NHS Northumberland Clinical Commissioning Group (CCG) and Northumberland County Council have a joint duty to develop a JHWS through the Health and Wellbeing Board. The current JHWS concluded in 2017 so a new strategy has been developed which reflects the more detailed information now available on population health needs and the changing narrative for health and care provision. The new JHWS will be subject to more formal performance monitoring which will demonstrate progress against the priority areas and to hold the system to account. The proposed themes are:

- Giving children and young people the best start in life
- Empowering people and communities
- Tackling some of the wider determinants of health
- Adopting a whole system approach to health and care

Improving mental wellbeing/resilience, supporting people with long term conditions and exploiting digital technology will be cross-cutting themes. Appendix 1 provides the detail on each theme and the priorities; the overarching ambition; why it is important; the sort of actions that will contribute to the action plan; and a range of indicators which will be used to monitor progress. Once approved, this working version will be developed into a public facing document.

This final draft has been the subject of a significant engagement process, led by the CCG, which has resulted in amendment of the priority areas. This reflects the importance attributed to the duty of the HWB to involve people living and working in Northumberland in the preparation of the JHWS.

Background

The Health and Social Care Act 2012 (HSCA)¹ introduced a joint and equal duty for the CCG and NCC to prepare a JHWS, exercised through the HWB. It is required to reflect the Joint Strategic Needs Assessment (JSNA) and take into consideration the Government's priorities and mandates for the NHS² and the statutory requirement for NCC to take appropriate steps to improve the health and wellbeing of its population. The commissioning plans of NCC, the CCG and NHS England (NHSE) will be expected to have been informed by the JHWS; the CCG annual report must review the extent to which it has contributed to the delivery of the Strategy. If the HWB considers that the CCG, NHS England or NCC have not taken proper account of the JHWS, action can ultimately be taken through NHS England, the Secretary of State for Health and Social Care and the Council's scrutiny committee respectively.

There are no mandated requirements in terms of review and reporting, but to enable transparency and wider participation, the HWB should be clear with partners and the community on the timing cycle and when outputs will be published.

Recognising the influence that the wider determinants have on health, the HSCA requires HWBs to encourage those who provide health-related services to work closely with the Board and with those who provide health and social care. In this context, the legislation defines health-related services as those that are not health and social care services, but which may have an effect on health outcomes such as planning, transport and environmental services. As a result, the wider determinants that contribute to the priorities in the JHWS should be a feature.

Development

The 2014-17 JHWS³ had the following priority areas:

¹ Health and Social Care Act 2012 s192 - 199.

² The Government's mandate to NHS England for 2016/17 set out the goals until 2020.

³ Achieving Health and Wellbeing in Northumberland. April 2014. Available from:

<http://www.northumberland.gov.uk/Campaigns/jsna/Our-strategy.aspx>

- Children and families who might be at risk of not achieving their full potential
- Tackling some of the main causes of health problems in the county (lifestyle factors)
- Supporting people with long term conditions to be independent and in control
- Ensuring that all support the independence and social inclusion of disabled people and people with long term conditions
- Making sure that all partners work well together and are clear about what they themselves need to do to help improve the health and wellbeing of local people.

As the first Northumberland JHWS, the priorities appropriately reflected population needs. There have been some significant developments subsequently including new NHS models of care (in particular the recent development of Integrated Care Systems and Partnerships) and the introduction of the Care Act 2014. Additionally there is now a recognition that a 'deficit' approach to improving health and wellbeing will not be sufficient to meet future health and wellbeing needs and a sustainable health and social care system and economy.

At the September 2017 HWB, it was agreed that a new JHWS should be developed which reflected the future direction of travel for health and social care and the changing policy narrative. The four overarching themes were agreed as was the approach to governance through monitoring and reporting by lead officers for each theme. Working with key Cabinet Members, NCC and CCG officers, priorities were developed within each theme based on the JSNA, other data and corporate knowledge on key health and health-related issues facing Northumberland residents. Other key drivers of change considered included the *Marmot Review*⁴, the *NHS Five Year Forward View*,⁵ which made recommendations for a radical upgrade in prevention, recently reiterated by the Government's vision document for prevention;⁶ the *Care Act 2014*; *Due North: The report of the Inquiry on Health Equity for the North*;⁷ and *Health and Wealth - Closing the Gap in the North East*.⁸

An overarching outcome for each theme was also developed which reflected the aspiration for achievement over the life of the JHWS. Indicators for each priority have been identified which will allow progress to be monitored and benchmarking where appropriate. The draft themes, priorities and indicators along with a narrative on the background to each theme were presented to the HWBB on 10 May 18 and it was agreed that they would form the basis for stakeholder engagement.

There is a duty on the CCG, NCC and the HWB to involve people living and working in Northumberland in the preparation of the JHWS. A two-month period of engagement was launched in July with a JHWS survey which gathered a total of 392 responses and over 1,000 comments. An online survey was uploaded onto NCC's website, a link was also provided on the CCG's website and it was promoted through both organisations' social media. A paper version was promoted in one practice in each of the four CCG localities.

⁴ Marmot, M (2010). Fair society, healthy lives: the Marmot Review : strategic review of health inequalities in England post-2010. Institute of Health Equity. 2010.

⁵ NHS England (2014). The Five Year Forward View. NHS England. October 2014.

⁶ DHSC (2018). Prevention is better than cure. DHSC. 5 Nov 2018

⁷ Whitehead M (2014). Due North: The report of the Inquiry on Health Equity for the North. University of Liverpool and Centre for Local Economic Strategies, 2014

⁸ North East Commission for Health and Social Care Integration (2016). Health and Wealth - Closing the Gap in the North East. 2016.

CCG staff engaged with patients at Union Brae in Berwick, Burn Brae Medical Group in Hexham, Seaton Park Medical Group in Ashington and Railway Medical Group in Blyth. A series of focus groups for Northumberland residents took place in each of the four localities. Healthwatch Northumberland took hard copies of the JHWS survey to Children Centres in Ashington and Bedlington and the Bellingham Show. The survey was also discussed at a SEND network meeting attended by parents, Action on Hearing Loss Group, Living Well Beyond Cancer Network and Glendale Mental Health Forum. A link to the online survey was sent to the Ageing Well Network which was in the middle of its 'Winter Warmer' community events and Healthwatch Northumberland engaged with people at an event in Prudhoe. The JHWS Engagement Feedback Report produced by the CCG is at Appendix 2 and as a result, a minor amendment was made to the children and young people theme; and more notable amendments made to the wider determinants theme including the removal of digital connectedness and the addition of transport as priorities.

The working version of the strategy at Appendix 1 was presented to, and supported by, the CCG Governing Body on 19 Dec 18 and to the Health and Wellbeing Overview and Scrutiny Committee on 8 Jan 19.

Framework for the Northumberland Joint Health and Wellbeing Strategy 2018 - 2028

Themes

Taking into account the above considerations and what we know about the current and future health needs of the population of Northumberland from the JSNA, the main themes of the JHWS are:

- Giving children and young people the best start in life. This is the highest priority area identified in the Marmot Review in terms of reducing inequalities in the longer term. The evidence is clear that childhood experiences have a long term impact on health and resilience which extend across the life course. Whilst there are many areas of child health in which Northumberland performs better than the England average, there are also a number of indicators for which child health outcomes are poorer. Improving the early life experiences of children will, both directly and indirectly, result in improved health and wellbeing in later life;
- Empowering people and communities. Focusing solely on preventing the causes of ill health will not be sufficient to achieve the improvements in wellbeing and health which are required to make the health and social care system sustainable. Community-centred approaches mobilise assets within communities to promote equity and increase people's control over their health and lives. There is compelling evidence for these approaches, which help to support older people and those with long term conditions, reduce social isolation, enable positive behaviour change and increase personal and community resilience. While there are beacons of good practice in the County, to maximise the opportunities this approach presents there is a need to develop a Northumberland wide approach which features elements of asset based community development, social prescribing and community navigation;
- Tackling some of the wider determinants of health. The wider (or social) determinants have a larger impact on wellbeing and health than the provision of

healthcare. In Northumberland, there are disproportionately wide inequalities with respect to employment and access to services, some of which are characteristic of rural deprivation. Fuel poverty is also a feature of rural deprivation. These areas are to be considered for focused attention as part of the JHWS;

- Adopting a whole system approach to health and care. The continuing development of a health and care system which takes an integrated care approach should be a priority to ensure sustainability and the continued delivery of high quality services for Northumberland. This supports the direction of travel which is likely to arise from the development of Integrated Care Systems and Partnerships and requires organisations to set aside traditional boundaries in order to achieve the best health and wellbeing outcomes for the population.

Appendix 1 provides further detail on each theme; the overarching ambition; why it is important; the sort of actions that will contribute to the action plan; and a range of indicators which will be used to monitor progress. Once approved by the HWB, the content will be developed into a public facing document.

Performance Monitoring

For a JHWS to be successful in shaping the commissioning of services to improve wellbeing and health and reduce inequalities, a robust performance monitoring process of ongoing reporting, review and accountability is required. It has been agreed that:

- The timescale for the strategy is set at 10 years; long enough to measure meaningful changes in population health/health-related outcomes;
- The priorities are reviewed mid-term to provide assurance that they still reflect need;
- Each priority area has an associated Council Officer and health (care) lead who will provide assurance to the HWB that there are mechanisms in place to deliver that element of the strategy and to report on progress through a local delivery plan. This may be achieved through existing strategies and action plans and should not duplicate what is already in place, but may require the development and delivery of new ones where these are absent;
- Each priority is reflected in a single high level outcome, primarily supported by national indicators which can demonstrate progress;
- An annual report on progress against each priority area within the themes is provided to the HWB by the lead for each priority area.

Conclusion

The development of the new JHWS for Northumberland is a duty of the CCG and NCC through the HWB. The main themes have been agreed by the HWB; the priorities within those themes have been developed by NCC, CCG and wider stakeholders. The JHWS is intended to be a high-level document identifying the priorities, rather than how those priorities will be delivered although some further detail has been provided. Indicators to measure success have been proposed which allow benchmarking where appropriate.

Appendix 1: Draft Northumberland Joint Health and Wellbeing Strategy 2018 - 2028.

Appendix 2: JHWS Engagement Feedback Report.

Background papers

Policy	These proposals for the strategy are consistent with the health needs of Northumberland and local and national policy and strategy.
Finance and value for money	The aim of the strategy is to improve health and wellbeing and reduce inequalities, the longer term consequences of which will be improved economic output and a more sustainable health and social care system
Legal	The development of a JHWS is a statutory output of the HWB.
Procurement	The HWB is strategic in nature and is not currently involved directly in any procurement activities.
Human Resources	There will be workforce implications relating to education and training
Property	N/A
Equalities (Impact Assessment attached) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Reducing inequalities is a core output of the underpinning action plans
Risk Assessment	N/A
Crime & Disorder	Actions focusing on giving children the best start in life are likely to have a longer term impact on reducing crime.
Customer Consideration	The JHWS has been the subject of proactive stakeholder engagement
Carbon reduction	It is anticipated that some actions to deliver the strategy will result in carbon reduction.
Wards	All

Report sign off

Authors must ensure that officers and members have agreed the content of the report:

	initials
Monitoring Officer/Legal	
Executive Director of Finance & S151 Officer	
Relevant Executive Director	CM
Chief Executive	
Portfolio Holder(s)	VJ

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NORTHUMBERLAND JOINT HEALTH AND WELLBEING STRATEGY 2018 - 2028

The overall aim of the Northumberland Joint Health and Wellbeing Strategy is to **maximise wellbeing and health and reduce inequalities**. High level measures of success will be monitored through changes in life expectancy, healthy life expectancy and the life expectancy/healthy life expectancy gap between our least and most deprived communities.

CHILDREN AND YOUNG PEOPLE

Theme	Giving children and young people the best start in life
Outcome	All children and young people are happy, aspirational and socially mobile

Why is this important

Giving every child the best start in life was the highest priority recommendation in the Marmot Review. Advantage starts before birth and a positive childhood experience is vital to ensure children are ready to learn leading to better health and wellbeing throughout life and better life chances. So action to reduce inequalities must start before birth and continue through the life of the child.

A good child health status positively affects educational performance and attainment. Very good or better health in childhood is linked to accelerating achievement for example, physical exercise has a significant and positive impact on academic performance. We also know that personal, social, health and economic (PSHE) learning has a positive impact on academic attainment and strong relationships and sex education equips children and young people to face the challenges of contemporary society.

Some key statistics for children and young people in Northumberland:

- Not smoking during pregnancy has positive effects for the growth and development of the baby and health of the mother. During 2016/17, 12.9% (349) women were smoking at the time their babies were delivered. Although this is one of the lowest rates in the NE and it is falling, it is still much higher than the England average (PHOF).
- The early years are critical to the development and future health and outcomes for children. Northumberland has the highest level of school readiness in the North East; also above the England average. This is a great achievement but it hides the inequalities which exist between groups of children. For instance, whilst overall, a good level of readiness is achieved for 74.9% of children at the end of reception, in children with free school meal status, only 57.9% of children achieve this level (PHOF 16/17 data).
- Educational attainment is a key predictor of health outcomes and social mobility. In Northumberland, the proportion of pupils achieving Grade 4 at GCSE in Maths and English in our secondary schools ranges from 29% to 79% (Director of Education Annual Report 16/17).
- Teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage pregnancy rates continue to fall and Northumberland has one of the lowest rates in the NE; about the same as the England average.

<p>Priority areas</p>	<p>Provide the best quality education that we can.</p> <p>Ensure all children and young people feel safe and supported in all areas of their life.</p> <p>Support children, young people and families to make positive lifestyle and social choices.</p>
<p>What sort of things are we going to do</p>	<p>Examples of the things we think we should be doing are:</p> <ul style="list-style-type: none"> • Undertake a wholesale review of educational provision to ensure that all children enjoy good quality education • Continue to invest in capital programmes to create an environment which promotes learning • Work with schools via school improvement to target those children on FSM who need additional support to realise their potential • Ensure that pupil premium is being utilised to meet the educational needs of children and young people who most need it. <ul style="list-style-type: none"> • Continually improve and develop our front door services (such as the Multi-Agency Safeguarding Hub (MASH)) to ensure children receive the right support at the right time. • Work with the public and all partners who have contact with children to ensure they recognise and respond to situations where children might be at risk • Ensure that children with Special Educational Needs and Disabilities have an appropriate level of support. <ul style="list-style-type: none"> • Work with schools to promote and improve the emotional wellbeing and resilience of children and young people. • Support CYP who are disadvantaged through adversity created through physical deficit or societal circumstance to enable them to make positive social and lifestyle choices • Ensure parents have the tools to promote attachment and understanding of positive behavioural health insights.

<p>How are we going to measure progress</p>	<p><u>Priority - Provide the best quality education that we can</u></p> <p>Achievement gap between pupils eligible for free school meals and/or with special educational needs and their peers School readiness Persistent absent rates Exclusions (fixed term and permanent)</p> <p><u>Priority - Ensure all children and young people feel safe and supported in all areas of their life</u></p> <p>Emotional wellbeing of children looked after Hospital admissions caused by unintentional and deliberate injuries in under 18s <i>Children with SEND – original indicator to be replaced following stakeholder feedback</i></p> <p><u>Support children and young people to make positive lifestyle and social choices</u></p> <p>Under 18 conceptions Breastfeeding - initiation and at 6-8 weeks Smoking status at time of delivery Excess weight in Reception and Year 6 pupils</p>
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TAKING A WHOLE SYSTEM APPROACH

Theme	Whole system approach to health and care.
Outcome	To maximise value from, and sustainability of, health and social care and other public services for improving the health of the people of Northumberland, reducing health inequalities.
Why is this important	<p>Northumberland has continually demonstrated the ability to overcome traditional barriers between organisations and use innovative approaches in order to improve the quality of care. We want to get to a position where people in Northumberland are living independently for as long as possible with the best health possible, not because that may make our health and care system sustainable, but because it's the right thing to do. We need to move away from a system just focused on diagnosing and treating illness towards one that is based on promoting wellbeing and preventing ill health. Over the last few years though there has been an unprecedented increase in the demand on health and social care. Here are a few key facts:</p> <ul style="list-style-type: none">• There were almost 109,000 hospital admissions for NHS Northumberland CCG patients In 2015/16.• Northumberland County Council currently provides services to 3170 people aged 18-64 years of age and 8175 people 65 years of age or older.• People living in the least deprived areas of Northumberland can expect to spend 16.6 years longer living in good health than people living in the most deprived areas.• Smoking continues to be the biggest cause of preventable ill health but although smoking prevalence in Northumberland is the lowest in the North East, 30% of adults in routine and manual occupations (25.5% in England) and 37.1% of adults with serious mental illness (40.5% in England) still smoke. And 12.9% of pregnant women were reported to be still smoking at time of delivery during 2016/17.• Both the rate of hospital admissions for alcohol-related conditions and the total volume of alcohol sold (off-trade) per adult are significantly higher in Northumberland than in England.• More than two-thirds (69.8%) of adults living in Northumberland are overweight or obese (2013-15) compared to 64.8% in England; in 2015/16, a third of children in year 6 (10-11

	<p>years of age) were overweight or obese.</p> <ul style="list-style-type: none"> • A quarter (24.3%) of adults in Northumberland are inactive, compared to 22.3% in England. <p>Taking a ‘whole system approach’ means looking at the public sector as a whole to lever as much value out of the Northumberland pound as we possibly can; and exploiting the public sector to maximise the health and wellbeing of the workforce and the people they come in contact with. The whole system is not just a collection of organisations that need to work together, but a mixture of different people, professions, services and buildings which have the health and wellbeing of individuals as a common concern and interest. They aren’t necessarily health and social care providers either. For instance, Northumberland Fire and Rescue use their Home Safety Visits as an opportunity to identify older people at risk of falling.</p>
<p>Priority areas</p>	<p>Refocus and prioritise prevention and health promotion</p> <p>Improve quality and value for money in the health and (social) care system (integration).</p> <p>Ensure access to services that contribute to health and wellbeing are fair and equitable.</p>
<p>What sort of things are we going to do</p>	<p>Examples of the things we think we should be doing are:</p> <ul style="list-style-type: none"> • Making every contact count (MECC) is an approach to behaviour change that utilises the millions of day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing. We want to embed MECC across the whole system so that as many people as possible are trained to have these conversations. • Take a systematic approach to integration: look at where we can pool and align budgets across health and social care; and jointly commission health and care services so they are more person-centred and coordinated. • Social Value is about how we spend public funds to produce a wider benefit to the community, be it the social, environmental or economic wellbeing of the people we serve. We think we

	<p>should develop a social value framework and embed social value considerations into all policies, decisions and public procurement.</p> <ul style="list-style-type: none"> • Continue work to ensure care professionals can access electronic patient records from wherever they work in the system. • Make better use of existing and emerging technology and digitalisation where appropriate, including linking of patient data, use of geographical information systems (GISs), and web-based communication in health and social care.
<p>How are we going to measure progress</p>	<p><u>Priority - Refocus and prioritise prevention and health promotion</u></p> <p>Smoking prevalence in adults. Rate of hospital admissions for alcohol-related conditions. Percentage of physically active or inactive adults. Improved mental wellbeing.</p> <p><u>Improve quality and value for money in the health and (social) care system (integration).</u></p> <p>User and carer experience and quality of life. Total delayed transfers of care. Rate of emergency admissions for acute conditions that should not usually need hospital admission / ambulatory care sensitive hospital admissions. Rate of people receiving social care packages. Rate of admissions to residential and nursing care homes.</p> <p><u>Ensure access to services that contribute to health and wellbeing are fair and equitable</u></p> <p>Inequalities in access to key services.</p>

NORTHUMBERLAND JHWS - EMPOWERING PEOPLE AND COMMUNITIES THEME

Theme	Empowering People and Communities
Outcome	People and communities in Northumberland are listened to, involved and supported to maximise their wellbeing and health.
Why is this important	<p>We've already mentioned that we cannot achieve the improvements in wellbeing and health that we aspire to for Northumberland residents by focusing on preventing ill health alone. Whilst this approach remains critically important, we also need to take an alternative view and increase opportunities to achieve positive change by supporting people and communities to build on their own skills and knowledge and their communities' assets - a move from preventing illness to promoting wellness; and from a 'doing to' culture to a 'doing with' culture. Community-centred approaches are key to building resilient and flourishing individuals and communities. Resilience reduces the impact that the stresses of life have on our wellbeing, keeping us happy, healthy and independent for longer.</p> <p>From the clinical perspective, there is increasing evidence and recognition that a 'More than Medicine' approach is required, which seeks to mainstream non-clinical interventions such as befriending, volunteering and physical activity. This requires a culture change across health and social care to one in which alternative support such as social prescribing are seen as real alternatives in supporting people to manage their own conditions better. It will require healthcare professionals to have a different sort of conversation which may offer these alternative services to address the social issues which can so often undermine the path to improved health and wellbeing.</p>
Priority areas	<p>Ensure that partners, providers, practitioners and the systems they work in promote and encompass a 'more than medicine' approach.</p> <p>Provide people and communities with access to networks and activities which will support good health and resilience.</p>

	<p>Support people to gain the knowledge, skills and confidence they need to be active partners in managing and understanding their own health and healthcare</p>
<p>What sort of things are we going to do</p>	<ul style="list-style-type: none"> • Develop a Strategy and Action Plan for people powered wellbeing and health in Northumberland including standardised measures that support ongoing evaluation. • Work with health and social care providers to implement a system wide standard for workforce development that ensures staff have the necessary, knowledge skills and support to deliver the strategy. • Work with frontline staff to raise awareness of how and where to refer/signpost people to community based initiatives; • Develop a model for asset based community development approaches across Northumberland including the implementation of a number of demonstrator sites for components of people powered wellbeing and health in Northumberland. An early focus will be the establishment of local area co coordinators • Work with schools, the voluntary sector and LA departments to identify and develop intergenerational approaches to developing life skills in young people
<p>How are we going to measure progress</p>	<p>Measuring progress for this theme of the strategy will require a different approach using more qualitative measures and a bespoke evaluation mechanism. This will include, for instance:</p> <ul style="list-style-type: none"> • Use a variety of methods to collect and collate information including validated questionnaires (for example the short Warwick Edinburgh mental wellbeing scale), interviews, focus groups, consultation events and case study analysis • Gather information from local service providers and agencies as well as members of the local community • Develop community led approaches to evaluation • Measure impact over time by repeating information gathering with community at regular time points to measure changes and inform future development <p>Existing collected measures to which the program will contribute :</p> <ul style="list-style-type: none"> • Self-reported wellbeing • Carer reported quality of life • People who use services who have control over their daily life

	<p>Process measures</p> <ul style="list-style-type: none"> • Number of new Social Prescribing programs implemented • Numbers of people supported by care navigators • Numbers of PAMs completed
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NORTHUMBERLAND JHWS - TACKLING THE WIDER DETERMINANTS

Theme	Tackling some of the wider determinants
Outcome	People’s health and wellbeing is improved through addressing wider determining factors of health that affect the whole community.
Why is this important	<p>‘Place’ is a fundamental driver of health. The conditions in which we’re born, grow, live, work and age have a much bigger impact on health than healthcare or lifestyle choices. Northumberland is largely a rural area encompassing large expanses of open countryside with a scattering of towns and villages including former mining areas and current commuter settlements. This diversity exemplifies health inequalities across the county with the life expectancy differing markedly depending on where you live. The lower population density in more remote areas also masks small pockets of significant deprivation and poor health outcomes.</p> <p>On this basis, many of the factors that contribute to the health and well being of the county’s communities relate to wider determinants of health as well as access to health and care services:</p> <ul style="list-style-type: none"> • <i>Changing population patterns</i> - Continued outward migration of young people and inward migration of older people, are leading to a population that is increasingly older than neighbouring cities, with accompanying health and care needs. • <i>Infrastructure</i> - Sparsity and the increasing scarcity of public transport links have a significant impact both on daily living costs of rural households and on access to services.

- *Digital access and exclusion* - A combination of the older demographic and the unavailability of high speed broadband and mobile phone networks are leading to an increasing digital gap between Northumberland and more urbanised parts of the country. This is made more serious by the growing number of important services, such as job search opportunities, banking and increasingly, health-related services, that are available online.
- *Access to health and related services* - Access in terms of distance to health, public health and care services is poorer in Northumberland than in more urbanised settings. Longer distances to GPs, dentists, hospitals and other health facilities mean that rural residents can experience 'distance decay' where service use decreases with increasing distance.
- *Community support, isolation and social exclusion* - Social networks in more rural areas are more likely to break down with a consequent increase in social isolation and loneliness, especially among older people.
- *Housing and fuel poverty* - Affordability, poor quality housing and significant fuel poverty threaten the wellbeing and sustainability of communities. House prices are generally higher in Northumberland and there are areas where access to both social and supported housing is more limited. There is also a much higher proportion of 'non-decent' homes and of houses which are energy inefficient and many areas are not on the gas grid which leads to higher fuel costs.
- *Employability* - The County's business base is dominated by small businesses with larger companies less prevalent than in more urbanised areas. As a result, a higher proportion of the available jobs are low-paid, unskilled and seasonal. Access to education is also challenging, particularly to apprenticeship placements; and further and higher education opportunities. There also remain a significant element of the workforce who are excluded from work whether it be as a result of inequality, disadvantage, or a long term condition or disability.
- *Transport* - Northumberland's urban population benefit from an excellent public transport network that incorporates both bus and train services into our major towns and the major employment centres in Newcastle and surrounding areas. However low population density in rural Northumberland makes practical and affordable public transport difficult to provide. At the

	<p>same time, accessible and affordable transport is a lifeline for many rural residents. Rural areas are very car dependent, as public transport is perceived as inadequate.</p>
<p>Priority areas</p>	<p>Tackle fuel poverty by increasing the number of households with access to affordable warmth</p> <p>Support people to live independently for as long as possible by maximising the use of building regulations</p> <p>Increase the number of people with long term health conditions moving into and sustaining work</p> <p>Ensure local transport policy delivers on providing resilient, flexible and sustainable transport options across the county, particularly in rural areas.</p>
<p>What sort of things are we going to do</p>	<ul style="list-style-type: none"> • Use the developing Strategy for Adults Accommodation with Support in Northumberland to consider the needs of both older persons and those of working age with care and/or support needs to promote choice, independence and maximise the opportunities offered by advances in assistive technology to support people in their own home. • Use the North of Tyne Combined Authority and devolution deal to maximise existing funding streams and develop new alternative sources of funding to enhance provision • Transform services to reflect a focus of prevention and innovation in service development. • Continue to exploit existing initiatives such as the NE Mental Health Trailblazer (on behalf of NECA, integrating employment support services with psychological therapies; and the Northumberland Bridge (Big Lottery Building Better Opportunities) VCS partnership to support residents with multiple-barriers to work (including health conditions) towards employment • Employer-focussed intervention to improve recruitment, retention and progression of people with disabilities or long term health conditions • Advancement service for employees and employers in low wage sectors to support progression from low-paid jobs • New approaches for retention and progression of people aged 50+ in the workforce. • Actively engage with businesses to promote the concept of ‘good work’ to improve job retention and reduce sickness absence.

	<ul style="list-style-type: none"> • Support residents with caring responsibilities to sustain employment or return to the labour market. • Support for users of mental health services to move toward the labour market • Promote Warmfront on NCC website and ensure outreach staff are aware of the scheme and promote with clients • Tackling fuel standards through design standards/building control • Prioritise independent living through future proofing property, building annexes etc. and encouraging supported/assisted living in line with broader policies in the local plan
<p>How are we going to measure progress</p>	<ul style="list-style-type: none"> • Fuel poverty • Excess winter deaths • Number of homes with an energy efficiency rating of Band C • Number of households accessing Warm Front scheme • Proportion of all new council home builds suitable for over 55's • Proportion of new homes close to services and infrastructure links • People with mental illness or disability in settled accommodation • Proportion of adults in contact with secondary mental health services living independently, with or without support • Gap in employment rate between those with a long term condition and general employment rate • Proportion of working age adults in contact with social services in paid employment • Overall employment rate • Percentage of workless households • Number of people using rail services • Mode of travel to school