



Northumberland

County Council

Your ref:

Our ref:

Enquiries to: Lesley Bennett

Email: Lesley.Bennett@northumberland.gov.uk

Tel direct: 01670 622613

Date: 1 March 2022

Dear Sir or Madam,

Your attendance is requested at a meeting of the **HEALTH AND WELL-BEING BOARD** to be held in **MEETING SPACE, BLOCK 1, FLOOR 2, COUNTY HALL** on **THURSDAY, 10 MARCH 2022** at **10.00 AM**.

Yours faithfully

Daljit Lally
Chief Executive

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

J Boyack, N Bradley, C Briggs, S Brown, B Flux (Chair), J Lothian, J Mackey, C McEvoy-Carr, P Mead, L Morgan, W Pattison, G Renner-Thompson, G Sanderson, E Simpson, G Syers (Vice-Chair), D Thompson, P Travers, C Wardlaw and J Watson

Any member of the press or public may view the proceedings of this meeting live on our YouTube channel at <https://www.youtube.com/NorthumberlandTV>. Members of the press and public may tweet, blog etc during the live broadcast as they would be able to during a regular Committee meeting.

Members are referred to the risk assessment, previously circulated, for meetings held in County Hall. Masks should be worn when moving round but can be removed when seated, social distancing should be maintained, hand sanitiser regularly used and members requested to self-test twice a week at home, in line with government guidelines.



Daljit Lally, Chief Executive
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AGENDA

PART I

It is expected that the matters included in this part of the agenda will be dealt with in public.

1. APOLOGIES FOR ABSENCE

2. MINUTES

(Pages 1
- 8)

Minutes of the meetings of the Health and Wellbeing Board held on Thursday, 10 February 2022 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 to disclose any personal interest, (which includes any disclosable pecuniary interest), they may have in any of the items included on the agenda for the meeting in accordance with the Code of Conduct adopted by the Council on 4 July 2012, and are reminded that if they have any personal interests of a prejudicial nature (as defined under paragraph 17 of the Code of Conduct) they must not participate in any discussion or vote on the matter and must leave the room.

N.B. Any member needing clarification must contact monitoringofficer@northumberland.gov.uk. Please refer to the guidance on disclosures at the rear of this agenda letter.

4. UPDATE ON THE EPIDEMIOLOGY OF COVID 19, THE NORTHUMBERLAND COVID 19 OUTBREAK PREVENTION AND CONTROL PLAN, AND THE VACCINATION PROGRAMME

An update will be provided at the meeting on the epidemiology of COVID 19 in Northumberland, developments with the Council's COVID 19 Outbreak Prevention and Control Plan, and Vaccination Programme. Presentation by Liz Morgan, Interim Executive Director for Public Health and Community Services.

5. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2020

(Pages 9
- 20)

To receive a report presenting the Director of Public Health (DPH) Annual Report for 2020 which for this year, was focused on protecting the health of our communities from the impact of Covid 19. (Report and Presentation from Liz Morgan, Interim Director of Public Health and Community Services).

6. NORTHUMBERLAND SUICIDE PREVENTION STRATEGY 2021-25

(Pages
21 - 50)

This report describes progress to date to reduce suicide in Northumberland

and sets out priorities for continuing to help reduce suicide over the period 2021-2025. Following approval of the strategy, a detailed action plan will be produced.

- 7. NORTHUMBERLAND CANCER STRATEGY AND ACTION PLAN** (Pages 51 - 70)

To receive a presentation from Dr. Robin Hudson, Northumberland CCG and representatives from the Northumbria Healthcare NHS Foundation Trust.
- 8. NORTH OF TYNE COMBINED AUTHORITY WELLBEING FRAMEWORK: NORTHUMBERLAND APPROACH** (Pages 71 - 144)

To brief Members on the work across North of Tyne to develop and agree a Wellbeing Framework, seek the Board's views on the proposed actions to implement the framework by Northumberland County Council and seek views as to how the Board would wish to be involved in its adoption and implementation. Report by Sarah McMillan, Assistant Service Director, Policy
- 9. IPC PROGRESS REPORT** (Pages 145 - 166)

To receive a presentation updating on ICS progress from Siobhan Brown, Northumberland CCG.
- 10. HEALTH AND WELLBEING BOARD – FORWARD PLAN** (Pages 167 - 174)

To note/discuss details of forthcoming agenda items at future meetings; the latest version is enclosed.
- 11. 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.
- 12. DATE OF NEXT MEETING**

The next meeting will be held on Thursday, 14 April 2022, 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 discussion or as soon as it becomes apparent to you.
- Complete this sheet and pass it to the Democratic Services Officer.

Name (please print):
Meeting:
Date:
Item to which your interest relates:
Nature of Registerable Personal Interest i.e either disclosable pecuniary interest (as defined by Annex 2 to Code of Conduct or other interest (as defined by Annex 3 to Code of Conduct) (please give details):
Nature of Non-registerable Personal Interest (please give details):
Are you intending to withdraw from the meeting?

1. Registerable Personal Interests – You may have a Registerable Personal Interest if the issue being discussed in the meeting:

a) relates to any Disclosable Pecuniary Interest (as defined by Annex 1 to the Code of Conduct); or

b) any other interest (as defined by Annex 2 to the Code of Conduct)

The following interests are Disclosable Pecuniary Interests if they are an interest of either you or your spouse or civil partner:

(1) Employment, Office, Companies, Profession or vocation; (2) Sponsorship; (3) Contracts with the Council; (4) Land in the County; (5) Licences in the County; (6) Corporate Tenancies with the Council; or (7) Securities - interests in Companies trading with the Council.

The following are other Registerable Personal Interests:

(1) any body of which you are a member (or in a position of general control or management) to which you are appointed or nominated by the Council; (2) any body which (i) exercises functions of a public nature or (ii) has charitable purposes or (iii) one of whose principal purpose includes the influence of public opinion or policy (including any political party or trade union) of which you are a member (or in a position of general control or management); or (3) any person from whom you have received within the previous three years a gift or hospitality with an estimated value of more than £50 which is attributable to your position as an elected or co-opted member of the Council.

2. Non-registerable personal interests - You may have a non-registerable personal interest when you attend a meeting of the Council or Cabinet, or one of their committees or sub-committees, and you are, or ought reasonably to be, aware that a decision in relation to an item of business which is to be transacted might reasonably be regarded as affecting your well being or financial position, or the well being or financial position of a person described below to a greater extent than most inhabitants of the area affected by the decision.

The persons referred to above are: (a) a member of your family; (b) any person with whom you have a close association; or (c) in relation to persons described in (a) and (b), their employer, any firm in which they are a partner, or company of which they are a director or shareholder.

3. Non-participation in Council Business

When you attend a meeting of the Council or Cabinet, or one of their committees or sub-committees, and you are aware that the criteria set out below are satisfied in relation to any matter to be considered, or being considered at that meeting, you must : (a) Declare that fact to the meeting; (b) Not participate (or further participate) in any discussion of the matter at the meeting; (c) Not participate in any vote (or further vote) taken on the matter at the meeting; and (d) Leave the room whilst the matter is being discussed.

The criteria for the purposes of the above paragraph are that: (a) You have a registerable or non-registerable personal interest in the matter which is such that a member of the public knowing the relevant facts would reasonably think it so significant that it is likely to prejudice your judgement of the public interest; **and either** (b) the matter will affect the financial position of yourself or one of the persons or bodies referred to above or in any of your register entries; **or** (c) the matter concerns a request for any permission, licence, consent or registration sought by yourself or any of the persons referred to above or in any of your register entries.

This guidance is not a complete statement of the rules on declaration of interests which are contained in the Members' Code of Conduct. If in any doubt, please consult the Monitoring Officer or relevant Democratic Services Officer before the meeting.

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NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Well-being Board** held in County Hall, Morpeth on Thursday, 10 February 2022 at 10.00 a.m.

PRESENT

Councillor B. Flux
(Chair, in the Chair)

BOARD MEMBERS

Boyack, J.	Reiter, G. (substitute)
Brown, S.	Sanderson, H.G.H.
Lothian, J.	Syers, G.
Mead, P.	Thompson, D.
Morgan, E.	Wigham, R. (substitute)
Pattison, W.	

ALSO IN ATTENDANCE

L.M. Bennett	Senior Democratic Service Officer
R. Mitcheson	Northumberland CCG

36. APOLOGIES FOR ABSENCE

Apologies for absence were received from N. Bradley, C. McEvoy-Carr, R. O'Farrell, G. Renner-Thompson, E. Simpson, P. Travers and J. Watson.

37. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 9 December 2021, as circulated, be confirmed as a true record and signed by the Chair:

38. UPDATE ON THE EPIDEMIOLOGY OF COVID 19, THE NORTHUMBERLAND COVID 19 OUTBREAK PREVENTION AND CONTROL PLAN, AND THE VACCINATION PROGRAMME

Members received an update on the epidemiology of COVID 19 in Northumberland, developments with the Council's COVID 19 Outbreak Prevention and Control Plan, and Vaccination Programme. Presentations filed with the signed minutes.

Liz Morgan, Interim Executive Director for Public Health and Community Services, gave a presentation to the Board and the key points included:-

- Trends in the seven day rolling rate per 100,000 population for infection episodes across the LA7 was very similar to the national rate with cases at a similar level to the week before Christmas.
- ONS survey rates for the week up to 5 February 2022 estimated that 1 in 19 showed evidence of infection. ONS had also surveyed for levels of antibodies in the population and in the week up to 10 January 2022 it was estimated that 98% of the adult population would have tested positive for antibodies. This level was much lower in 8 – 11 year olds at 63-72%.
- In Northumberland rates were decreasing across all age bands, however, cases remained high at 2,000+ per week. The highest rates were in primary school children. The high level of cases in the Druridge Bay ward was due to an outbreak at HMP Northumberland.
- Targeted community testing was still being supported but there had recently been many changes to the guidance. There were plans, nationally, to rationalise PCR testing sites. Hopefully, the situation would be clarified in the Spring Plan which was due to be announced on 21 February 2022.
- Regarding contact tracing, there was uncertainty about the responsibility for Local Authorities and funding beyond March 2022.
- Omicron was less severe but the unvaccinated were eight times more likely to be hospitalised.
- The unvaccinated/boosted were 8x more likely to be hospitalised than the vaccinated. There had been a number of large outbreaks but, fortunately, cases were mainly mild or asymptomatic.
- The situation was very different to 2021 in that there was the extensive vaccination and booster programme, extensive test and trace programmes, treatments and bespoke communications locally and nationally.
- It was possible that the end of legislative restrictions would take effect earlier than the planned date of 24 March 2022.
- Covid may be considered endemic when it became highly predictable or the level of harm was accepted due to the difficulty in eradicating it. Future waves of infection were to be expected and these would be determined by
 - New variants
 - Changes in number and age distribution of susceptible individuals
 - Seasonality
 - Extent of social mixing.
- The pattern in the UK was likely to be temporary until the global disease distribution settled. Covid could not yet be considered to be endemic.
- Current priorities across the LA7 included
 - equitable deployment of covid and flu vaccinations
 - continued encouragement of good infection prevention and control measures, hygiene, ventilation etc.
 - Coordinated Test, Trace and Isolate programme and management of outbreaks
 - Involving local communities and protecting vulnerable individuals
 - Monitoring and surveillance
 - Working on health inequalities

- A number of issues would have to be considered such as the future of test and trace, promotion of IPC measures that were of benefit, waste water testing, the need to stand up interventions again if needed and existing health inequalities along with those exacerbated by covid.
- Next steps
 - Joint workshop to be held on 14 February 2022 to look at priorities, actions and timescales.
 - Develop a strategic framework for living safely with covid and to update the Local Outbreak Management Plan
 - Review priorities and identify how can work together at scale, building on what had been learned and existing work.
 - Agree a shared programme of work for LA7 to close the gap in health inequalities.

Rachel Mitcheson, Northumberland CCG, provided a presentation on the current vaccination programme and included the following:-

- Northumberland was performing strongly with vaccine uptake for 1st dose 90.3%, 2nd dose 85.6% and booster/3rd dose 71.1%.
- Uptake for booster jabs was slower than for previous jabs, however, 86% of eligible patients had received the booster. The under 50's were slower to come forward.
- Uptake for the booster programme had slowed over the New Year. This was mainly due to the high numbers of infection and the 28 day post infection period during which people could not receive their booster.
- Under 30s and pregnant women were being targeted to increase uptake in those cohorts.
- 4th doses for the severely immunosuppressed were being rolled out and 16/17 and 'at risk' 12-15 year olds would be invited for second doses and boosters when appropriate.
- 'At risk' 5-11 year olds were being invited for their first dose which was one third of a standard Pfizer dose.
- An evergreen offer of vaccination remained open to all eligible individuals and could be accessed via PCNs, pharmacies or vaccination centres.
- The Northumberland Vaccine Equity Board would continue to monitor vaccine uptake, areas of inequality and identify groups for targeted intervention.
- It was anticipated that an annual Covid booster vaccination would be required by all over 50s and cohorts 1-9. This was likely to be delivered in line with the seasonal flu vaccination campaign. Opportunities for co-administration would be maximised where possible.
- Invaluable lessons had been learned from the vaccine roll out and various scenarios were being planned for in response to high incidence and/or a new variant. It was necessary to ensure that vaccination services could run alongside routine health and care services.

RESOLVED that the two presentations be received.

Ch.'s Initials.....

Health & Wellbeing Board, 10 February 2022

39. NORTHUMBERLAND PHARMACEUTICAL NEEDS ASSESSMENT

Members received an update on progress and plans for refreshing the statutory Northumberland Pharmaceutical Needs Assessment (PNA) and to consider the lower geographical level for assessment. Report presented by Liz Morgan, Interim Executive Director for Public Health and Community Services.

Members were informed that producing and publishing a Pharmaceutical Needs Assessment was a statutory responsibility of the Health & Wellbeing Board in conjunction with the Northumberland CCG. The PNA should be refreshed every three years, but the timeline had been delayed due to Covid. It was expected the revised PNA should be in place by September/October 2022. A Steering Group had been established and work commenced in August 2021. The Steering Group had agreed to use the previous CCG localities which split Northumberland into four areas, North, West, Central and Blyth. A draft would be produced in April with the final draft being approved in September 2022. The importance of later opening hours and holiday opening was stressed particularly for very rural areas in the North and West of the County.

RESOLVED that

- (1) the plan and proposed timelines for the statutory review of the PNSA be supported.
- (2) the use of previous CCG localities as the geographical basis of the PNA be approved.

40. SAFEGUARDING ADULTS ANNUAL REPORT AND STRATEGY REFRESH and NORTHUMBERLAND SAFEGUARDING CHILDREN BOARD (NSCB) ANNUAL REPORT AND UPDATE OF ISSUES IDENTIFIED

Members received an overview of the work carried out under the multi-agency arrangements for Safeguarding Adults in 2020/21 and an overview of the work by the Northumberland Strategic Safeguarding Partnership 2020-21. Reports presented by Paula Mead, Independent Chair of the Safeguarding Adults Board and NSSP Independent Chair.

Safeguarding Adults

The North Tyneside and Northumberland Safeguarding Adults Board (SAB) had been forced to adapt very quickly during the Covid pandemic and change its way of working. A range of measures and assurance frameworks had been introduced to promote multiagency working arrangements and monitor and mitigate areas of risk and concern. During 2020/21 Northumberland experienced a 40% increase in safeguarding concerns and 14% rise in safeguarding enquiries. The location of the main area of increase was in peoples own homes and linked to lockdown restrictions. Locally, the trend had be in episodes of domestic abuse, physical abuse and self neglect. There had also been an increase in safeguarding concerns relating to isolation, mental

health and wellbeing. Most referrals had been made by the Police and this was a similar picture nationally.

The Multi-agency Safeguarding Hubs (MASHs) had operated successfully and was unique in that it was an integrated adult and children's MASH. It had been a very positive arrangement, and this had been noted nationally. It had enabled very difficult transitional issues of vulnerable children moving into adult services to be tackled. There had been no Safeguarding Adult Reviews undertaken in Northumberland. However, there had been a joint learning review with the Children's Service within Northumberland.

Key highlights of the Board's work had been a focus on themes such as Transitional Safeguarding, Vulnerable Dependent Drinkers Project, Channel arrangements and updates, criminal exploitation and the local experience of Operation Momentum. Covid had been the overarching priority and had impacted on all of the Board's work.

There had been an independent review in which the joint North Tyneside and Northumberland Board had been valued and was working quite well. All of the partners felt, and was probably exacerbated by covid, that there needed to be more focus on Place. From April 2022, it had been agreed to separate the two Boards. Northumberland was very keen to join up and integrate the Adults' and Children's Boards much more robustly. This had not been possible whilst working with North Tyneside.

Safeguarding Children Board

Paula Mead reported that local Safeguarding Boards had been disbanded a few years ago and the new arrangements had strategic partners with equal responsibilities for safeguarding children. These strategic partners were the Local Authority, Police, Northumberland CCG. Other partners such as health, schools and voluntary organisations still had a role to play in safeguarding children. Partnership working in Northumberland was very much a strength and had come into its own over the period of the pandemic. There was still work to be done to solidify the new arrangements and development work had been done with the partners. It had been identified that the adults and children's arrangements should work more closely together.

Very specific matters were required to be dealt with within the children's report such as evidence of impact, analysis of progress against stated priorities, inclusion of decisions and information around local and national safeguarding reviews, information on how feedback from children had been included and built into planning, and review of restraint at any secure unit.

Priorities focused on prevention, early help, work with fathers and improvement on focus on the child's experience and criminal and sexual exploitation. These were now sufficiently embedded to enable other priorities to be considered. The overarching priority was the impact of covid, children and young people's mental health, neglect, early help, domestic violence including child to parent abuse and non-accidental injury to under ones.

Paula Mead explained that her role was also as an independent scrutineer and her opinion was that good progress was being made, that the partnership working continued to be effective, the processes and assurance frameworks were working as well as they could do

Members welcomed both reports and raised the following points:-

- Having the three statutory partners had been a good development, but there also needed to be more involvement from relevant partners going forward.
- It was important to maintain independence and scrutiny in the process.
- A lot of the good practice in Northumberland had been picked up nationally. Partners were always trying to push the boundaries and do the best for vulnerable adults and children.
- There had been detailed national guidance as to what should be included the children's report. The evidence base and data used for the children's report was more robust and detailed than that for adults. This was partly due to history and how the two boards had evolved and that good quality data was more easily obtainable for children. It was more challenging to obtain adult data and comparing this data with that from North Tyneside did not work very well as the data was collected in different ways.
- The qualitative impact of the data was also being looked at along with the quality of practice arising from the performance data and the opportunities for us to integrate to the two partnerships and take the learning developed from the children's work and develop this alongside the adults work.
- Practitioners had worked quite hard to make safeguarding work personal by listening to and integrating their wishes and experiences into their plans. It was important to find ways of supporting children and their transition into adulthood more effectively.
- There were cultural differences in the approaches to adult and children's safeguarding. There was education to be done around the assertiveness and use of Mental Health Act especially around people with complex problems and alcohol use. There was a lot to be learned and combining the two to make them on an equal footing would be very useful.
- Work with alcohol dependant and resistant people over the last year had been very helpful as it had enabled the training of practitioners

RESOLVED that

- (1) The content of the North Tyneside and Northumberland Safeguarding Adults Annual Report 2020-21 be noted.
- (2) contents of the Northumberland Strategic Partnership (NSSP) Annual Report 2020-21 be noted.

41. HEALTH AND WELLBEING BOARD FORWARD PLAN

It was noted that the Health Inequalities Summit would be held on 25 March 2022 and invites would be issued soon.

It was requested that the following be added to the Forward Plan

- An update on the progress with ICS was requested for the next meeting.
- Child Death Overview Panel Annual Report

RESOLVED that the forward plan be noted.

42. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 10 March 2022, at 10.00 a.m. in County Hall, Morpeth.

CHAIR _____

DATE _____

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Northumberland County Council

HEALTH AND WELLBEING BOARD

10 MARCH 2022

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2020

Report of: Liz Morgan Interim Executive Director of Public Health and Community Services

Cabinet Member: Cllr Wendy Pattison - Adult Health and Wellbeing

Purpose of report

The purpose of this report is to present the Director of Public Health (DPH) Annual Report for 2020 which for this year, was focused on protecting the health of our communities from the impact of Covid 19.

Recommendations

It is recommended that Health and Wellbeing Scrutiny:

- a. Comments on the DPH Annual Report 2020; and
- b. Accepts and supports the recommendations.

Link to Corporate Plan

This report is linked to all priorities within the NCC Corporate Plan 2021 - 2024.

Thriving – The pandemic has impacted on the sustainability and availability of jobs and income and outlines the council's response to labour market disruption, unemployment and economic recovery.

Living/Learning – Covid 10 has had an enormous direct and indirect impact on health and wellbeing, more so in our most vulnerable communities. Children's education has been severely disrupted which for some could have long term consequences.

Enjoying/Connecting – The report highlights the impact that the pandemic has had on social isolation and mental health but also some of the positive impacts on reduced carbon emissions, increased social networks and capitalising on our green spaces.

Key issues

- The pandemic has exacerbated the structural inequalities which already existed nationally, regionally and locally. The direct and indirect impacts of COVID-19 have had the greatest impact on our most deprived and vulnerable communities.
- Disruption to education and digital exclusion; unemployment, furlough, the impact on the economy and knock on effect on income and poverty; the need to ensure people

are supported into suitable accommodation to enable self isolation and care and prevent families from tipping into homelessness; the negative and positive effects on social isolation, increased community action and strengthened social networks; these are all key features of the pandemic.

- Apart from the direct health protection response taken across the council and in partnership with NHS and other agencies, a range of activities have been undertaken to support individuals and communities across the wider determinants of health to try and mitigate against the indirect consequences of the pandemic.
- Four recommendations are made: That the council undertakes a COVID-19 Inequalities Impact Assessment to inform the council's recovery plan; develop an integrated carbon reduction, equality and health inequality approach as part of the council's policy development and appraisal process; ensure residents are at the centre of processes to design initiatives and services which meet their needs and aspirations; and encourage people to shop local, support local businesses, and support the local development of skills to enable employment.

Background

Directors of Public Health in England have a statutory duty to write an Annual Public Health Report on the health of the local population; the Local Authority has a duty to publish it. The DPH Annual Report is a vehicle for informing local people about the health of their community, as well as providing necessary information for commissioners and providers of services on health and wellbeing issues and priorities that need to be addressed.

The DPH Annual Report for 2020 is in the format of a series of short videos. It was developed during the 4th wave of SARS-CoV-2 in July 2021 and reflects the situation up until that point. Through a series of 5 short videos, the report explains:

- How COVID-19 has highlighted the two-way relationship between the health of our residents and the prosperity of the county;
- How the conditions within which our residents are born, live, work and age have affected their experiences of COVID-19;
- The groups who have been disproportionately impacted by COVID-19 through exposure to the infection, the measures put in place to control the virus and the longer term social and economic consequences;
- How the council has worked to protect the health of Northumberland residents;
- What more can be done to improve health and reduce inequalities so we emerge from this pandemic more resilient to future threats.

The report reflects the situation at the time of writing and represents only a proportion of the COVID-19 impacts on communities. Some of the data and conclusions are based on local data and experiences but national reports have been a significant source of evidence.

The videos cover the following:

- Video 1 – Introduction and overview including the purpose of the report;

- Video 2 – The impact of Covid 19 on income and job security; social isolation and mental health. The evidence indicates that nationally, over a quarter of adults experienced deteriorating finances with the poorest families experiencing the biggest impact; more likely to have increasing debt and to use their savings. Economic recessions disproportionately affect young people and the pandemic has also impacted on disabled people with more disabled people having their work impacted by COVID 19 than non-disabled people. Employers in some sectors have reported hard-to-fill vacancies and staff shortages impacting on recovery suggesting a need for employment and skills support for residents. 1 in 10 of the population have been furloughed for more than 6 months with consequences for mental health. A fifth of the population have experienced sustained poor mental health with a quarter experiencing a new mental health problem during the pandemic. Although contact within households and between neighbours increased, loneliness increased for those living alone and those who were shielding, cut off from their usual support networks.
- Video 3 – How the wider determinants of health have shaped the experience of COVID-19; the importance of a safe and healthy home; and the impact on healthy behaviours. The pandemic has shone a spotlight on existing inequalities and has largely exacerbated them; those communities least likely to be able to withstand adversity have been disproportionately affected by the direct and indirect consequences of the pandemic. In England, 1 in 3 households had a major housing problem before the pandemic such as overcrowding or struggling with housing costs; household size increases the risk of virus transmission and larger households had a five-fold increase in the risk of COVID 19 deaths compared to single occupancy households. People from lower income backgrounds, younger adults, and women are among those who have been disproportionately affected by the pandemic in the context of tobacco and/or alcohol use. Alcohol intake has become more polarised with heavy drinkers drinking more; heavy drinkers in the least deprived groups were more likely to try and reduce alcohol intake. However, during the first lockdown, increasing numbers of adults used it as an opportunity to quit smoking.¹
- Video 4 – Groups disproportionately affected by COVID-19; impact on children and young people; digital exclusion. People living on the lowest incomes have been worst affected by this crisis but many other groups overlapping the poorest have been disproportionately affected e.g. those with long term conditions, ethnic minority communities, those with a learning disability or mental health problem, those living in care homes and those who have been less able to work from home. Young people are less likely to come to harm from the direct effects of COVID-19 disease but the impacts on social and emotional development in younger children; disruption of education; social isolation and increased stress; increased levels of obesity; and mental health have been significant. Again, it is those children and young people from our most deprived communities who are more likely to have been affected. As services moved online and community buildings closed, the opportunity for those who relied on those resources to access online services was limited and highlighted the digital exclusion of some groups, particularly many jobseekers. Older people, those

¹ Jackson SE, Beard E, Angus C, Field M, Brown J. Moderators of changes in smoking, drinking and quitting behaviour associated with the first COVID-19 lockdown in England. *Addiction*. 2021;1–12. <https://doi.org/10.1111/add.15656> First published: 25 August 2021 available from: <https://onlinelibrary.wiley.com/doi/full/10.1111/add.15656>

living in rural areas and communities in areas of significant deprivations have been most affected.

- Video 5 - The council's response. From an economic and employment perspective the council put in place a variety of rapid response services and support which included and employment and skills triage service to provide support for those unemployed, at risk of unemployment or furloughed. Wellbeing support was provided for those affected by labour market disruption. Grants were provided for VCSE organisations to digitalise support services. For young people, the council supported the Kickstart programme and took a Youth Employment Partnership approach for broader support. For those whose first language is not English, digital access to skills support was provided. In response to the need to support those most at risk from COVID-19 and its impacts, Northumberland Communities Together was established, drawing on different agencies, sectors and services to help coordinate and target the local response. To ensure those who were homeless or at risk of homelessness could access support and accommodation, reducing the risk of transmission of infection and enabling self-isolation, a multi-agency Homeless Coordination Cell was set up. A range of dedicated housing options were established. Tenants were supported with rent arrears. This is just a snapshot of the areas in which the council has supported Northumberland residents over the course of the pandemic.

Recommendations. The report makes four recommendations:

- Undertake a COVID-19 Inequalities Impact Assessment and use that to inform the council's recovery plan to ensure that areas of deepening inequalities are recognised and addressed. This should inform future budget and planning cycles.
- Develop an integrated carbon reduction, equality and health inequality approach as part of our policy development and appraisal process. This would be consistent with the Health in All Policies approach we are developing.
- Build on the strong community networks and increased social cohesion to ensure residents are at the centre of processes to design initiatives and services which meet their needs and aspirations.
- Encourage people to shop local, support local businesses, support the local development of skills to enable employment, especially those living in Northumberland who are furthest away from the employment market and exploit the wider social value of the Northumberland pound.

The DPH Annual Report for 2020 is available [here](#).

Implications

Policy	The council is already committed to delivering on the principles of Health in All Policies; this report recommends that that approach takes into account the inequalities that have been exacerbated by COVID-19.
Finance and value for money	The report has no direct financial implications but makes recommendations on how the recovery plan and associated budget planning cycle should take into consideration the

	intelligence which how investment in the arts and culture can reduce the financial costs of health and social care.
Legal	The report meets the statutory requirement of the DPH to produce an annual report on a health issue relevant to the local population.
Procurement	N/A
Human Resources	N/A
Property	N/A
Equalities (Impact Assessment attached) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	The impact that COVID-19 has had on those with some protected characteristics is reflected in the report which recommends a wider impact assessment is undertaken.
Risk Assessment	Not undertaken
Crime & Disorder	Covid 19 has had an impact on crime but this has not been considered as part of this report
Customer Consideration	The impact on service users of a selection of council services are considered and the recommendations propose a commitment for the council to include residents in the development of new services building on the strong social networks and participation arising from the pandemic.
Carbon reduction	The recommendations include a proposal to adopt a triple assessment process for the development of programmes and policies which includes carbon reduction, equality and health inequalities
Health and Wellbeing	The direct and indirect health and wellbeing consequences of COVID 19 are at the centre of this report which includes a selection of the interventions the council has put in place to address these issues. The recommendations are all related to improving health and wellbeing and addressing health inequalities.
Wards	This report relates to population health and wellbeing in all wards.

Background papers

None

Report sign off

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

	Full name of officer
Monitoring Officer/Legal	Suki Binjal
Executive Director of Finance & S151 Officer	Jan Willis
Relevant Executive Director	Elizabeth Morgan
Chief Executive	Daljit Lally
Portfolio Holder(s)	Cllr Wendy Pattison

Author and Contact Details

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Northumberland
County Council

Protecting the health of our communities from the impact of Covid-19

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Director of Public Health Annual Report 2020/21

Health and Wellbeing Board

January 2022

www.northumberland.gov.uk

Background

- Directors of Public Health in England have a statutory duty to write an Annual Public Health Report on the health of the local population; the Local Authority has a duty to publish it.
- The DPH Annual Report is a vehicle for informing local people about the health of their community, as well as providing necessary information for commissioners and providers
- The DPH Annual Report for 2020 is in the format of a series of short videos.
- It was developed during the 4th wave of SARS-CoV-2 in July 2021 and reflects the situation up until that point.



Focus of the report

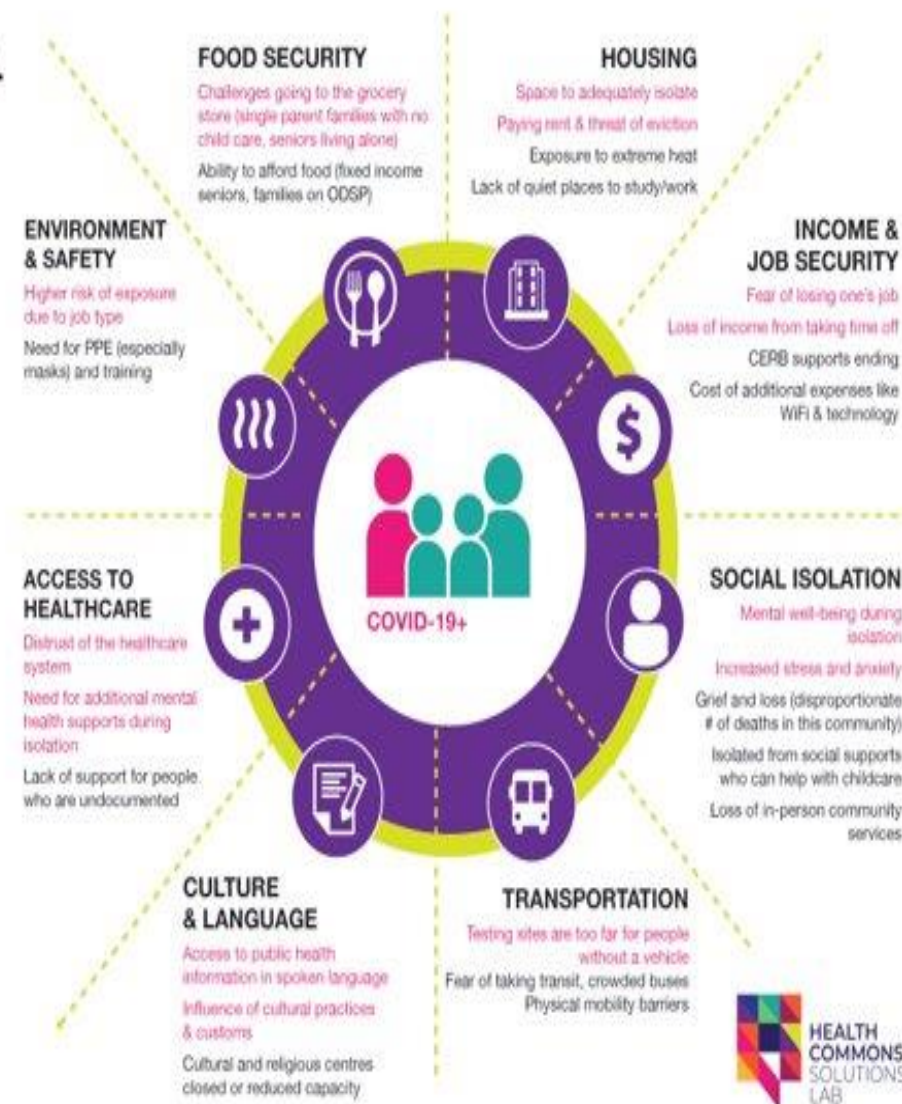
- How COVID-19 has highlighted the two-way relationship between the health of our residents and the prosperity of the county;
- How the conditions within which our residents are born, live, work and age have affected their experiences of COVID-19;
- The groups who have been disproportionately impacted by COVID-19 through exposure to the infection, the measures put in place to control the virus and the longer term social and economic consequences;
- How the council has worked to protect the health of Northumberland residents;
- What more can be done to improve health and reduce inequalities so we emerge from this pandemic more resilient to future threats.

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COVID-19 & SOCIAL DETERMINANTS OF HEALTH

Not everyone has been affected equally by the pandemic. The social determinants of health affect not only who gets sick (pink) but everyone in the community during this unprecedented time.

The pandemic is exacerbating the impact of these inequities, particularly for communities who are already under-resourced and experiencing barriers.



Video 1. Introduction and overview

Video 2. Impact of Covid-19 on income, job security, social isolation and mental health

- Over a quarter of adults experienced worsening finances with the poorest suffering the most
- 1 in 10 of the population have been furloughed for more than 6 months
- Economic recessions disproportionately affect young people and pandemic affects employment for those with disabilities as well
- A fifth of the population have experienced sustained poor mental health; a quarter of which are new mental health problems emerging
- Loneliness increased and especially for those required to shield

Video 3. How the wider determinants of health have shaped the experience

- Made existing inequalities worse:
 - Safe and healthy homes – poor housing has been a significant concern – overcrowding, poor conditions, costs of living
 - Health behaviours – more extreme in our deprived communities – tobacco and alcohol use in particular

Video 4. The groups disproportionately affected by Covid-19; children & young people; digital inclusion

- Those living on lowest income have been disproportionately impacted
- Long term conditions, ethnic minority communities, those with learning disabilities or mental health conditions
- Those living in care homes and those less able to work
- Children and young people –
 - indirect impact on emotional and social and educational outcomes & physical health such as increase in obesity levels

Video 5. The Councils response and recommendations

- Rapid response and support in place: employment/skills triage; wellbeing support; grants
- Northumberland Communities Together (NCT)
- Children and young people – Kickstart, youth employment partnership approach
- Digital access
- Housing options eg homeless support

Recommendations

- Page 19
1. Undertake a **COVID-19 Inequalities Impact Assessment** and use that to inform the council's recovery plan to ensure that areas of deepening inequalities are recognised and addressed. This should inform future budget and planning cycles.
 2. Develop an **integrated carbon reduction, equality and health inequality approach** as part of our policy development and appraisal process. This would be consistent with the Health in All Policies approach we are developing.
Build on the strong community networks and increased social cohesion to **ensure residents are at the centre of processes to design initiatives and services** which meet their needs and aspirations.
 4. Encourage people to shop local, support local businesses, support the local development of skills to enable employment, especially those living in Northumberland who are furthest away from the employment market and **exploit the wider social value of the Northumberland pound**

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Northumberland County Council

HEALTH AND WELLBEING BOARD

12 FEBRUARY 2022

Northumberland Suicide Prevention Strategy 2021-2025

Report of: Liz Morgan Interim Executive Director of Public Health and Community Services

Cabinet Member: Cllr Wendy Pattinson

Purpose of report

This report describes progress to date to reduce suicide in Northumberland and sets out priorities for continuing to help reduce suicide over the period 2021-2025. Following approval of the strategy (attached at Appendix 1), a detailed action plan will be produced.

Recommendations

The Health and Wellbeing Board is recommended to:

- Comment on progress made to date in preventing suicide.
- Approve the revised suicide strategy 2021-2025.

Link to Corporate Plan

This report is relevant to all priorities in the corporate plan as all can contribute to preventing suicide.

Key issues

Suicide remains a national and local public health priority. It has an immense impact on family, friends, colleagues, and the wider community at both an emotional and economic level.

There were 93 suicides in Northumberland between 2018-20, a rate of 11.7 per 100,000 population higher (but not significantly) than the national average of 10.4 per 100,000 nationally and lower than the regional value of 12.4 per 100,000.

Northumberland follows national trends but has a higher number of years life lost in persons overall and in males, reflecting the incidence amongst young males. The last two years have brought incredible challenges and change to each of our lives, with disruption to our way of living and day to day life. Whilst for some people, this change has been manageable, many people have reported feelings of worry, anxiety, frustration, and loneliness either directly or indirectly because of the pandemic - enhanced by the uncertainty that an unprecedented global event like this brings

COVID-19 has brought different challenges for diverse groups of the population, for example, education and employment opportunities have changed, which have left people feeling overwhelmed to maintain their standards of work while adapting to different learning and working environments.

Whilst mental health services, statutory and voluntary, have seen increased demand, the standardised mortality rate in England in 2020 was 10.0/100,000, statistically significantly lower than the 2019 rate of 11.0/100,000. The decrease is likely to be driven by two factors; a decrease in male suicides at the start of the coronavirus (COVID 19) pandemic, and delays in death registrations because of the pandemic. This data does not give any indication as to what the longer term impacts might be but we do know that age standardised suicide rates in the north east in 2020 (13.1/100,000) was nearly twice the rates of London (13.3/100,000).

Background

Suicide is often the end point of a complex history of risk factors and distressing events, but there are many ways in which services, communities, individuals, and society can help prevent suicides. A strategic approach to suicide prevention should be multifaceted to secure the best outcomes for the population. Northumberland's strategy outlines a shared approach to preventing suicide and has a clear ambition to identify vulnerability in people and across environments; ensure effective collaborative working across agencies; and work alongside related national and local strategies.

Since 2019 Northumberland Multi-Agency Suicide Prevention and Better Mental Health Strategy Group has overseen a prevention-focused approach to improving the public's mental health shown to make a valuable contribution to achieving a fairer and more equitable society. The Strategic Group is supported by an Operational Group.

The Northumberland Zero Suicide Ambition Strategy reflects the framework of the national cross-government strategy *Preventing Suicide in England. A cross government outcomes strategy to save lives.*¹ It uses the same six priority areas of action outlined in the national strategy. These priorities are to:

1. Reduce the risk of suicide in high-risk groups
2. Engineer approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring

Using this framework, the strategy identifies the key issues we need to understand and manage to support vulnerable individuals who are at risk of suicide. The plan will help secure a whole system approach in identifying, understanding, and preventing suicide and

¹ HM Government/DH (2012). Preventing suicide in England. A cross-government outcomes strategy to save lives. HMG/DH. 10 September 2012.

self-harming behaviours across high-risk groups and improve resilience across populations.

The report also details progress made including work with the community and voluntary sector, Northumberland Clinical Commissioning Group, the NHS, Police, Ambulance Service and other partners.

Appendices

1. Northumberland Suicide Prevention Strategy 2021-2025.
2. Northumberland JSNA Mental Health Chapter Zero Suicide Ambition June 2021.

Implications

Policy	As part of the council's Health in All Policies approach, all policies and programmes should consider physical and mental health as part of the development process
Finance and value for money	Analysis estimates that each suicide costs the economy around £1.67 million (based on 2009 prices). This is based on written evidence from DHSC as part of a parliamentary interim report on suicide services in 2016. Available from: http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/suicide-prevention/written/37662.html
Legal	None
Procurement	None
Human Resources	Anyone can undertake basic suicide prevention training available free of charge https://www.zerosuicidealliance.com/training
Property	N/A
Equalities (Impact Assessment attached) No	Other EIAs suggest that suicide is more common in men, those who have undergone gender reassignment, some BAME groups, those in more deprived communities and some other groups. The Joint Strategic Needs Assessment Zero Suicide Ambition topic indicates that the evidence between suicide and socio-economic status is inconclusive in Northumberland.
Risk Assessment	N/A
Crime & Disorder	N/A
Customer Consideration	The suicide strategy is focused on prevention, responding to and meeting the needs of residents at higher risk.
Carbon reduction	N/A
Health and Wellbeing	This strategy is focused on preventing suicide as part of a wider public mental health action plan to promote and improve mental wellbeing.
Wards	This strategy applies to all residents in all wards

Background papers

None

Report sign off.

	Full Name of Officer
Monitoring Officer/Legal	Suki Binjal
Executive Director of Finance & S151 Officer	Jan Willis
Relevant Executive Director	Liz Morgan
Chief Executive	Daljit Lally
Portfolio Holder(s)	Wendy Pattison

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Northumberland Multi-Agency Zero Suicide Ambition Progress Report and Strategy 2021 –2025



The Northumberland Suicide Prevention Strategy was produced in July 2017 and reviewed July 2019. This report details progress against the ambition and actions set out in 2019 and includes:

- Updated data
- Updated actions
- The impact of the COVID-19 pandemic

‘Preventing suicide in England: Fifth progress report of the cross-government outcomes strategy to save lives’ was published 27 March 2021.¹ This report relies heavily on the national document for research and evidence, including the impact of the pandemic.

Northumberland has a multi-agency approach to reducing suicide which includes partners from:

- Northumberland County Council
- NHS Northumberland Clinical Commissioning Group
- Northumberland Safeguarding Adults Board
- Northumberland Strategic Safeguarding Partnership (Children)
- Northumbria Police
- Northumbria Healthcare NHS Foundation Trust
- Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
- VCS (Voluntary and Community Sector) organisations

1

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973935/fifth-suicide-prevention-strategy-progress-report.pdf

Foreword

Suicide Prevention Progress and Strategy 2021-2025

Foreword by Councillor Catherine Seymour, Elected Member Champion

I am delighted to have been appointed Elected Member Champion for mental health. Mental health and suicide have been priorities for the council for a number of years, but the recent pandemic has highlighted the importance of individual mental health and community well-being. The impact of suicide on family, friends and the community cannot be underestimated.

As a local authority we need to work with partners across the system, for example, the Clinical Commissioning Group, hospitals and the voluntary sector to build good mental health and respond appropriately when someone is in crisis

This document details the progress we have made over recent years; work being undertaken across age ranges, including schools, workplaces, and communities; and our plans for the next three years.

I look forward to working with all partners to help ensure all council policies and plans consider the potential impact they have on mental health and well-being.

Councillor Catherine Seymour



Executive Summary

The Northumberland Multi-Agency Mental Health Partnership adopts a “Zero Suicide Ambition – Every Life Matters” approach.

Suicide remains a national and local public health priority. It has an immense impact on family, friends, colleagues, and the wider community at both an emotional and economic level.

The Joint Strategic Needs Assessment (JSNA) is being refreshed at the time of writing of this report with the Mental Health chapter being a priority. The Zero Suicide Ambition section is available at (link to be inserted when published)

Table 1 shows Northumberland as having a significantly higher suicide rate amongst 15–74 year old men and a significantly higher rate of years of life lost, largely again in men. Suicide prevention is, therefore, a priority for Northumberland

Table 1 – Northumberland Suicide Prevention Profile²

Indicator	Period	Northum'land		Region England			England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Suicide rate (Persons)	2018 - 20	–	93	11.7	12.4	10.4	18.8		5.0
Suicide rate (Male)	2018 - 20	–	77	19.9	20.2	15.9	28.5		5.5
Suicide rate (Female)	2018 - 20	–	16	3.8	5.0	5.0	10.3		2.8
Suicide crude rate 10-34 years: per 100,000 (5 year average) (Male)	2013 - 17	–	29	13.9	13.4*	10.5	3.3		22.2
Suicide crude rate 35-64 years: per 100,000 (5 year average) (Male)	2013 - 17	–	82	26.0	25.7*	20.1	8.0		43.6
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Persons)	2018 - 20	–	90	45.3	-	34.0	79.3		17.4
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Male) New data	2018 - 20	–	75	77.0	-	51.5	120.6		21.1
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Female) New data	2018 - 20	–	15	14.7	-	16.5	37.9		8.0
Suicide crude rate 65+ years: per 100,000 (5 year average) (Male)	2013 - 17	–	14	8.4	10.6*	12.4	0.0		34.9

In July 2018, case law changed the standard of proof of suicide from ‘beyond reasonable doubt’ (the criminal standard) to ‘on the balance of probabilities’ (the civil standard) and this is the standard Coroners now apply. The consequences of that change in the case law are

² Northumberland Suicide Prevention Profile (2021). Public Health England Fingertips. Available from: <https://fingertips.phe.org.uk/search/suicide#page/1/gid/1/pat/6/par/E12000001/ati/102/are/E06000057/iid/41001/age/285/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/ovw-do-0>. Accessed 30th Dec 2021.

that suicide conclusions are likely to become more common but should enhance their recording and assist research for the future.

Background

Suicide is often the end point of a complex history of risk factors and distressing events, but there are many ways in which services, communities, individuals and society can help prevent suicides. A strategic approach to suicide prevention should be multifaceted to secure the best outcomes for the population. This strategic plan outlines a shared approach to preventing suicide and has a clear ambition to identify vulnerability in people and across environments; ensure effective collaborative working across agencies; and work alongside related national and local strategies.

Much progress has been made with the suicide prevention action plan, including the development of postvention support, training and suicide surveillance; a protocol for the development of a community action plan after suicides which meet certain criteria; the development of emotional wellbeing and resilience in younger people; the Mental Health Trailblazer; and the development of a whole school approach to good mental health, starting with a supported network of school mental health leads.

Suicide prevention during COVID-19³

The last year has brought incredible challenges and change to each of our lives, with disruption to our way of living and day to day life. Whilst for some people, this change has been manageable, many people have reported feelings of worry, anxiety, frustration, and loneliness either directly or indirectly as a result of the pandemic - enhanced by the uncertainty that an unprecedented global event like this brings.

Whilst mental health services have remained open, some services have changed to digital and remote working to ensure people can access services safely and rapidly. Our secondary care mental health services have developed to include a range of provision which supports people during and after crisis including:

- 24/7 universal crisis team (working age adults, older people and children and young people)
- Children and adult's psychiatric liaison team
- Street triage
- Peer support workers

In addition, services have been developed amongst the voluntary sector to work in conjunction with secondary care services including:

- Together in a Crisis provided by Mental Health Concern. The service works with the secondary care crisis team and provides support to people who identify as being in a crisis due to social determinants i.e., housing, finance, relationship difficulties etc. The team works with the individual to identify issues and find solutions to problems.

³ DHSC (2021). Suicide prevention in England: fifth progress report. 27th March 2021. Available from: <https://www.gov.uk/government/publications/suicide-prevention-in-england-fifth-progress-report>

- If U Care Share, providing postvention support to families, friends, colleagues and communities.
- Talking Matters Northumberland, offering a full range of IAPT provision for generalised anxiety and depression through to a complex range of presentations including trauma.
- Tyneside and Northumberland MIND, offering support to those people who have been affected by bereavement through trauma and providing a telephone support line to those people in crisis which is aligned to and works with our secondary care crisis team.
- Cygnus Support provides counselling to individuals from 16 years and over. There has been significant activity amongst older age adults throughout the pandemic. The service works closely with other voluntary sector providers.
- Northumberland Recovery College provides information and support to people experiencing mental ill health. The College offers a range of courses and provides opportunities for people to be involved in college and community developments. The college is fast developing a network of organisations to raise awareness of mental health and reduce stigma of mental health across Northumberland.
- The national suicide prevention strategy helped shape the Government's response to the pandemic, helping to identify at-risk groups and develop targeted actions. National and local government, the NHS and voluntary organisations have worked tirelessly throughout the pandemic to support mental wellbeing.

COVID-19 has brought different challenges for different groups of the population, for example, education and employment opportunities have changed, which have left people feeling overwhelmed to maintain their standards of work while adapting to different learning and working environments.

Whilst mental health services, statutory and voluntary, have seen increased demand, this has not yet been reflected in increased suicide rates. In September 2021 ONS released analysis of the number of suicides that occurred in England and Wales between April and July 2020 – roughly corresponding with the first national lockdown. The data shows that the suicide rate was lower in Apr-Jul 2020 than in recent years. The rate per 100,000 population was 9.2 per 100,000 population – down from 11.3 in the same period of 2019. This was mainly driven by a fall in male suicides, with female suicides showing no statistically significant change on previous years. What we don't know is whether that will change in the longer term or whether there were differences in particular groups or communities that haven't been found.

Local position

The **latest data on suicides in Northumberland** is summarised in Table 1. Worryingly, the years of life lost through suicide in men is higher than the national average which is likely to reflect a higher rate of deaths in younger men.

There is a plethora of national guidance on suicide prevention and along with public mental health, it is a key area of public health activity in the county. A county wide suicide prevention strategy and action plan is augmented by regional and sub-regional work under the auspices of the Integrated Care System (ICS) and the public health led regional Public Mental Health Network.

The Northumberland Zero Suicide Ambition Strategy reflects the framework of the national cross-government strategy *Preventing Suicide in England. A cross government outcomes strategy to save lives*.⁴ It uses the same six priority areas of action outlined in the national strategy. These priority areas have ambitions to:

- 1. Reduce the risk of suicide in high-risk groups**
- 2. Engineer approaches to improve mental health in specific groups**
- 3. Reduce access to the means of suicide**
- 4. Provide better information and support to those bereaved or affected by suicide**
- 5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour**
- 6. Support research, data collection and monitoring**

Using this framework, the strategy identifies the main issues we need to understand and manage in order to support vulnerable individuals who are at risk of suicide. The plan will help secure a whole system approach in identifying, understanding, and preventing suicide and self-harming behaviours across high-risk groups and improve resilience across populations.

⁴ HM Government/DH (2012). Preventing suicide in England. A cross-government outcomes strategy to save lives. HMG/DH. 10 September 2012.

Introduction

“Suicide is often the end point of a complex history of risk factors and distressing events; the prevention of suicide has to address this complexity.” Professor Louis Appleby CBE

How do we define suicide?

The Office of National Statistics' (ONS) definition of suicide includes all deaths from intentional self-harm for persons aged 10 and over, and deaths where the intent was undetermined for those aged 15 and over.⁵ Throughout the rest of this analysis, these deaths will be referred to as suicides. The differentiation between suicides and injuries of undetermined intent is one of intention; a death is classified as suicide when the intention to commit suicide is made plain, either by methodology or expressing intention (e.g., a note or verbal suggestions that a suicide attempt might be made). Injuries of undetermined intent are deaths due to injuries where the intention to commit suicide is suspected but where there is no evidence of intent. The data also include those records coded where the cause of death is due to a condition caused by an attempt to self-harm or an injury of undetermined intent.

In England and Wales, all suicides are certified by a coroner following an inquest. The death cannot be registered, and therefore ONS are not notified, until the inquest is completed.

How can we better understand suicide?

A significant factor in prevention is understanding the complex interplay between a person's environment and their vulnerability, the consequence of which could be suicide. Various factors around an individual in relation to how they relate to their own sense of self, their relationships, their community, and society as a whole, will influence their behaviours. This interplay is critical in relating the individual to their sense of health and wellbeing in addition to their capacity to ask for and receive help when required.

Long term vulnerability can increase the risk of someone having suicidal thoughts and Fig 1 illustrates how circumstances from before birth up to suicide might influence an individual's decision to attempt suicide and the outcome of an attempt.

⁵ In 2016, the suicide definition was revised to include deaths from intentional self-harm in children aged 10 to 14. Deaths from an event of undetermined intent in 10-14-year-olds are not included in suicide statistics, because although for older teenagers and adults it is assumed that in these deaths the harm was self-inflicted, for younger children it is not clear whether this assumption is appropriate.

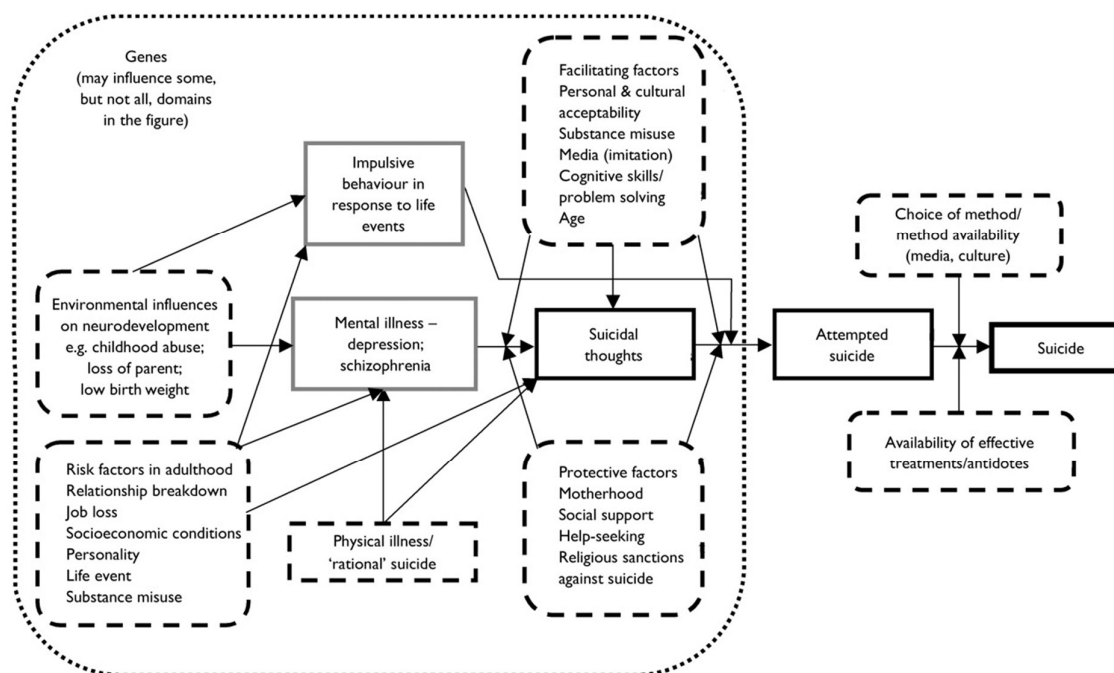


Fig. 1 Influences on suicide over the life course⁶

A collective approach to supporting these individual and broader relationships is pivotal in the context of managing vulnerability and behaviours.

NATIONAL STRATEGY

In September 2012, the Department of Health produced the national suicide prevention strategy *Preventing Suicide in England: A cross government outcomes strategy to save lives*. The latest (fifth) progress report was published March 2021 and is referenced above. This strategy outlined an approach to suicide prevention which recognised a requirement for a multifaceted approach to suicide prevention and described an intention for collaborative cross sector innovations. The strategy offered national objectives and updated 'areas for action' as well as highlighting the responsibility for a local planning approach to be developed to implement work on suicide prevention. Subsequent to the national strategy, Public Health England published guidance on local suicide prevention planning⁷ and this local strategic plan reflects the expectations of both documents.

The headline action areas to support the proposed framework for Northumberland follow the six identified headline areas of the National Strategy.

Reduce the risk of suicide in high-risk groups: From 2014-2017, there was a decline in registered suicides, however, 2018 and 2019 saw increases, with the rate in 2019 being 10.8 per 100,000 people compared to 9.5 per 100,000 in 2016. Among males, the rate of suicides

⁶ Gunnell D, Lewis G. Studying suicide from the life course perspective: implications for prevention. *BJ Psych*. Sep 2005, 1887 (3) 206-208.

⁷ PHE (2016). Local suicide prevention planning. A practice resource. PHE. October 2016

was 16.7 per 100,000 in 2019, 19.3% higher than in 2017. Among females, there were 5.2 deaths per 100,000, 13% higher than in 2017.

Other high-risk groups include:

- Young people, particularly young women have seen upward trends in the proportion of deaths caused by hanging in England and Wales. In 2018, hangings accounted for 60.9% of all suicides up from 57.7% four years earlier.
- Middle-aged men. About 40% of all suicides are in people in their 40s and 50s, the majority of which are amongst men (1626 men compared to 506 women in 2019). Middle aged men have the highest rate of suicide with the highest proportion being 45-49 years old. These data are for 2019, pre-pandemic.
- People in the care of mental health services (including inpatients).
- People with a history of self-harm (although self-harm is not necessarily a precursor to suicide). Northumberland has higher than the national average rates of hospital admissions amongst 10–24-year-olds because of deliberate self-harm and this group have been identified as a priority
- People in contact with the criminal justice system

We are concerned that the pre-existing risks for the groups above have been exacerbated because of the pandemic. The mental health impact of the pandemic may be profound and suicide rates may rise long term, although this is not inevitable. Two categories of vulnerable groups are emerging in the context of COVID-19; those with pre-existing problems which have been exacerbated; and those for whom the pandemic has resulted in new issues, which are known risks of suicide, for example, job loss, mounting debt, bereavement, or loneliness.

Economic Risk Factors. The impact of periods of recession on suicide rates is well documented, including a 1.4% increase in suicide for every 10% increase in unemployment in men. As Northumberland emerges from the pandemic, it is essential that all partners invest in active labour market programmes, adequate welfare provision and support services, including provision of food and housing to vulnerable groups. That requires us to strengthen our work relating to welfare rights, emergency support, benefits maximisation, employability and skills in the Council and across partners in Northumberland.

More information is available from <https://www.northumberland.gov.uk/Economy-Regeneration/Economy-Regeneration-Teams/Strategic-Transport-Employability-1.aspx> can

Engineer approaches to improve mental health in specific groups: Specific groups are identified as vulnerable: children and young people; survivors of domestic abuse or violence; Armed Forces veterans; people living with long-term physical health conditions; people with untreated depression; people who are especially vulnerable due to social and economic circumstances; people who misuse or have a dependency on drugs or alcohol; people identifying themselves as lesbian gay bisexual transgender questioning (LGBTQ) and people from black and minority ethnic (BAME) groups.

Reduce access to the means of suicide: We need to work collectively to recognise high risk environments or the potential ease of access to means of suicide and effectively manage these risks. The methods of suicide more easily managed through preventative interventions include hanging and strangulation in psychiatric inpatient and criminal justice settings; self-poisoning; those at high-risk locations; and those on the rail networks. It is also important to be vigilant and respond to new or unusual suicide methods. Work is ongoing across government to identify and tackle emerging methods of suicide.

Provide better information and support to those bereaved or affected by suicide:

These are identified as those individuals who are directly affected by someone's suicide and as well as people in close relationships with the deceased. This group would also include train (and other vehicle) drivers or people witnessing people who have jumped to their deaths.

Support the media in delivering sensitive approaches to suicide and suicidal behaviour: Media messages being delivered appropriately and in a measured way which does not over emphasise the details of the death or the exact location.

Support research, data collection and monitoring: Ensure that all data capture is accurate and timely and is used by the appropriate bodies to deliver informed and interrogated intelligence.

LOCAL CONTEXT IN RELATION TO THE NATIONAL OVERVIEW

Northumberland is the sixth largest county in the UK with an estimated population of 323,820. The population is concentrated around the larger conurbation areas of Ashington, Blyth, Cramlington, Morpeth, Alnwick, Hexham, and Berwick. Whilst there are some areas of significant prosperity in Northumberland, there are also several areas that are very deprived and which have the attendant risks to physical and mental health and wellbeing, substance dependency and links to the criminal justice system, which are all risk factors for suicide and self-harm. HMP Northumberland is a Category C prison⁸ with an operational capacity of 1348 males; the proportion of offenders supervised by probation services outnumbers those serving a custodial sentence by around 3 to 1.⁹ Northumberland also has a secure children's home, Kyloe House which can accommodate up to 12 young people. There are also large tracts of rural areas with small populations but high levels of social isolation and loneliness which are also contributory factors to suicide and self-harm.

There were 93 suicides in Northumberland during 2018 – 2020, a rate of 11.7 per 100,000 population higher than (but not significantly higher) the national average of 10.4 per 100,000 nationally and lower than the regional rate of 12.4 per 100,000.

⁸ Closed prison - those who cannot be trusted in open conditions but who are unlikely to try to escape

⁹ Revolving Doors Agency (2017). Rebalancing Act. A resource for Directors of Public Health, Police and Crime Commissioners, the police service and other health and justice commissioners, service providers and users. Available from: <http://www.revolving-doors.org.uk/sites/default/files/Documents/Rebalancing%20Act.pdf>

The Public Health England Suicide Prevention Profile¹⁰ provides a suite of indicators for suicide related risks. The risk factors for suicide are myriad and interrelated, and will be specific to each individual, but the following factors (not an exhaustive list) are known to increase the risk of suicide:

- **Age and sex:** The suicide rate for males is approximately three times higher than females for the UK.
- **Mental ill health:** There is a strong association between mental ill health and suicide. The prevalence of depression in Northumberland (as recorded on GP records) is higher than that for England and the Northeast. The risk of suicide after self-harm may be 49 times greater than the risk of suicide in the general population.¹¹ During 2019/20 there were 404 admissions per 100,000 population for intentional self-harm amongst Northumberland residents, a significantly higher admission rate than that for England and the Northeast.¹² The rate of maternal death by suicide remains unchanged since 2003 and maternal suicides are now the leading cause of direct maternal deaths occurring within a year after the end of pregnancy.¹³ Nationally, there are higher rates of mental ill health and in particular, more severe mental ill health in the prison population and higher rates in offenders on probation and in the community.¹⁴
- **Substance misuse:** Substance misuse and mental health problems often occur together and there is a complex relationship between the two. The latter can be exacerbated by the former and alcohol and non-prescribed drugs can interact with medicines used to manage mental illness. In Northumberland during 2019/20 there were 2717 admissions to hospital for alcohol related conditions¹⁵. There were also 403 admissions for mental and behavioural disorders due to the use of alcohol¹⁶ and 276 admissions specifically due to intentional self-harm from alcohol.¹⁷ Of those presenting to structured community treatment for drug and/or alcohol dependency, 68% of alcohol users and 49% of drugs users, consider themselves to have a mental health issue¹⁸. The North East has the highest rate of deaths as a result of drug poisoning, with opiates being the most common substance linked to overdose¹⁹.

¹⁰ Available from: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide>

¹¹ Hawton, K., Bergen, H., Cooper, J., Turnbull, P., Waters, K., Ness, J. & Kapur, N. (2015) Suicide following self-harm: findings from the Multicentre Study of self-harm in England, 2000-2012. *Journal of Affective Disorders* 175, 147-51. DOI:10.1016/j.jad.2014.12.062

¹² PHE (2019). Public Health Outcomes Framework. Suicide prevention profiles

¹³ Knight M, Nair M, Tuffnell D, Kenyon S, Shakespeare J, Brocklehurst P, Kurinczuk JJ (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care - Surveillance of maternal deaths in the UK 2012-14 and lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2009-14. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2016.

¹⁴ Ibid 11 (Revolving Doors Agency).

¹⁵ PHE (2021). Public Health Outcomes Framework. Admissions episodes for alcohol related conditions (narrow). New method

¹⁶ PHE (2021). Public Health Outcomes Framework. Local Alcohol Profiles for England.

¹⁷ PHE (2021). Public Health Outcomes Framework. Local Alcohol Profiles for England.

¹⁸ PHE (2021). National Drug Treatment Monitoring System.

¹⁹ Office for National Statistics (2021). Deaths related to drug poisoning in England and Wales: 2020 registrations.

In 2019, Northumberland Public Health Team completed a Health Needs Assessment (HNA) on coexisting mental illness and substance misuse. This is available on request from the Public Health Team. The HNA drew on the views of those with lived experience as well as professionals working with people with mental illness and/or substance misuse and compared local healthcare activity data with national data and guidance and evidence from academic literature. The HNA found that there were opportunities to further strengthen the ways that the healthcare needs of people with coexisting mental illness and substance misuse are met, and it made four recommendations around governance, communication and workforce, and pathways and interventions.

- **Social isolation and loneliness:** Social isolation and loneliness can both lead to and arise because of mental ill health. Older men, people with a long-term disability, those living in more deprived communities, the unemployed, excluded young people, those currently or previously in contact with the criminal justice system and a raft of other groups are likely to experience more social isolation and loneliness. At the last census (2011), there were 19,407 households with a single occupant over 65 years of age. In 17/18, 45.4% of >65 social care users said they had as much social contact as they would like, this is a decrease from the 16/17 figure of 46.5%. Amongst adult carers, however, 51.1% said they had as much social contact as they would like compared to 50.6% the previous year.²⁰ There is more work to do on loneliness and social isolation, this will be a focus of work for the partnership in 2022. Interestingly, there is evidence that some people have benefitted from being isolated during the pandemic and the partnership will consider all the evidence
- **Gender and ethnicity:** We also know that nationally individuals in the LGBTQ groups can be vulnerable to suicide. This is particularly the case for individuals who identify themselves as being transgender, either in treatment for transition or who have recently transitioned. In addition, individuals from BAME communities are also more likely to feel marginalised and disenfranchised from broader societal engagement.
- **Veterans:** Young men (under 24 years) who have left the Armed Forces may be at two to three times higher risk of suicide than the same age groups in the general and serving populations. The risk may be greater in those with a short length of service, and those of lower rank.²¹
- **Prisoners and those in contact with the criminal justice system:** The prison population and people who have been held in a police custody suite in the weeks prior to their suicide are all identified as being at higher risk of suicide than the general population. Data published in 2019 by ONS shows that 41 people committed suicide in custody in 2008 and 40 in 2016. As these data are small, data is not available for Northumberland.

²⁰ PHE (2018). Public Health Outcomes Framework. .

²¹ Kapur, N., While, D., Blatchley, N., Bray, I., & Harrison, K. (2009). Suicide after Leaving the UK Armed Forces —A Cohort Study. *PLoS Medicine*, 6(3), e1000026.
<http://doi.org/10.1371/journal.pmed.1000026>

Suicides in young people are less common but nationally, rates increase steeply during the late teens. Additional themes in suicide by children and young people include bullying, suicide-related internet use, academic pressures (especially related to exams) and social isolation or withdrawal.²²

Alcohol was found to have been taken in 40% of cases. Most deaths (62%) occurred at a domestic address while the remainder (38%) occurred in other locations – potential hotspots include multi-storey car parks, railway stations/lines, isolated beauty spots and river courses.

NORTHUMBERLAND STRATEGY

Since 2019, several actions have been taken to help prevent suicide in Northumberland including promoting positive mental health for people at risk of suicide/self-harm as part of a broader mental health promotion action plan. These include:

Real time data surveillance system. Northumbria Police and the Northumberland, Tyne and Wear Suicide Prevention Steering Group instigated a 'real time data surveillance system' in October 2019. On attending any sudden death, police officers are now asked to consider whether there is any evidence of suicide. On submission of this initial report to the coroner, the officer is required to alert the force Suicide Prevention Coordinator (SPC). The SPC will then forward the alert to each Local Authority Suicide Prevention Lead, as well as the analytics team who maintain the ICP Early Alerts Dashboard (within Newcastle Public Health Team).

This process and dashboard allow for levels of suspected suicides to be closely monitored. The ability to do this is incredibly important in the current climate.

British Transport Police (BTP) and Network Rail have engaged with the 'at risk' workforce and identified areas vulnerable to ingress and ensured fencing has been repaired or erected. BTP and Transport for London (TfL) are delivering an initiative which enables members of the public to feel confident about alerting rail workers where they see individuals behaving in a way which is a cause for concern.

Planning and Governance. Since 2019 Northumberland Multi-Agency Suicide Prevention and Better Mental Health Strategy Group has overseen a prevention-focused approach to improving the public's mental health shown to make a valuable contribution to achieving a fairer and more equitable society. The Strategic Group is supported by an Operational Group. Terms of reference are included at appendix 1

Integrated Care System. The Northeast and North Cumbria Integrated Care System (ICS) has identified five priority areas:

²² University of Manchester (2016). National Confidential Inquiry into Suicide and Homicide by People with a Mental Illness. Suicide by Children and Young People in England. May 2016.

- Maternal health
- Integrated services
- Physical health of people with mental health issues
- Zero-suicide ambition
- Parity of esteem

Northumberland has adopted these priority areas for the Mental Health chapter of the JSNA which will inform local work

Mental Health Promotion /Prevention and Support. Several work programmes and activities have been undertaken across the County. Examples include:

- **Mental Health Training:** Connect 5 mental health promotion training programme helps increase the confidence and core skills of frontline staff so that they are more effective in having conversations about mental health and wellbeing. It has been designed to help people manage stress and distress and increase resilience and mental wellbeing through positive change. Connect 5 is a collaborative prevention toolkit and approach that promotes psychological knowledge, understanding and awareness and the development of skills, which empower people to take proactive steps to build resilience and look after themselves. It is a train the trainer model so further training will be cascaded by those who have been trained. Basic suicide awareness training is already available in Northumberland, as is Mental Health First Aid Training, Support on Suicide, Self-Harm Awareness, Self-Harm Response and Emotional Resilience Training.
- **Health Trainers:** Health Trainers are working with individuals to identify stress, give advice on relaxation techniques and mindfulness, this is to ensure equity between physical health and mental health.
- **Whole School Approach to mental health and wellbeing.** Support has been provided to Schools to enable the adoption of a whole- school approach to promote mental health and wellbeing. This has included the appointment of a Senior Mental Health Leads in School Coordinator on secondment from their Senior teaching position. A senior mental health lead has been identified in most schools in Northumberland.
- **Mental Health Support Teams in Schools (MHSTs):** Northumberland CCG (Clinical Commissioning Group) and partners were successful in being awarded funding for a further Trailblazer Mental Health Support Team in the Ashington/Bedlington Area building on the current trailblazer sites of Hexham and Blyth.
- **Kooth Online Support:** Online support for Children and Young People (aged 11 – 25 years) is now also available in Northumberland commissioned by the CCG. This support requires no waiting lists, referrals or thresholds. It allows young people access to a range of tools, resources and activities that offer support to those struggling with mental health. These include online discussion boards, reading and contributing to self-help articles, daily goal trackers and an online journal.

- **Qwell:** Online counselling service for adults is available in Northumberland and provides free and anonymous mental health and wellbeing support to teachers and teaching staff across the County. Any member of the teaching staff over the age of 18 will be able to access Qwell for free and anonymous online mental health and emotional support.
- **'Be You' website:** Launch of Northumberland's 'Be You' Website This website has been a collaborative approach to supporting children and young people in looking after their mental health and emotional wellbeing. The website has three portals for information – Parents and Carers, Children and Young People and Professionals. One of the key aims of the site is to make the pathways clearer for people who are looking for additional support, it also provides the user with self-help techniques and offers clear information around how to access support from a range of services, depending on the level of need.
- **Regional Suicide Prevention Sector Led Improvement:** Following a self-assessment and peer challenge session, December 2018, the Northumberland plan was revised to include an audit of practices/GPs that have completed the RCGP suicide prevention training.

Progress in Northumberland

Priority 1 - Reducing the risk of suicide in high-risk groups

Northumberland partner organisations have committed to identify individuals at risk and ensure they are managed appropriately by the services they are involved in.

We have:

- Continued to monitor the mental health and suicide training available in Northumberland, including who is accessing training, and who requires training
- Used the better Health at Work Award to encourage employers to put measures and training in place to reduce the risk of suicide and provide advice and support to employers on workplace suicide. This is through the promotion of the Prevention toolkit, and for employers having to manage a traumatised workforce post event, the Postvention toolkit developed by Public Health England, Business in The Community (BITEC) and the Samaritans specifically for employers.
- Identified opportunities to engage with men (particularly younger men aged 15 - 34 years) in non-clinical settings to encourage them to discuss and seek help/support on the range of factors commonly associated with suicide in men. The Be a Game Changer campaign encourages people in our region to talk openly about mental health, to look out for their loved ones and to take a proactive approach in looking after their wellbeing. Organisations across the Northeast can access a range of free

support and resources to promote positive mental wellbeing at their venue. These include posters, leaflets, t-shirts, wellbeing workshops and even football tournaments ran by Newcastle United Foundation staff.

- Support on Suicide Training has been provided to a cohort of barbers in Northumberland. It is recognised that men spend more time with their barber than GP. The training was provided to give barbers the skills to recognise the signs that some of their clients may be struggling with their mental health and show them how to get the support their clients may need.

We will continue to:

- Review recommendations made by the National Confidential Inquiry into Suicide and Homicide in People with Mental Illness and ensure they have been implemented or considered by relevant organisations.
- Ensure that current best practice relating to the identification and management of those who self-harm is being implemented.²³
- Access and raise awareness of the many National and regional support organisations ensuring information is available and highly visible- in an easy read format across all public buildings around the county.

Priority 2 - Engineer - approaches to improve mental health in specific groups

The pursuit of parity of esteem, which demands that people who are experiencing mental ill health should be dealt with in the same way they would be if they presented to health services with a physical health issue, is a significant driver to the better identification and management of people who may be vulnerable to suicide at the earliest point of intervention.

We have:

- Developed and delivered training on Youth Mental Health Courses and Mental health training to residential care staff working with children and young people, Adult mental health courses, suicide awareness training, and staff have been trained to deliver mental health and wellbeing sessions. Staff trained include those in the public sector, voluntary sector and businesses. Through attendance, individuals will have knowledge of basic assessment models and developed skills to support those experiencing mental and emotional health difficulties. Staff will therefore be able to signpost to appropriate services and give information will promote positive mental

²³ NICE (2004) - Self-harm in over 8s: short-term management and prevention of recurrence (CG 16); NICE (2011) - Self-harm in over 8s: long-term management (CG133); NICE (2013) - Self-harm (QS 34).

wellbeing.

- Provided additional training courses for staff in various organisations, including VCS Organisations, such as Suicide Awareness, Mental Health first Aid, Emotional Resilience, Self-Harm Awareness and Self Harm Response.

We will continue to:

- Review and monitor the provision of suicide and general mental health awareness and mental health promotion training (particularly mental health first aid training and Connect 5 training) across the county.
- Use the JSNA and all relevant plans to emphasise the importance of mental health for all, including the Children and Young People's Strategic Plan to promote resilience and emotional health and wellbeing in children and young people.

Priority 3 - Strategies for the reduction of opportunity

We have identified hotspots and potential risk within buildings our vulnerable communities may access.

We have:

- Reviewed initiatives to provide safer environments across secure settings (e.g., removal of ligature points in hospitals, police custody and prison settings).
- Developed links with BTP and Network Rail to support safer rail access; promote a general public awareness raising campaign with respect to the identification of high-risk rail side activity. Regular overt patrols by BTP officers, consisting of both mobile and train patrols, providing engagement to members of staff and the public in conjunction with Special Constables.

We will continue to:

- Monitor incidents and respond appropriately based on evidence
- Use the suicide audit process to identify any 'hotspots' and ensure that mitigating action has been put in place where possible and that training is in place for staff in that locality.

Priority 4 - Provide better information and support to those bereaved or affected by suicide:

Bereavement by, or a close connection with a suicide are themselves risk factors for suicide. It is therefore vital, as part of this suicide strategy, that bereavement and suicide support services are timely and appropriate.

We have:

- Mapped interventions specifically aimed at reducing suicide and supporting the bereaved and those affected by suicide,
- Reviewed the framework and pathway for service providers and evaluated local bereavement support services.
- Commissioned trauma support across the county, provided through Northumberland and North Tyneside MIND.
- Commissioned Barnardo's to provide support for children and young people.
- Commissioned Specific Postvention Support provided through If you Care Share

We will:

- Use the real time alert system which has been implemented regionally to identify potential clusters and facilitate a subsequent Community Action Plan.²⁴

Priority 5 - Support the media in delivering sensitive approaches to suicide and suicidal behaviour

It is important that media reporting of suicides is responsible and sensitive so that hotspots are not identified, and the narrative is not salacious, likely to influence copycat behaviour and is respectful and non-judgemental of the individual who has died and their family. There is also a need to review and identify the potential risks and benefits that social media presents.

We have:

- Undertaken a literature review of the evidence that social media has a positive or negative impact on suicide and the prevention of suicide. It concluded that there is little consensus in the available academic literature as to whether social media has a positive or negative impact on suicide and the prevention of suicide. Professionals in Northumberland working with adults at risk of suicide, or more broadly with adolescents, should ensure that they have an up-to-date knowledge of this dynamic area, both in general terms and specific to their area of work.

We will continue to:

- Ensure the local media are aware of, and following, Samaritans' guidance on responsible media reporting.
- Review the evidence of the impact of social media on suicide (both positive and negative) to inform future work.

²⁴ PHE (2015). Identifying and responding to suicide clusters and contagion. A practice resource. PHE. Sept 2015

Priority 6 - Support research, data collection and monitoring

A consistent and systematic approach to monitoring suicide incidents and being informed through robust data and research will afford Northumberland the careful thinking time to respond to the management and understanding of suicide events.

We will continue to:

- develop a suicide audit process to support the regular collection of data, the identification of trends and hotspots, and progress against the aim of the strategy to reduce suicides. This work will be undertaken with the Coroners' Office locally
- respond to national audits and reports. The partnership has sought assurance from partners that the recommendations in reports around preventing suicide have been reviewed and followed where appropriate. Examples include the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (2017) and 'Learning from suicide-related claims. A thematic review of NHS Resolution data' (2018).

MEASURING PROGRESS

Nationally, the **NHS Outcomes Framework**, the **Public Health Outcomes Framework** and the **Adult Social Care Outcomes Framework** all contain high level national indicators which will provide a monitoring framework against which success can be measured.

- Public Health Outcomes Framework for England 2013–2016 identifies four key indicators relevant to this plan: social connectedness (domain 1); hospital admissions as a result of self-harm (domain 2); excess under 75 mortalities in adults with serious mental illness (domain 4); and suicide (domain 4).
- NHS Outcomes Framework identifies 2 key improvement areas relevant to this plan: reducing premature death in people with serious mental illness (1.5); and improving outcomes from planned treatments – psychological therapies (3.1).
- Adult Social Care Outcomes Framework indicator of social connectedness (shared with the Public Health Outcomes Framework): proportion of people who use services and their carers, who reported that they have as much social contact as they would like (domain 1) .

Both the Adult Social Care and NHS outcomes frameworks contain safeguarding domains that are relevant to work on suicide prevention (Adult Social Care domain 4 and NHS Domain 5).

Northumberland Crisis Care, Suicide Prevention and Mental Health Strategic Partnership

Terms of Reference October 2021

Good mental health is very important to overall health. It is associated with better productivity, is a positive factor for some physical health conditions, and is a vital asset for dealing with life's stresses. Good mental health is not just the absence of a mental health problem, but having the ability to think, feel and act in a way that allows us to enjoy life and deal with the challenges it presents (Mental Health Foundation, 2017)

Purpose of Partnership

The purpose of the Northumberland Crisis Care, Suicide Prevention and Mental Health Strategic Partnership is to ensure effective arrangements to:

- Improve outcome for people experiencing mental health crisis
- Develop partnerships to promote good mental health to all
- Promote well-being and social inclusion of people at risk of mental health problems

Aim

Prevent the onset, development and escalation of mental health problems, promote good mental health by strengthening individuals and communities and reducing inequalities

Objectives

- Use data and intelligence, including research, effectively to understand local needs to influence commissioning and prioritise interventions
- Work in partnership to ensure alignment across sectors and programmes of work, including: mental health promotion activities, access to support before crisis point, urgent and emergency access to crisis care, quality treatment and care when in crisis, recovery and staying well avoiding future crisis
- Ensure mental health is integrated into relevant plans across organisations e.g. Children and Young People's Plan, JSNA, Ageing Well Programme
- Develop metrics to measure the impact of interventions
- Provide leadership and accountability

Membership and chairing arrangements

Chair - Public Health Consultant and/or with support from Public Health Manager (NCC)

NHS Northumberland Clinical Commissioning Group

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Northumbria Healthcare NHS Foundation Trust

Northumbria Police

Elected Member Mental Health Champion (NCC)

Talking Matters Northumberland

Mental Health Concern

NEAS

Tyneside & Northumberland Mind

Individuals with lived experience

Quorate

The meeting will be quorate if two thirds of members are present.

Frequency of meetings

Quarterly

Reporting arrangements

The group will report to the Director of Public Health, The Health and Wellbeing Board, The Adult Safeguarding Board, Overview and Scrutiny Committee.

Links with other groups

Integrated Care System (ICS) Suicide Prevention Steering Group (across the North East and Cumbria)

North Integrated Care Partnership (ICP) Sub Regional Suicide Prevention Group (across 6 local authority areas, Northumberland, North Tyneside, Newcastle/Gateshead, South Tyneside, Sunderland)

Northumberland Mental Health Promotion and Suicide Prevention Steering Group

Northumberland Drugs and Alcohol Steering Group

Northumberland Children and Young People's Emotional Health and Wellbeing Implementation Group

Northumberland Children and Young People's Mental Trailblazer Steering Group

Northumberland designated Mental Health Leads in Schools Group

Review of terms of reference

These terms of reference will be reviewed at least annually and/or in light of new policies/directives to ensure their relevance.

INTRODUCTION

“Suicide is often the end point of a complex history of risk factors and distressing events; the prevention of suicide has to address this complexity.”
Professor Louis Appleby CBE

Why is this important in Northumberland?

Suicide remains a national and local public health priority. It has an immense impact on family, friends, work colleagues and the wider community at both an emotional and economic level.

In the first section of this chapter we will look at some visuals produced from the Primary Care Mortality Database. This provides information on deaths by suicide of Northumberland county residents.

Primary Care Mortality Database

Figure 1: Timeline of suicide related deaths by Northumberland residents from 2000-2020

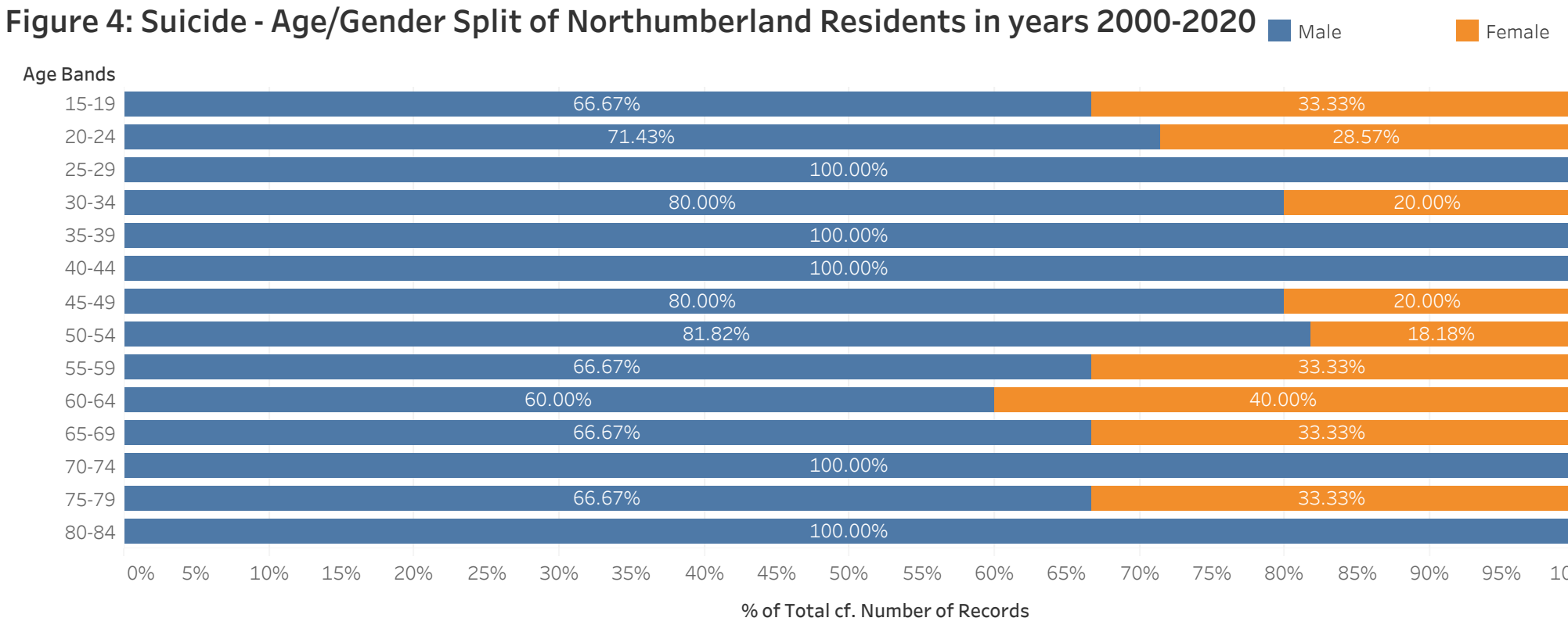
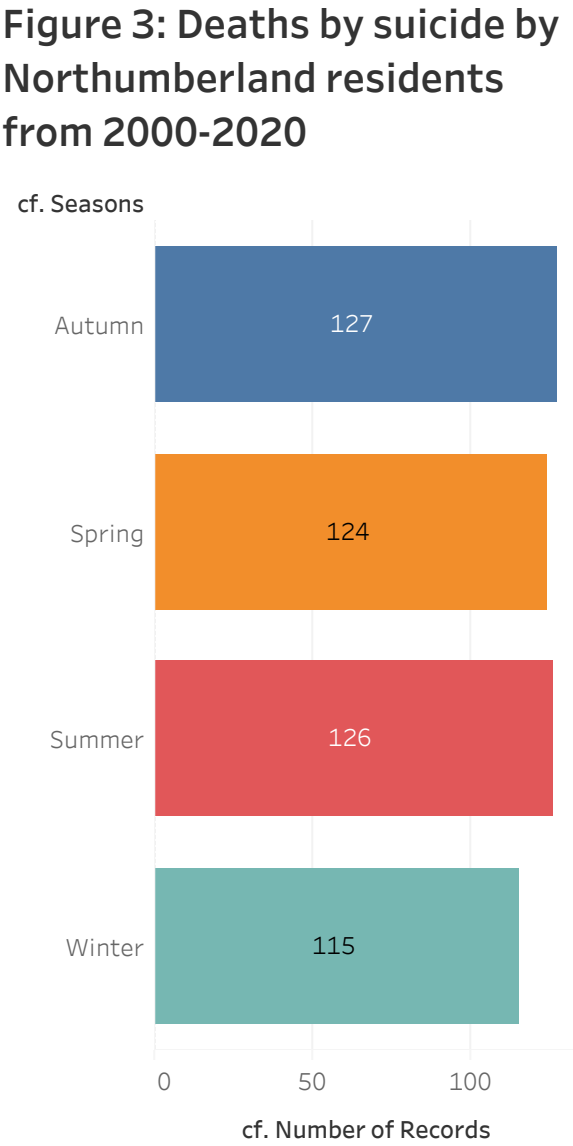
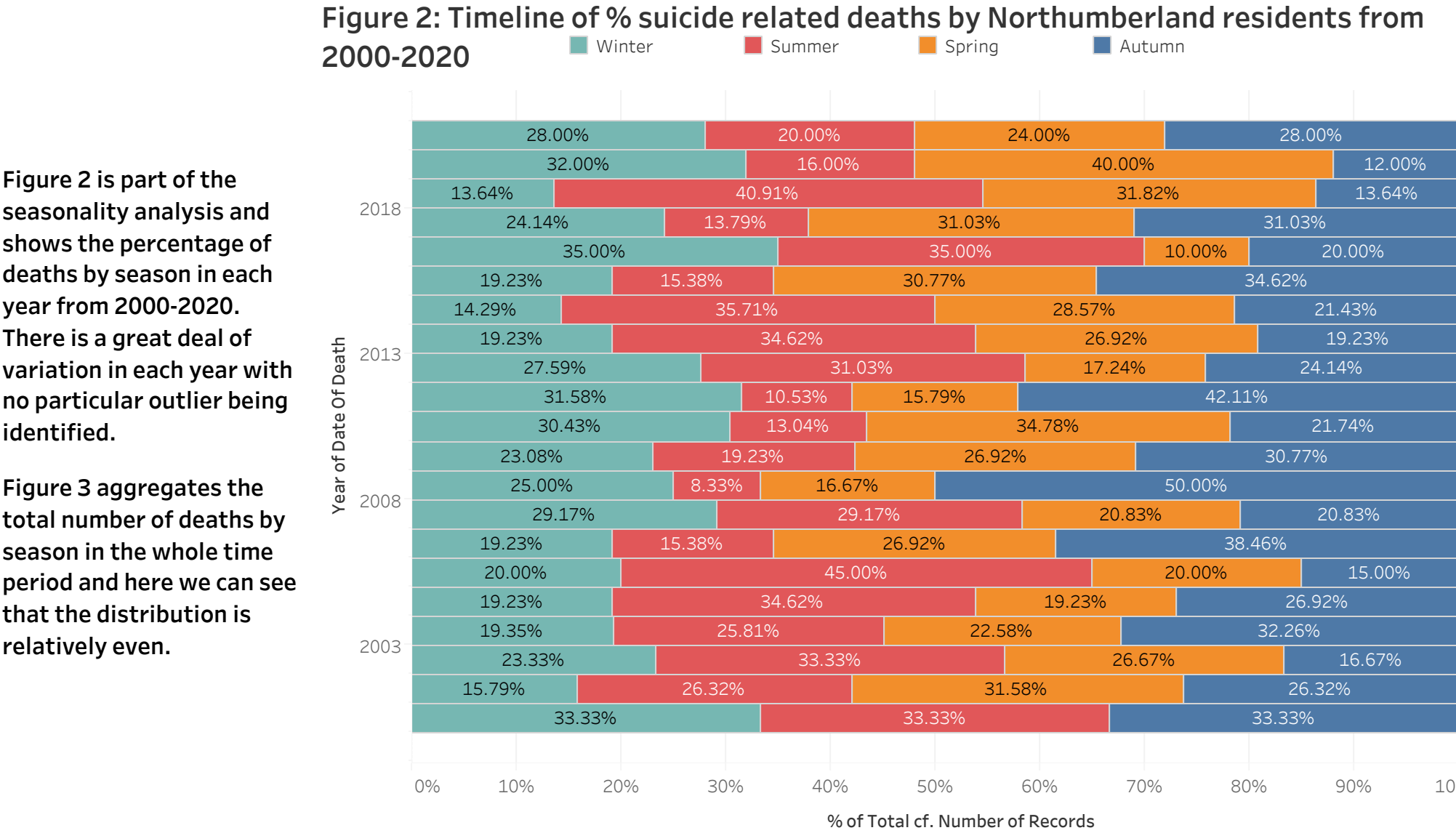
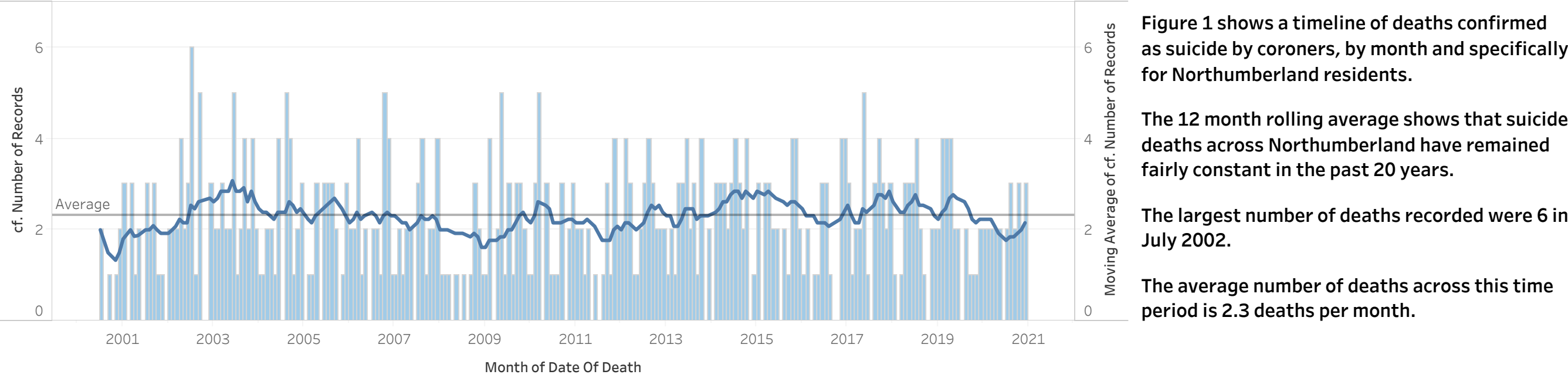


Figure 5: Suicide - Ward Per 100,000 Map of Northumberland Residents in years 2000-2020

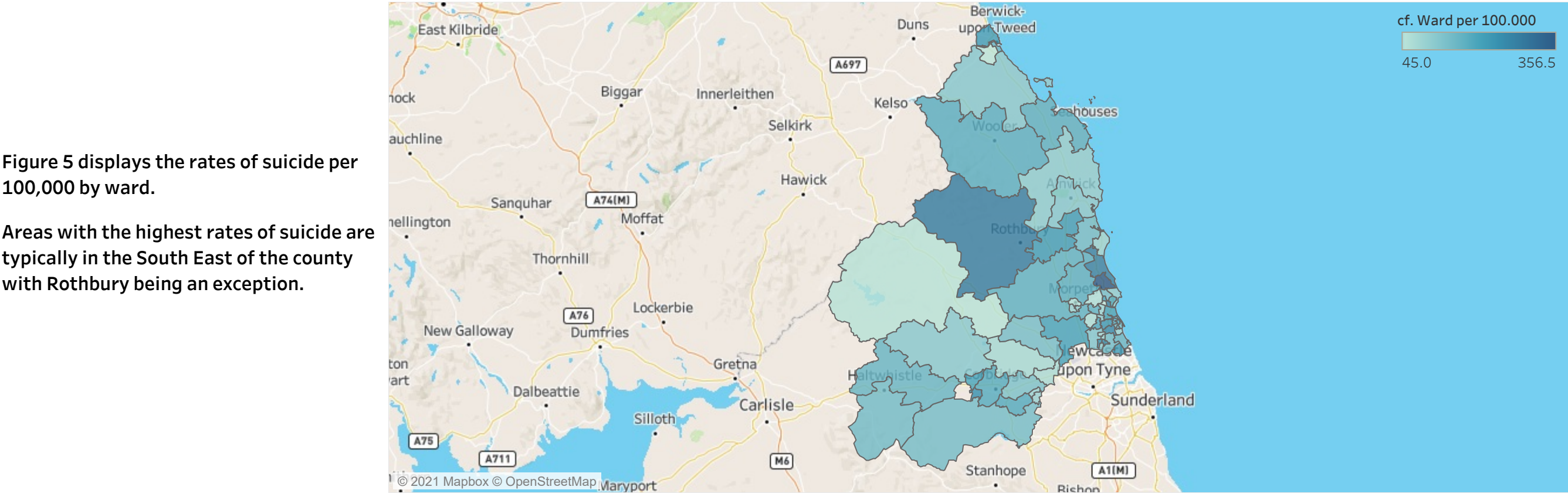
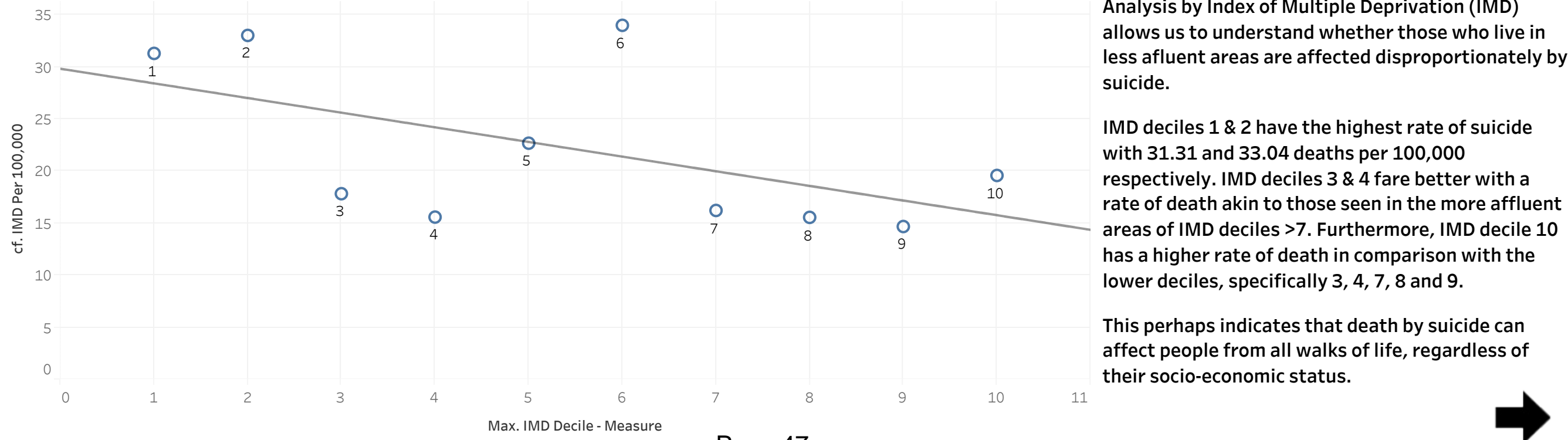


Figure 6: Suicide - IMD Standardised Deaths Scatter of Northumberland Residents in years 2000-2020



Public Health England - Fingertips

Compared with England

Better 95%

Similar

Worse 95%

Lower

Similar

Higher

Not applicable

Data quality:

Significant concerns

Some concerns

Robust

Recent trends:

Could not be calculated

No significant change

Increasing & getting worse

Increasing & getting better

Decreasing & getting worse

Decreasing & getting better

Increasing

Decreasing

Export table as image

Export table as CSV file

Table 1

Indicator	Period	Northum'land		Region England				England		Best/ Highest
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range		
Suicide rate (Persons)	2017 - 19	—	101	12.8	11.6	10.1	19.0		4.9	
Suicide rate (Male)	2017 - 19	—	85	22.2	19.1	15.5	27.3		5.8	
Suicide rate (Female)	2017 - 19	—	16	3.9	4.5	4.9	11.1		2.5	
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Persons)	2017 - 19	—	97	51.6	-	33.0	72.3		18.3	
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Male)	2017 - 19	—	82	89.0	-	50.2	101.1		24.1	
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Female)	2017 - 19	—	15	14.7	-	15.9	44.2		8.2	
Suicide crude rate 10-34 years: per 100,000 (5 year average) (Male)	2013 - 17	—	29	13.9	13.4*	10.5	3.3		22.2	
Suicide crude rate 35-64 years: per 100,000 (5 year average) (Male)	2013 - 17	—	82	26.0	25.7*	20.1	8.0		43.6	
Suicide crude rate 65+ years: per 100,000 (5 year average) (Male)	2013 - 17	—	14	8.4	10.6*	12.4	2.6		34.9	

Table 1 shows Northumberland’s suicide prevention profile, produced by Public Health England in 2018. This shows Northumberland as having higher than average suicides amongst 35-64 year olds and high years of life lost. Zero suicide ambition is, therefore, a priority for Northumberland.

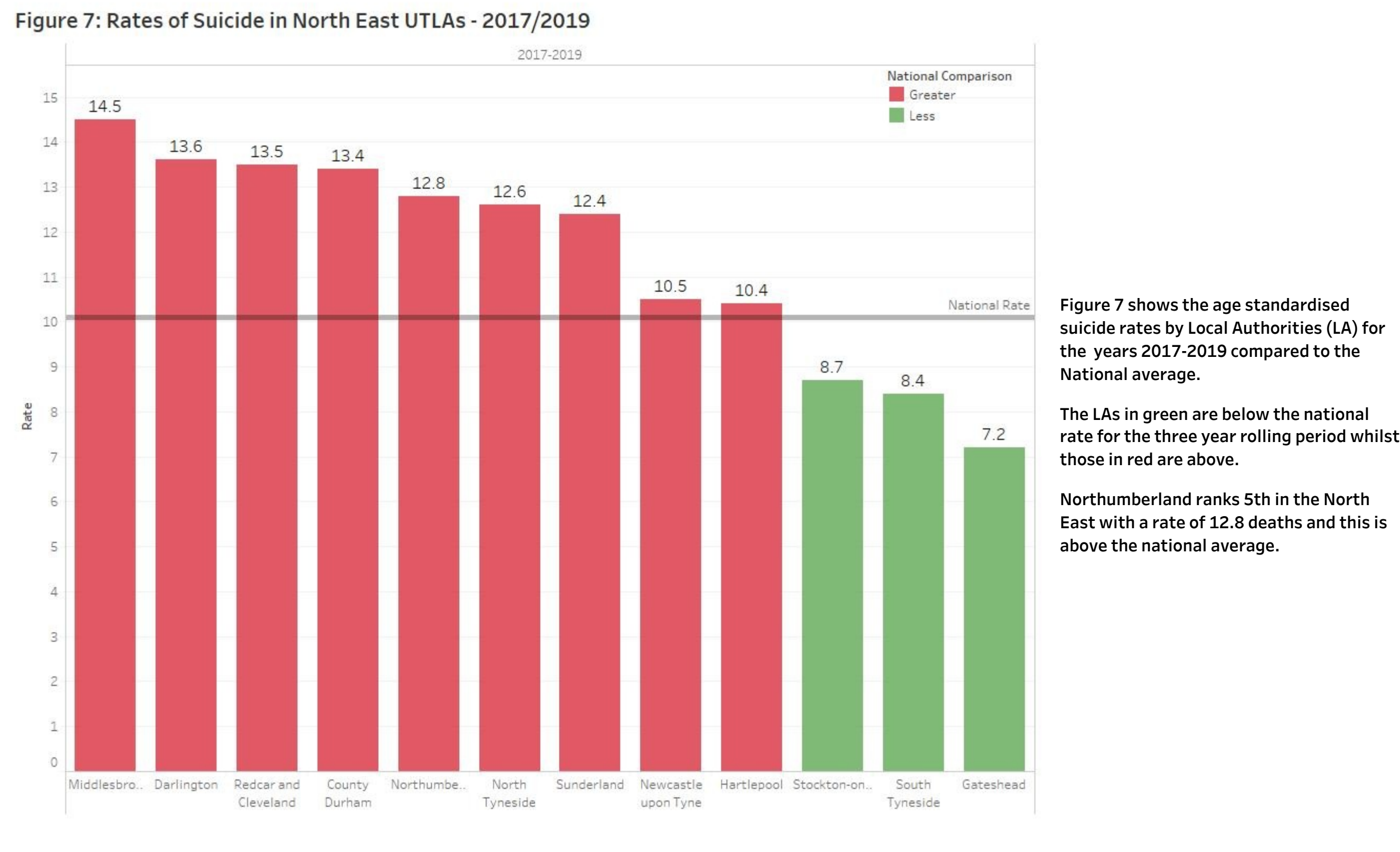
Whilst the 3 year rolling figures have fluctuated since 2001-2003, the rate has stayed roughly the same overall. However, the years of life lost through suicide is higher than the national average which reflects deaths in younger men.

Link to PHE fingertips
https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/1/gid/1938132828/pat/6/par/E12000001/ati/102/are/E06000057/iid/41001/age/285/sex/4/cid/4/tbm/1/page-options/car-do-0_ino-yo-3:2017:-1:-1_ino-ct-39_ino-pt-0

Office for National Statistics

The Office of National Statistics definition of suicide includes all deaths from intentional self-harm for persons aged 10 and over; and deaths where the intent was undetermined for those aged 15 and over. Deaths from an event of undetermined intent in 10 to 14 year-olds are not included. Although for older teenagers and adults we assume that in these deaths the harm was self-inflicted, for younger children it is not assumed to be the case. In England and Wales, all suicides are certified by a coroner following an inquest. Case law changed the standard of proof, in 2018, from ‘beyond reasonable doubt’ (the criminal standard) to ‘on the balance of probabilities’ (the civil standard). Some estimates suggest that this change in the standard of proof will increase deaths attributable to suicide by 30 - 50%.

In England, **one person dies every two hours as a result of suicide**. The latest ONS data can be found at <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/latest>



Who is at risk and why?

Suicide is often the end point of a complex history of risk factors and distressing events, but there are many ways in which services, communities, individuals and society as a whole can help to prevent suicides. Zero suicide will only be achieved through a multifaceted approach, therefore, Northumberland has a Mental Health Strategic Partnership and its Suicide Prevention Strategy can be found [here](#).

In March 2017, the ONS released a profile of suicide by occupation^[1] which highlights which occupations have higher than average suicides. These occupations fall into the categories of nursing and caring professions for women and low skilled and construction work for men. It is essential, in supporting a prevention strategy that high risk employment is identified and support given

Impact of Covid Pandemic

It is too early to see the impact the Covid pandemic has had on suicide rates. Coroners’ courts have seen delays as a result of the pandemic which has delayed, and will continue to delay, data reporting. Additionally, suicides often happen years after the event which leads to suicide, so the long-term impact will be seen over the coming years.

- Key issues**
- National guidance, regional and sub-regional work led by the Integrated Care System (ICS) and the regional Public Mental Health Network have helped the Northumberland Strategic Mental Health Partnership identify the following priorities:
1. Reduce the risk of suicide in high risk groups;
 2. Engineer approaches to improve mental health in specific groups;
 3. Reduce access to the means of suicide;
 4. Provide better information and support to those bereaved or affected by suicide;
 5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour;
 6. Support research, data collection and monitoring.

What assets do we have in Northumberland?

1. Post intervention support is provided by If you Care Share
<https://www.ifucareshare.co.uk/>
2. Tyneside and Northumberland Mind provides counselling interventions to those people affected by trauma of suicide
3. Relevant agencies have signed up to a Suicide Cluster Response Plan. Actions are tailored according to circumstances including support to communities/schools/employers and physical improvements to sites e.g., access to railway lines
4. Real time alerts – As part of the wider suicide prevention action plan, a sub-regional real time surveillance system (RTSS) was established in October 2019 covering six local authorities t (Newcastle, Gateshead, North Tyneside, Northumberland, South Tyneside and Sunderland). The RTSS allows for the identification and monitoring of suspected suicides in advance of a coroner’s verdict to identify patterns/trends and potential clusters in real time. It enables a rapid response to be put into place to direct preventative measures and interventions and reduce the risk of further suicides taking place.
5. Cumbria, Northumberland, Tyne and Wear Mental Health NHS Foundation Trust. The Trust provides Northumberland with secondary care mental health services and work on a daily basis caring for those clients with suicidal ideation in inpatient and community settings. They also link with a variety of organisations across Northumberland to ensure client clinical pathways are inclusive of holistic requirements.
<https://www.cntw.nhs.uk/>
The Trust provides the following services which specifically support in times of crisis:
 - 24/7 universal crisis team (working age adults, older people and children and young people
 - Children and adult’s psychiatric liaison team
 - Street triage
 - Peer support workers
6. Together in a Crisis provided by Mental Health Concern. The service works with the crisis team and provides support to people who identify as being in a crisis due to social determinants i.e. housing, finance, relationship difficulties etc. The team works with the individual to identify issues and find solutions to problems.
<https://www.mentalhealthconcern.org/>
7. Several third sector agencies work with statutory organisations to deliver support to individuals and families including:
If u care share- <https://www.ifucareshare.co.uk/>
Talking Matters- <https://www.tmnorthumberland.org.uk/>
Tyneside/Northumberland MIND <https://www.tynesidemind.org.uk/>
Choices 4 Growth <https://www.choices4growth.co.uk/>
Cygnus Support - <https://www.cygnussupport.com/>
Northumberland Recovery College <https://northumberlandrecoverycollege.co.uk/>
8. Mental Health Training. The Connect 5 training programme aims to increase the confidence and core skills of frontline staff so that they are more effective in having conversations about mental health and wellbeing.
<https://every-one.org.uk/what-we-do/connect-5/>
9. Health Trainers work with individuals to identify stress, give advice on relaxation techniques and mindfulness, to ensure equity between physical health and mental health.
10. Northumberland is a Trailblazer area with School Mental Health Support Teams in Blyth and Hexham and now expanded to include Ashington and Bedlington. Be You Website
<https://www.beyounorthumberland.nhs.uk/>
11. Tyneside & Northumberland MIND Training HUB
<https://www.tynesidemind.org.uk/help-support/training/north-east-training-hub.aspx>
12. Northumberland Clinical Commissioning Group employs a GP lead for mental health. The post provides leadership to primary care to improve the experience of people in Northumberland with acute mental health needs, distress and enduring mental health problems. The GP lead works closely with the sub-regional suicide prevention team, and is involved in developing strategies for a broad range of mental health related topics.
13. Better Health @ Work Awards - Encourage employers to put measures and training in place to reduce the risk of suicide and also provide advice and support to employers on workplace suicide through the promotion of the Prevention toolkit (<https://www.bitc.org.uk/toolkit/suicide-prevention-toolkit/>) and for employers having to manage a traumatised workforce post event, the Postvention toolkit (<https://www.bitc.org.uk/toolkit/crisis-management-in-the-event-of-a-suicide-a-postvention-toolkit-for-employers/>) developed by Public Health England, Business In The Community (BITEC) and the Samaritans specifically for employers.

[1] ONS (2017). Suicide by occupation, England: 2011 to 2015. ONS. 17 March 2017.

What do people say?

A consultation with young people (2016) highlighted issues which impacted on their wellbeing e.g., access to health services, where services missed opportunities to support their emotional health before they reached crisis. They identified a need for information in accessible formats including better use of websites and social media. A resource toolkit has been produced, in consultation with young people, to support them with early access to coping mechanisms and self- supporting skills to help them deal more effectively with the challenges they face early.

In 2021, a consultation with children/young people, parents and care givers in Bedlington and Ashington took place as part of the CCG's Wave 3 Mental Health Support Team Trailblazer Project. Emerging themes from the consultation included:

- Primary aged children felt they worry most about friendship issues, loss of a loved one and problems sleeping.
- Parent and carer responses show they are most concerned about their child's issues with body image, social media use and falling out with friends.
- Secondary children and young people felt they worried most about friendship issues, body image and difficulty sleeping/overthinking
- Children and young people suggested the support they needed was confidence in asking for help, starting conversations and knowing how to help themselves with emotions.

Northumberland Clinical Commissioning Group works hard to ensure that user voice is sought to inform commissioning decisions. The CCG has an experienced engagement team which works in partnership with a range of organisations and services across Northumberland to involve patients and the public in service development and improvement. By understanding patient experience, it helps us to provide better quality services which are more responsive and better able to meet individual needs.

Recommendation

It is recommended to continue to implement the Zero - Suicide Ambition Strategy, which is being updated in light of this refreshed JSNA and as a result of the Covid pandemic



Suicide/Suspected Suicide Overview

[Return to Main Document](#)

National Picture

In 2019, a total of 5,316 deaths (10.8 deaths per 100,000 population) by suicide were registered in England. This was consistent with the rate observed in 2018 (10.3 deaths per 100,000) and is the highest rate seen since 2000 (ONS). Males continue to account for the majority of suicides in England (75%) with a rate of 16.7 per 100,000 in 2019 compared to 5.2 per 100,000 for females. (ONS, Suicides in England and Wales: 2019 registrations) . Suicide remains the biggest killer of males under the age of 45 in the UK.

The North East region continues to see amongst the highest suicide rates in the country, and above the England average with a rate of 11.6 per 100,000 in the 2017-2019 period.

Sub Regional /Local Profile

As part of the wider suicide prevention action plan, a sub-regional real time surveillance system (RTSS) was established in October 2019 covering six local authorities within the North ICP footprint (Newcastle, Gateshead, North Tyneside, Northumberland, South Tyneside and Sunderland). The RTSS allows for the identification and monitoring of suspected suicides in advance of a coroners verdict in order to identify patterns/trends and potential clusters in real time. It enables a rapid response to be put into place to direct preventative measures and interventions and reduce the risk of further suicides taking place.

Since the RTSS in was established in October 2019, there have been 302 suspected suicides across the North ICP footprint (up to 31st July 2021). Of these, 67 fell within the jurisdiction of the Northumberland Coroner (i.e. with the death taking place in the Northumberland area. 59 of the 312 suspected suicides involved individuals residing in Northumberland, suggesting that in eight cases the deceased had travelled to Northumberland from outside the area.

Reflecting national trends, men account for 77% of suspected suicides in the North ICP sub region. This is slightly higher in Northumberland, with males accounting for 82% and females 18%. Middle aged men are particularly at risk, both nationally and locally with a quarter of male suspected suicides falling into the 35-44 age range in the north east sub region and is reflected in Northumberland.

54% of people who took their own lives across the North ICP sub region were single whilst 30% were married or in a civil partnership. 7% were separated or had experienced a recent break-up. This was reflected in both male and female populations. This was reflected in the Northumberland dataset.

Across the North ICP sub region, 35% of people who took their own lives were employed, with 25% unemployed. This Differed slightly in Northumberland, with 47% being employed and 20% unemployed. A number of high risk occupation categories have been identified across the NE sub region- including the construction industry and care-related sectors. Nationally, males working in low skilled labour/construction occupations are at an elevated risk of suicide, as are both male and females carers. One study suggests that nationally people working in management/ director roles had the lowest suicide risk (Suicide by Occupation, England 2011-2015). However in the North ICP people in managerial positions are also amongst the highest occupation group for suspected suicides.

Reflecting national trends, over half (60%) of all suspected suicides across the sub region occurred by hanging, with self-poisoning or overdose accounting for 13% and jumping from a height for 10%. This was broadly similar across all Local Authorities, including Northumberland. The only exception was in the case of jumping from a height, which in Northumberland accounted for only 1% of cases. Hanging was the most common method for males and females, and across all age categories.

Over half (65%) of all suspected suicides in the NE footprint occurred in private residential settings. 16% occurred in a public open space (e.g. wooded area), and 8% occurred at local bridges/cliffs. Private residential settings were the most common location for suspected suicides across all age categories and all genders. In Northumberland, 60% occurred in private residential settings, whilst 24% occurred in a public open space and zero at a local bridge/cliff. This is perhaps indicative of Northumberland’s geography. 3% (or two cases) involved the suspected suicide of a prisoner.

Deprivation

Wider social, economic and environmental factors can play a part in suicide risk. Nationally there is known to be a strong association between area-level deprivation and suicidal behaviour (Samaritans, dying from inequality report 2017). Evidence shows that people in the lowest socio-economic group and living in the most deprived areas are ten times more at risk of suicide than those in the most affluent areas (PHE local suicide prevention planning report, 2019). Within the North ICP sub region, 49% of suspected suicides involved those residing in an area where the IMD score was between 1 and 3. Interestingly, when looking solely at Northumberland, this figure lowered to 23%.

Covid-19

A recent report by the national confidential inquiry team found no evidence of a large national rise in suicides post lock down, which had been feared (NCISH, 2020). Locally, suspected suicides do not appear to be significantly higher compared to previous years suicide numbers (albeit the RTSS has only been in place for a relatively short time so comparisons are difficult).

Additional risk factors/vulnerable groups

Based on data collated via the RTSS, the following vulnerabilities/risk factors have also been identified across the sub region:

- 39% of people who died by suspected suicide in the NE were experiencing relationship problems.
- 59% of people who died by suspected suicide in the NE had experienced poor MH ranging from low mood to personality disorders.
- 34% of people who died by suspected suicide in the NE had a known history of suicidal thoughts/ attempts/ self harm. Of note, evidence shows that nationally around 50% of people who die by suicide had a history of self harm (PHE local suicide prevention planning report, 2019).
- 5% of individuals who took their own lives in the NE had been bereaved by suicide themselves, A further 15% had been bereaved other than suicide. A recent study found that 38% of people who had lost someone to suicide had considered taking their own life, and 8% had attempted to do so (From Grief to Hope Report, 2020).

Suzanne Sleeth
Suicide Prevention Coordinator
North ICP

Northumberland Cancer Recovery

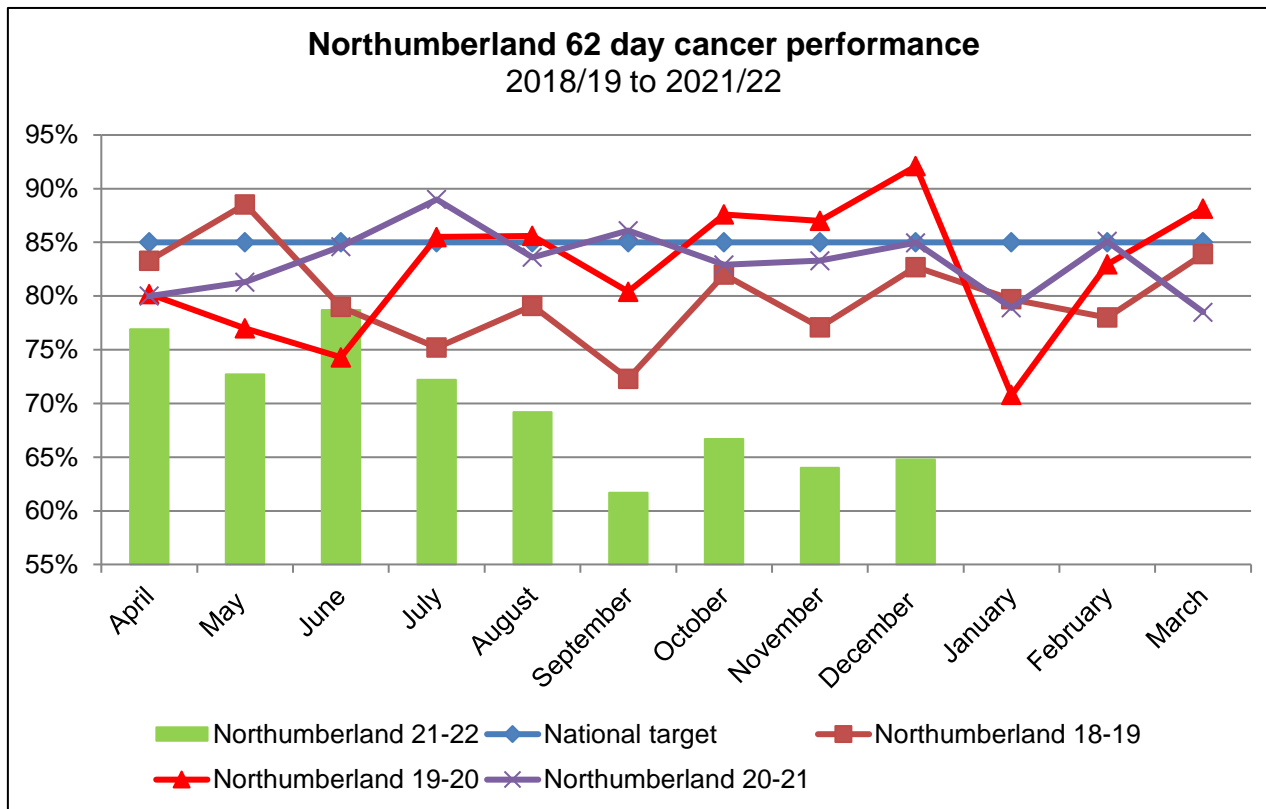
Northumberland Health and Wellbeing Board
March 2022

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Agenda Item 7



Northumberland CCG overall cancer performance



The impact of Covid19 has had a major impact performance recently however a lot of new pathways have been introduced to improve both waiting times and the patient experience – major challenges have been within the breast and dermatology (skin) pathways due to the high volumes of patients breaching these pathways



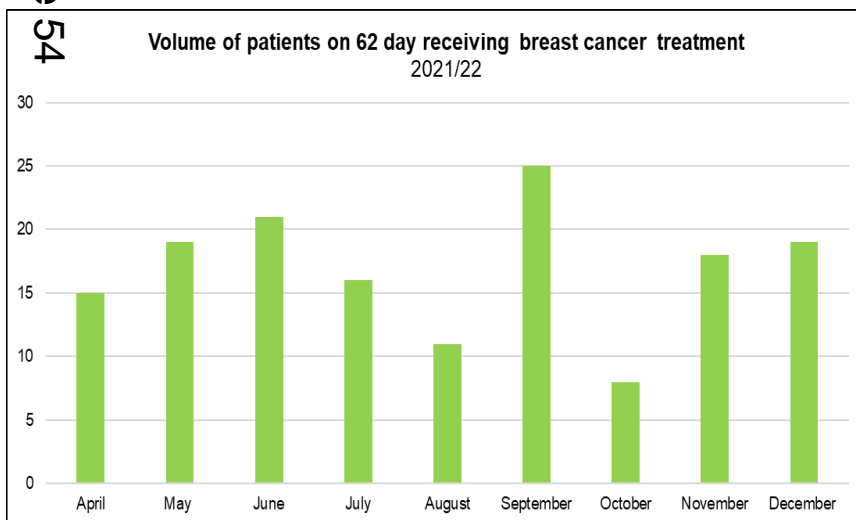
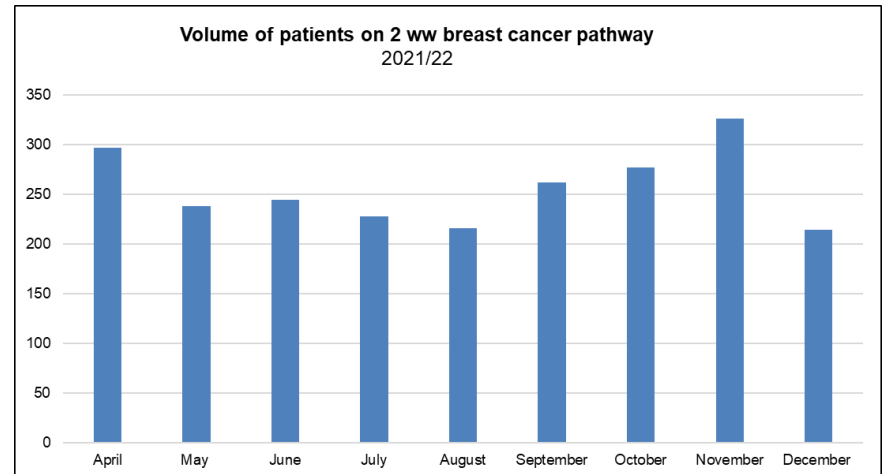
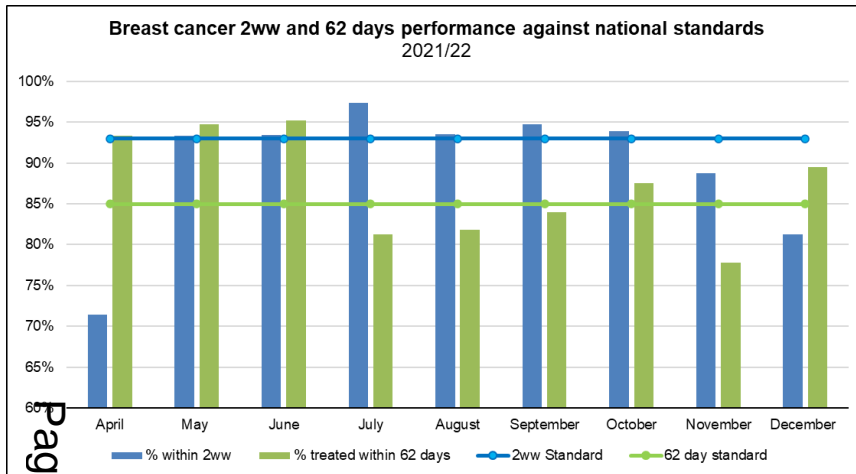
Northumberland summary of performance by specialty

2 week wait referrals by tumour type year to date (December 2021)	Target	Treated in Time	Total Treated	Breaches	% Meeting Standard
Breast	93%	2057	2302	245	89.4%
Lung	93%	202	205	3	98.5%
Gynaecological	93%	1211	1322	111	91.6%
Upper Gastrointestinal	93%	1074	1117	43	96.2%
Lower Gastrointestinal	93%	2518	2672	154	94.2%
Urological (Excluding Testicular)	93%	1110	1134	24	97.9%
Testicular	93%	35	35	0	100%
Haematological (Excluding Acute Leukaemia)	93%	119	124	5	96.0%
Acute leukaemia	93%	1	1	0	100%
Head and Neck	93%	648	689	41	94.0%
Skin	93%	1238	2878	1640	43.0%
Sarcoma	93%	8	8	0	100%
Brain/Central Nervous System	93%	1	1	0	100%
Childrens	93%	6	12	6	50.0%
Other	93%	3	3	0	100%
Total	93%	10231	12503	2272	81.8%

62 day treatment by tumour type year to date (December 2021)	Target	Treated in Time	Total Treated	Breaches	% Meeting Standard
Breast	85%	133	152	19	87.5%
Lung	85%	23	49	26	46.9%
Gynaecological	85%	25	57	32	43.9%
Upper Gastrointestinal	85%	32	52	20	61.5%
Lower Gastrointestinal	85%	73	124	51	58.9%
Urological (Excluding Testicular)	85%	171	249	78	68.7%
Testicular	85%	3	3	0	100%
Haematological (Excluding Acute Leukaemia)	85%	35	43	8	81.4%
Acute leukaemia	85%	1	1	0	100%
Head and Neck	85%	25	31	6	80.6%
Skin	85%	160	213	53	75.1%
Sarcoma	85%	3	6	3	50.0%
Other	85%	5	6	1	83.3%
Total	85%	689	986	297	69.9%



Area of current focus- breast

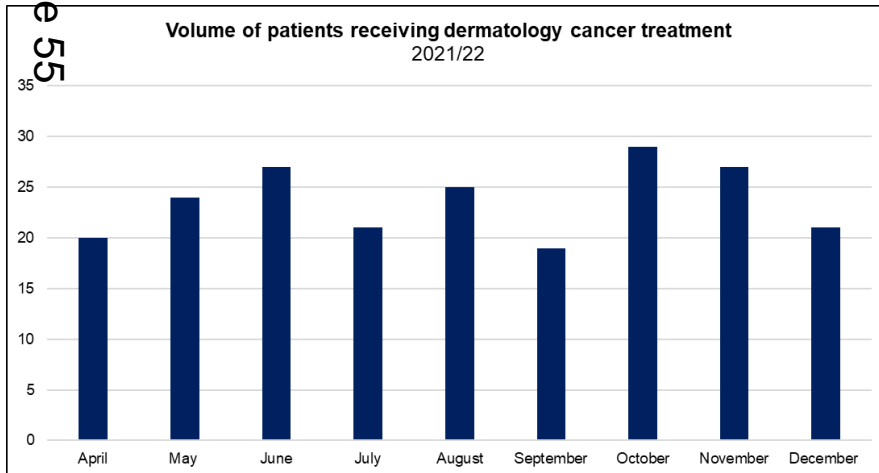
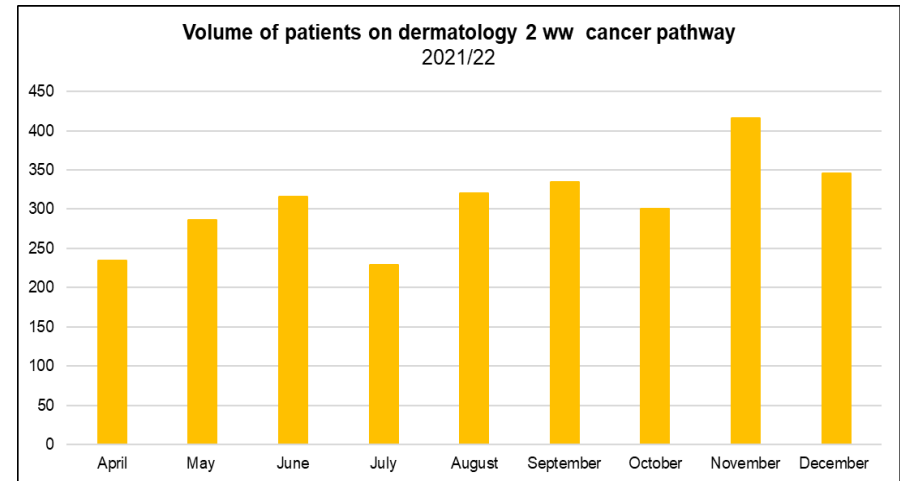
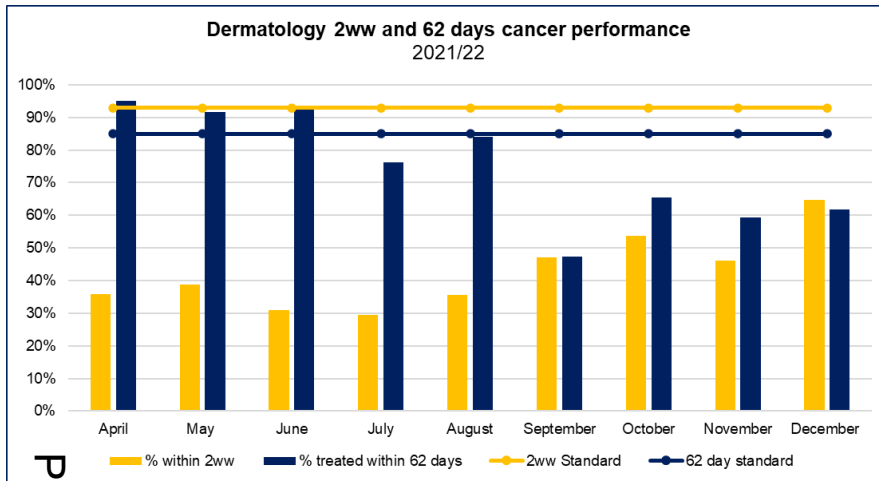


The demand on the service has increased partially due to the recent media focus on the celebrity who died with breast cancer increasing the profile of breast awareness. Earlier during the pandemic people were reluctant coming into hospital for fear of catching Covid.

Local providers have recruited additional staff to cope with increased demand including the appointment of Radiologists



Area of current focus- dermatology



Despite the deterioration in performance against the 2 week wait threshold during the year, most patients start treatment within the 62 days of referral into the service.

Extensive revisions to pathway have been introduced including the introduction of the tele- derm app which enables remote referral including a photograph of skin issue to consultant



Primary care

Continued focus on cancer from previous 12 months:

- Utilisation of Northern Cancer Alliance and NHSE funding combined to restore access to cervical cancer screening services and addressing inequalities in coverage
- Building public confidence in returning to and using NHS Services
- Ensuring effective safety netting systems are in place to prevent patients falling through the net



Cancer Recovery Plan

NHS Planning Guidance Oct 2021-March 2022:

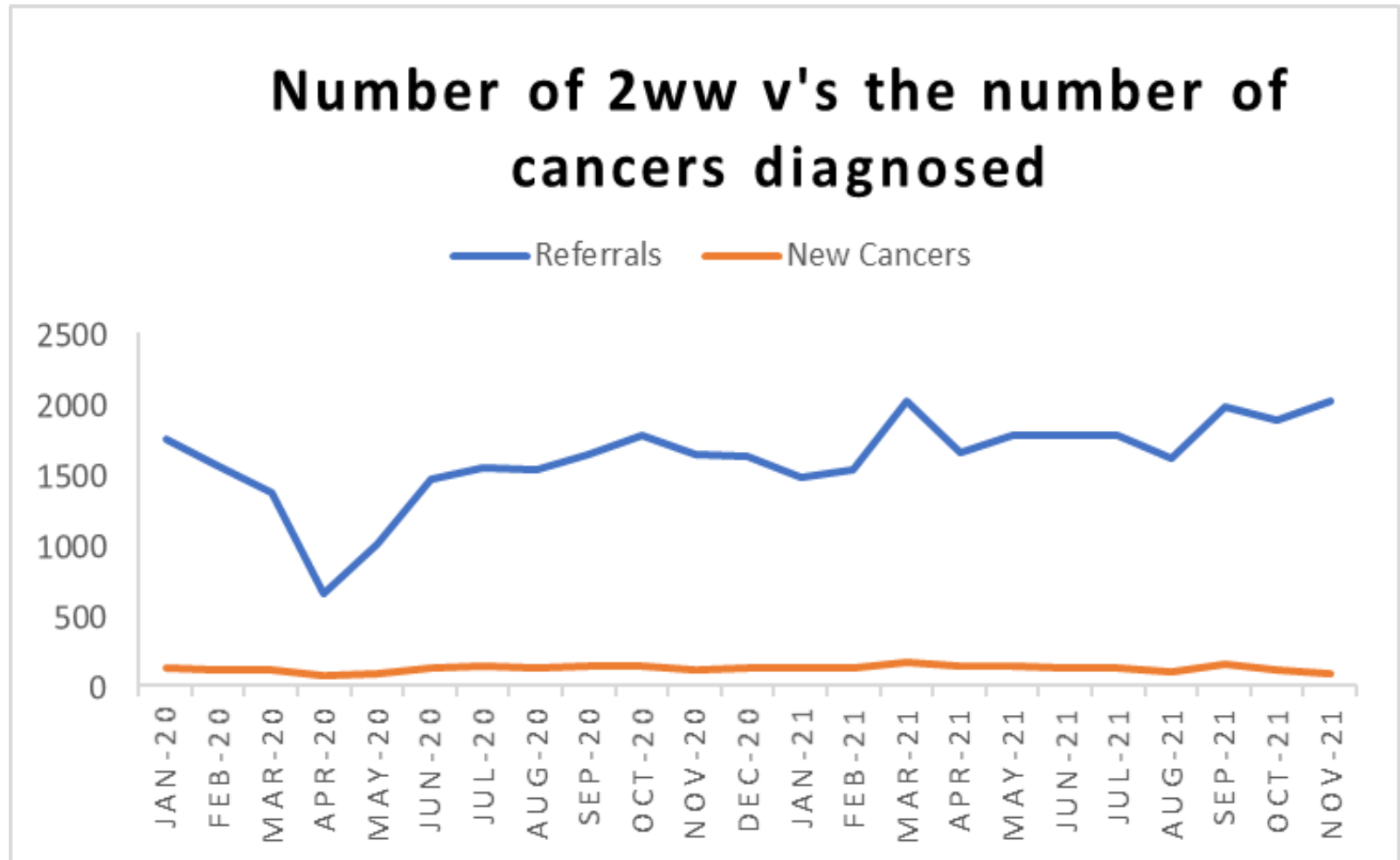
Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services

- **Maximise elective activity and eliminate waits of over 104 weeks**-including clinical prioritisation of patients on waiting lists.
- **Aim to return to,or exceed,pre-pandemic levels of activity in H2 to reduce long waits and prevent further lengthening of waiting lists by:**
 - eliminating waits of over 104 weeks by March 2022 except where patients choose to wait longer
 - holding or where possible reducing the number of patients waiting over 52 weeks - NHSEI will work with systems and providers to agree individual trajectories through the planning process
 - stabilising waiting lists around the level seen at the end of September 2021.



Number of 2 week referrals

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Numbers told cancer diagnosis outcome within 28 days (target)

October 21



Northumbria Healthcare
NHS Foundation Trust

	Newcastle Gateshead	Northumberland	South Tyneside	Sunderland	North Cumbria	North Tyneside	NCA
Breast	93.93 (433/461)	97.7 (255/261)	98.44 (189/192)	97.05 (296/305)	86.89 (232/267)	95.79 (182/190)	95.86 (2521/2630)
Lung	80 (60/75)	43.75 (7/16)	78.95 (15/19)	81.82 (27/33)	72.73 (8/11)	64.29 (9/14)	72.38 (228/315)
Gynae	71.13 (138/194)	75.19 (100/133)	86.21 (50/58)	86.79 (92/106)	51.43 (72/140)	80.41 (78/97)	71.79 (766/1067)
Upper GI	60.53 (115/190)	78.86 (97/123)	55.56 (35/63)	65.22 (45/69)	79.21 (80/101)	80.36 (45/56)	74.9 (758/1012)
Lower GI	40.89 (101/247)	70.82 (182/257)	62.71 (74/118)	66.18 (135/204)	66.34 (136/205)	62.33 (91/146)	65.24 (1237/1896)
Prological	54.95 (61/111)	47.71 (52/109)	74.29 (26/35)	63.33 (38/60)	35.63 (31/87)	52.54 (31/59)	53.47 (401/750)
Testicular	100 (11/11)	100 (4/4)	100 (3/3)	100 (5/5)	80 (4/5)	100 (5/5)	94.74 (36/38)
Haem	73.33 (11/15)	58.33 (7/12)	25 (1/4)	83.33 (5/6)	50 (4/8)	60 (3/5)	66.67 (50/75)
Leukaemia	0 (0/0)	100 (1/1)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	100 (1/1)
Head & Neck	93.07 (94/101)	89.16 (74/83)	71.11 (32/45)	72.22 (91/126)	60.55 (66/109)	94.12 (48/51)	80.34 (654/814)
Skin	59.02 (242/410)	55.17 (160/290)	63.06 (70/111)	96.91 (188/194)	90.71 (205/226)	56.36 (124/220)	76.11 (1676/2202)
Sarcoma	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	100 (2/2)	100 (1/1)	100 (4/4)
Brain/CNS	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	100 (2/2)	0 (0/0)	100 (2/2)
Children's	100 (1/1)	0 (0/0)	100 (2/2)	100 (1/1)	100 (1/1)	0 (0/0)	94.12 (16/17)
Other	0 (0/1)	0 (0/1)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/1)	0 (0/3)
All Cancers	69.73 (1267/1817)	72.79 (939/1290)	76.46 (497/650)	83.23 (923/1109)	72.42 (843/1164)	73.02 (617/845)	77.13 (8350/10826)

Current challenges

Increase in referrals in pathways from 2020 - 2021:

Breast – 19% increase in referrals

Skin – 20% increase in referrals

Lung – 8% increase in referrals

72% (51 patients) increase in diagnosis rate

Colorectal Services

– New pathway developments

100% increase in Colorectal referrals over 3 years

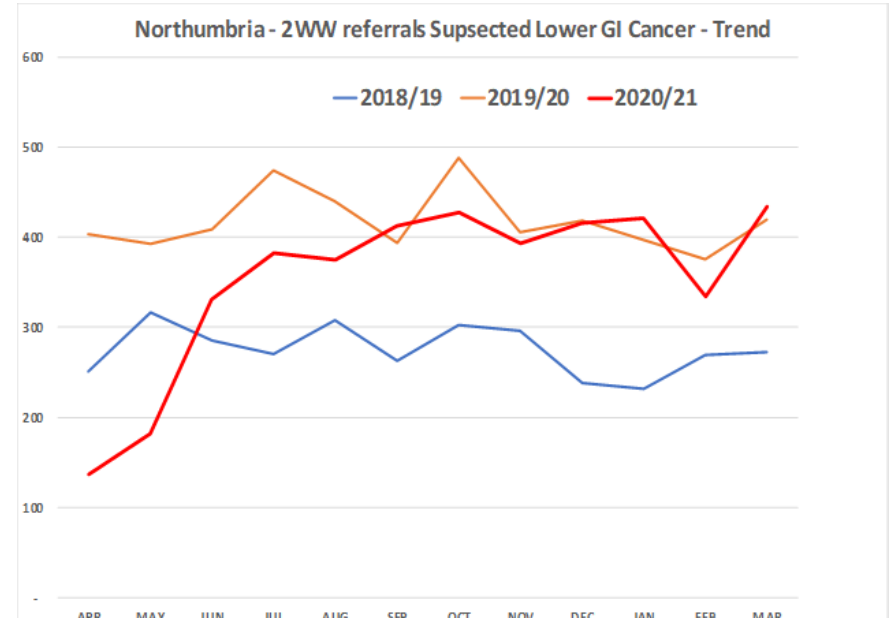
100-120 referrals pw, 35% of a trust 2ww (Week Wait)

Colonoscopy (diagnostic test) waits 5-6 weeks

'Front end' re-design - Dec/Jan 2021

Consisted of:

- Senior triage
- Embedding FIT (Faecal Immunochemical Test)
- Increase use CTC (Computed tomographic colonography) on low-risk patients
- **85% of all 2ww now seen within 7 days**



Covid recovery

19/20 – 38% increase

Regional share 16.3 -18.9% - 19/20

Regional share 18.9 – 21.0% - 2021

1/3 of regional increase in Northumbria

Addressing Inequalities #1

New Cancer Diagnostic Pathway

Development of a new pathway – Vague Symptoms
(New/unexplained symptoms eg weight loss, abdominal pain)

• Diagnose early to improve outcomes

• Conversion rates 8-10% cancers

Go live date Spring 2022 – part of new Rapid Diagnostic
Cancer Pathways work stream

Work ongoing on a combined Gastro pathway

Addressing Inequalities#2

NHS Galleri Research Trial

Aimed at 50-77years – with no cancer symptoms

Early detection of 22 cancers by a blood test – taken at a mobile unit

Blood test is a next-generation sequencing (NGS)-based screening test for the detection of DNA methylation signals

The trial offers two arms:

1. Returns a positive signal on two possible cancer locations and patient is referred for investigation
2. Control arm - NHS standard of care (blood is stored and may be subsequently tested)

Addressing Inequalities #3

Lung Case Findings

Shared learning from North Tyneside - pilot with 5 practices

Patients invited aged 55-75 on GPs COPD register for low dose CT (Computerised Tomography)

If lung cancer diagnosed on CT – patient automatically upgraded onto cancer waiting target

In 12 months -

300 patients scanned

10 lung cancers (3% pick-up, in keeping with larger studies)

9 of those have had curative treatment

Further Northern Cancer Alliance Funding to expand pilot

Personalised Care

Prehabilitation, Health & Wellbeing Information/Advice -
signposting, empowering and improving patient outcomes

Review health and well-being advice right time, right place eg
MECC, smoke free, diet, alcohol – use of digital platforms

Page 25
Patient Stratified Follow up:– Go live Digital Monitoring
System in Jan 22

Breast, Low risk Colorectal & Prostrate (2021/22)

Gynae (low risk) – 2022 and Haematology by 2024

Patient Engagement Portal – Trusts digital plan 2022

Joined up approach with Northern Cancer Voices

Challenges

Staffing impact – Covid has had an impact on all services, leading to slight increases in diagnostic times due to staff self isolating and in turn a reduction in capacity

Social distancing – reductions in capacity across all services due to social distancing impact

Oncology Services – increases to treatment length due to advances in new personalised targeted therapies, patients living longer (which is a huge positive) but impacting on capacity to deliver chemotherapy

Highlights

Increased staffing establishment in Oncology to support improved time to treatment and additional capacity

New Cancer Navigator posts introduced to support new pathways. Focus of role on supporting patients and acting as a central contact whilst enabling a patients care through pathway

Second CT scanner to be installed in 2022, with an aim to be operational by March. This will double the capacity and support improved time to diagnostics across all the tumour sites

Summary

- Work ongoing to monitor all cancer pathways and embed new developments eg skin – digital tele-dermatology platform
- 28 Day Faster Diagnostic target – live in October 2021
- Strong health awareness /Media message – focus on patients to come forward
- Northern Cancer Alliance – funding for Covid Recovery and Rapid Diagnostic pathways (Vague Symptoms /combined Gastro pathways)
- Community Diagnostic hubs

Raising Cancer Awareness



Continuing to raise cancer awareness

- Importance of an early diagnosis
- Symptom awareness
- Risk reduction
- Raising awareness of cancer screening campaigns
- Reassuring public that it is safe to return to Primary and Secondary care settings
- Raising awareness of methods to access primary care if concerned about symptoms

Supporting regional and national campaigns

- National and regional campaign encouraging people worried about potential cancer symptoms to see their GP or nurse
- Messages shared via social media and GP practices
- Printed resources distributed to pub and clubs across Ashington as targeted campaign







Northumberland County Council

HEALTH AND WELLBEING BOARD

10 MARCH 2022

NORTH OF TYNE WELLBEING FRAMEWORK: IMPLEMENTING IN NORTHUMBERLAND

**Report of: Liz Morgan Interim Executive Director of Public Health and
Community Services**

Cabinet Member: Cllr Wendy Pattison - Adult Health and Wellbeing

Purpose of report

1. To brief the Health and Wellbeing Board on the work across North of Tyne to develop and agree a Wellbeing Framework, seek the Board's views on the proposed actions to implement the framework by Northumberland County Council and seek views as to how the Board would wish to be involved in its adoption and implementation.

Recommendations

2. It is recommended that the Health and Wellbeing Board
 - Endorse the Wellbeing Framework and the proposed areas for its implementation in Northumberland.

Link to Corporate Plan

3. This report supports the Adult Wellbeing and Healthy Lives priorities within the Corporate Plan, and specifically the action to tackle health inequalities and support health & wellbeing recovery from the impacts of Covid by delivering a 'Health in All Policies' approach.

Key issues

4. Endorsed by the North of Tyne Combined Authority (NTCA) Cabinet in January 2022 the Wellbeing Framework seeks to support the Combined Authority and its constituent local authorities, as well as partners across business and civil society, to 'measure what matters' by identifying the outcomes and indicators to improve collective wellbeing.



Northumberland

County Council

Developing the Wellbeing Framework

5. In 2020 Carnegie UK and the North of Tyne Combined Authority (NTCA), building on the partnership around Good Work, started to explore the role of wellbeing in relation to NTCA's inclusive economy ambitions. In December 2020 a public engagement event was held to explore the appetite and interest in wellbeing, with a presentation from Sophie Howe, Future Generations' Commissioner for Wales. Based on the success of this event the NTCA Cabinet agreed a formal partnership with Carnegie UK should be developed. The purpose of this partnership was to develop a series of activities to explore and understand perspectives on wellbeing within the area.
6. NTCA is one of the first English devolved areas to consider the implementation of a wellbeing framework, following the Wellbeing Economy governments in New Zealand, Iceland, Scotland and Wales. NTCA Cabinet's approval to adopting the framework puts NTCA and the North of Tyne area at the forefront of thinking about what we need to live well now, and in the future, to deliver a truly inclusive economy for all.
7. Under the leadership of NTCA's Inclusive Economy Board, in Spring 2021, and in consultation with nominated leads from the three Directors of Public Health across Newcastle, North Tyneside and Northumberland, the NTCA and Carnegie UK identified 12 specialists from across sectors and areas to support this work. Professor Mark Shucksmith OBE from Newcastle University and Sarah McMillan, Assistant Director of Policy, Northumberland County Council, agreed to act as independent Co-Chairs of the Roundtable to lead the development of the Framework.
8. Collective wellbeing measures seek to balance the social, economic, environmental and democratic needs of people and places, and recognise the relationship between them. As such they are a valuable tool in driving a more inclusive economy.
9. At the centre of the Roundtable's approach was a structured, comprehensive and transparent engagement and consultation exercise. This consisted of four phases:
 - Literature review – covering international evidence on wellbeing thinking and practice, regional and local intelligence and key strategic documents.
 - Call for evidence – open for eight weeks and promoted widely by partners, and into which a number of Northumberland organisations submitted evidence, including Northumberland CVA, Northumberland



Northumberland

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Recovery Partnership, Northumberland VCS Health & Social Care Network and the Northumbria Healthcare NHS Foundation Trust.

- Community-led consultations – working through a small number of established voluntary, community and social enterprise (VCSE) organisations to engage people in the discussion, including Northumberland CVA, running sessions with seven representatives of VCS organisations in Northumberland.
- A You Gov survey - seeking views from a large sample representative of the north of Tyne population, to add to evidence gained through the three preceding stages.

10. The approach ensured the Roundtable was able to understand and reflect upon a wide-range of views from across the area, gathered in structured manner and embracing a co-production and co-design approach.
11. The resultant framework supports the North of Tyne's Inclusive Economy vision and sets out a series of wellbeing outcomes, informed by the structured and consultative approach of the Roundtable. Each of the outcomes is underpinned by a set of measurable 'indicators'; 52 in total, including a small number of areas where indicators still require development. The indicators include measures such as the percentage of children that are living in poverty and the employment rate for people with disabilities. They also include things that have not been measured in the past but were raised as important issues in the community conversations and YouGov survey, for example litter and participation in local decision-making. Over time, the indicators will provide a way of understanding progress towards achieving the wellbeing outcomes and vision.
12. The vision and outcomes of the framework are set out below and the full Roundtable report and summary document are attached as appendices to this report.



Northumberland County Council

Wellbeing Framework for the North of Tyne

Our vision

The North of Tyne is a place with a dynamic and more inclusive **economy** one that brings together people and opportunities to create vibrant communities and a high **quality of life** narrowing inequalities and ensuring that all residents have a stake in our region's future

Our wellbeing outcomes



Implementing the Wellbeing Framework in Northumberland

13. The Wellbeing Framework clearly supports a number of County Council priorities, as well as the Joint Health and Wellbeing Strategy, and officers will continue to work on measure to ensure the framework is used to help and inform activities. The following are areas which are being explored to begin adopting and implementing the Wellbeing Framework across the County.
- Promote and discuss the Wellbeing Framework with partners at the **Health Inequalities Summit**, to identify how partners' and greater partnership working could contribute to delivering on the framework outcomes. Any actions agreed at the Summit will consider the framework in how they are taken forward.
 - Incorporating the Framework in developing the **Health in all Policies Approach**, including the support, training and tools being developed.
 - Incorporating the Framework in developing a Health Inequalities Tool to support policy development and committee report writing, ensuring wellbeing is **embedded in the decision-making process**.
 - Officers will continue to brief the Health and Wellbeing Board, seeking their views on the implementation of the framework and bringing **regular reports** on the implementation of the framework across the County and wider North of Tyne area.
14. Officers will also continue to work with the NTCA and partners, including receiving regular monitoring and reporting by NTCA's insights and data team and working with the Inclusive Economy Board, who will annually report to the NTCA Cabinet on how the vision for wellbeing is taking effect across the area.

Implications

Policy	The Wellbeing Framework supports key policy priorities within the County Council Corporate Plan, such as tackling health inequalities and developing the Health in All Policies approach.
Finance and value for money	There are no direct financial implications; the implementation of the framework will be carried out within existing budget.
Legal	There are no direct legal implications



Northumberland

County Council

Procurement	There are no direct procurement implications
Human Resources	Activity will be taken forward within existing resources
Property	
Equalities (Impact Assessment attached) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	This report does not require an EIA, however the Wellbeing Framework will be a contributor in helping NCC address inequalities across health, social and economic
Risk Assessment	There are no direct risk implications
Crime & Disorder	There are no direct crime and disorder implications
Customer Consideration	There are no direct customer implications, however the development of the Framework engaged in a wide consultation exercise, including providing small grants to voluntary and Community Sector organisations to seek views from their constituents, recognising the barriers felt by some to engage in such exercises.
Carbon reduction	There are no direct carbon reduction implications
Health and Wellbeing	The Wellbeing Framework supports Health and Wellbeing priorities, such as tackling health inequalities and developing the Health in All Policies approach, which are detailed in this report
Wards	All wards

Background papers

- The North of Tyne Combined Authority Inclusive Economy Board's Wellbeing Framework for the North of Tyne – Report of the Roundtable on Wellbeing.



Northumberland

County Council

<https://www.northoftyne-ca.gov.uk/wp-content/uploads/2022/01/Wellbeing-Framework-for-the-North-of-Tyne-full-report-Jan-22.pdf>

- A Wellbeing Framework for the North of Tyne - Summary

Report sign off

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

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Monitoring Officer/Legal	Suki Binjal
Service Director Finance & Deputy Section 151 Officer	Alison Elsdon
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A Wellbeing Framework for the North of Tyne





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This is a summary of the Report by the Roundtable on Wellbeing in the North of Tyne. The full report was submitted to the North of Tyne Combined Authority Cabinet in January 2022, and is available **here**.

ISBN 978-1-912908-78-3

What is a Wellbeing Framework? and why is it important?

Collective wellbeing means everyone having what they need to live well, now and in the future. We know that our health and wealth are important. But being able to really live well can be impacted by lots of different things. This includes the quality of our home and relationships, how much we feel we have a say in decisions that affect our lives, whether we are able to access local services, green spaces and more.

What wellbeing looks like will vary from place to place. But wellbeing can only be achieved when all the interconnected parts of our lives are taken into account. The wellbeing organisation, Carnegie UK, believe that collective wellbeing happens when social, economic, environmental and democratic outcomes are seen as equally important and given equal weight.

A wellbeing framework helps governments understand what matters most to people, set goals and measure progress towards achieving them.

In December 2020, the North of Tyne Combined Authority started working with Carnegie UK to create a wellbeing framework for the North of Tyne.

By creating and adopting a wellbeing framework, North of Tyne will become one of the first combined authorities in England to include wellbeing in decision making processes.

The wellbeing framework is a set of goals that will help to achieve the North of Tyne's vision of:

A dynamic and more inclusive economy, one that brings together people and opportunities to create vibrant communities and a high quality of life, narrowing inequalities and ensuring that all residents have a stake in our region's future.



Collective Wellbeing

At Carnegie UK we believe that collective wellbeing happens when **social**, **economic**, **environmental** and **democratic** wellbeing outcomes are seen as being equally important and are given equal weight.



Creating a Wellbeing Framework for the North of Tyne

To create a wellbeing framework, North of Tyne Combined Authority and Carnegie UK adopted a 'roundtable method'. A 'roundtable' is a group of specialists who meet for a defined period of time to discuss and develop solutions on an agreed topic. This approach has been used successfully to create wellbeing frameworks in Scotland and Northern Ireland.

North of Tyne Combined Authority and Carnegie UK invited 12 specialists from different sectors and from across the region to form the Roundtable on Wellbeing in the North of Tyne.

The Roundtable was co-chaired by Professor Mark Shucksmith OBE (Newcastle University) and Sarah McMillan (Northumberland County Council).

The purpose of the Roundtable was to gather the views of citizens and experts, and to use this evidence to create a wellbeing framework. In turn, the wellbeing framework would help North of Tyne Combined Authority to make decisions that improve the wellbeing of everyone in the region.

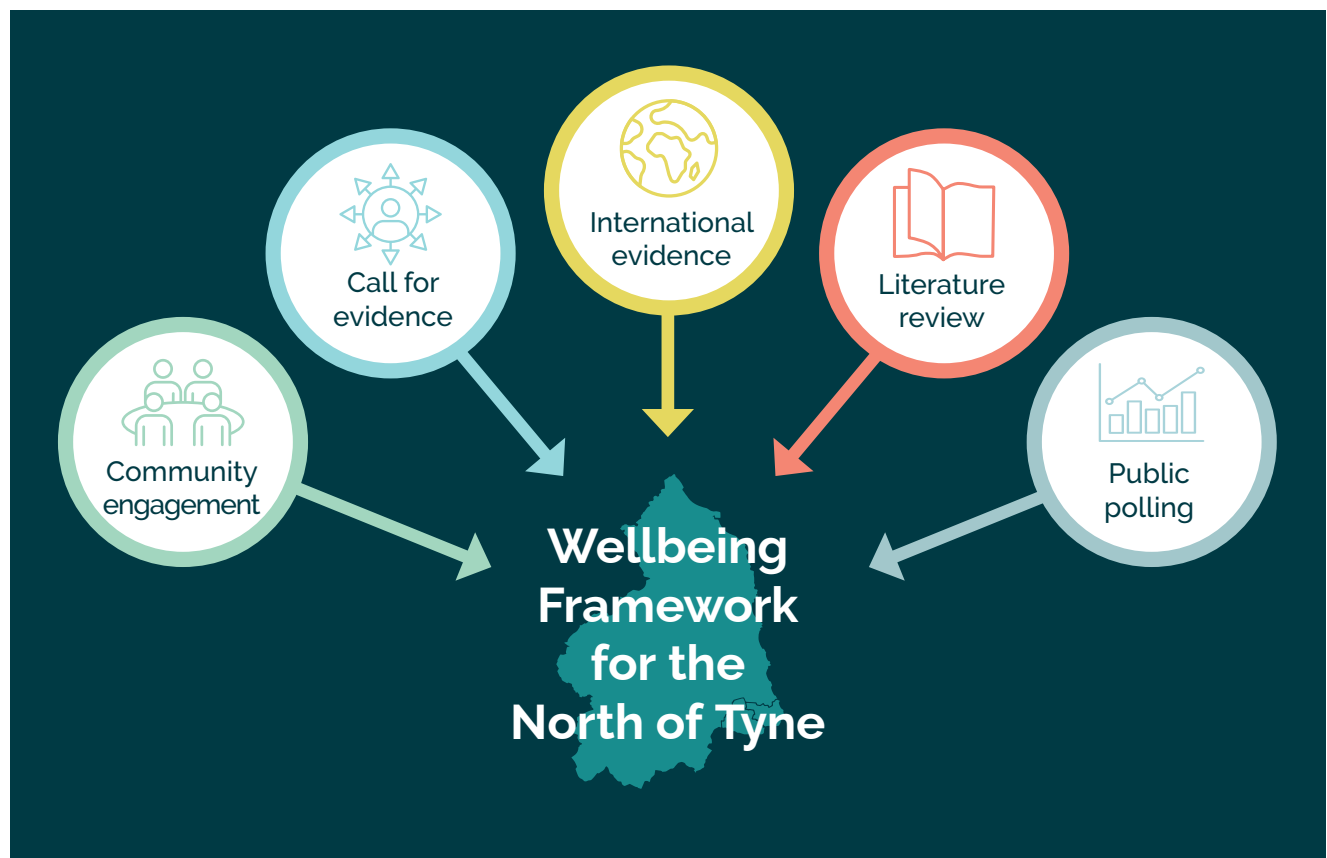
The Roundtable on Wellbeing in the North of Tyne	
Professor Mark Shucksmith OBE	Newcastle University / Carnegie UK Trustee
Sarah McMillan	Assistant Director of Policy, Northumberland County Council
Andrea Malcolm	Executive Director of People, Homes and Communities, Bernicia
Behnam Khazaeli	Senior Public Health Manager, North Tyneside Council
Emma Ward	Research, Evidence and Analysis Programme Manager, North East Local Enterprise Partnership
Jennifer Wallace	Director, Carnegie UK
Laura Seebohm	Executive Director of External Affairs, Changing Lives
Leigh Mills	Head of Inclusive Growth, North of Tyne Combined Authority
Liz Robinson	Public Health Manager, Northumberland County Council
Lorna Smith	Assistant Director of Public Health (Acting), Newcastle City Council
Miatta Fahnbulleh	Chief Executive, New Economics Foundation
Robin Fry	Chief Executive, VODA / North of Tyne Combined Authority VCSE Ambassador

Gathering evidence on what matters to people in the North of Tyne

The Roundtable met four times between May and October 2021. They collected and looked at a wide range of evidence to understand what matters to people who live and work in the North of Tyne. This included:

- Looking at international research on wellbeing policy and practice, and looking at NTCA's own vision and policies (such as its Inclusive Economy Policy Statement)
- Asking for written evidence from organisations, businesses, and universities on what they think matters to wellbeing in the North of Tyne
- Organising community conversations, run by local charities and community groups, to ask residents what matters most to them
- Commissioning a YouGov survey that asked over 1700 residents questions about the North of Tyne they wanted to see

From this evidence, the Roundtable produced ten wellbeing outcomes. These outcomes provide a set of goals to enhance the social, economic, environmental, and democratic wellbeing of everyone living in the North of Tyne.



Wellbeing Framework for the North of Tyne

Our vision

The North of Tyne is a place with a dynamic and more inclusive **economy** one that brings together people and opportunities to create vibrant communities and a high **quality of life** narrowing **inequalities** and ensuring that all residents have a stake in our region's **future**

Our wellbeing outcomes



Measuring progress

After agreeing a vision and a set of wellbeing outcomes, it is important to be able to measure progress towards these goals. To do this, the Roundtable worked with the Centre for Thriving Places, who are experts in wellbeing measurement. Together, they chose a set of measures or 'indicators' that would help to understand whether wellbeing is improving or not.

There are a total of 52 indicators. They include things like the number of people who are experiencing homelessness, the percentage of children that are living in poverty and the employment rate for people with disabilities.

They also include things that have not been measured in the past but were raised as important issues in the community conversations and YouGov survey. These include things like litter and participation in local decision-making.

Over time, the indicators will provide a way of understanding progress towards achieving the wellbeing outcomes and the Combined Authority's vision for the North of Tyne.

Implementing the Wellbeing Framework

The Roundtable has shared this wellbeing framework with the North of Tyne Combined Authority. It recommends that they use this framework to ensure a wellbeing approach to pandemic recovery that improves the lives of people in the North of Tyne. Specifically, the Roundtable asks the Combined Authority to:

- **adopt** the wellbeing framework and commit to delivering the wellbeing priorities of North of Tyne residents
- **communicate** the wellbeing framework to North of Tyne residents via ongoing involvement and engagement
- **embed** a wellbeing approach to decision making, engaging local governments, agencies and stakeholders to deliver outcomes
- **report** on progress and **review** the approach taken at regular intervals

By endorsing these recommendations and taking a wellbeing approach to government, the Roundtable believes that the Combined Authority can make progress towards a North of Tyne where everyone has what they need to live well, now and in the future.

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The North of
Tyne Combined
Authority Inclusive
Economy Board's

Wellbeing Framework for the North of Tyne



Report by the Roundtable on
Wellbeing in the North of Tyne

Acknowledgments

The Report of the Roundtable on Wellbeing in the North of Tyne was written by Ben Thurman¹, Brogan Turner², Hannah Ormston¹, Jenny Peachey¹, Jennifer Wallace¹, Liz Zeidler³ and Rhiannon Bearne². It draws on a wealth of evidence generously shared by people living and working in the North of Tyne, and the insight and deliberation of Roundtable members.

The Roundtable is grateful for the support of the North of Tyne Combined Authority, the North of Tyne Combined Authority's Inclusive Economy Board, Cllr Karen Kilgour, NTCA Cabinet Member for Education, Inclusion and Skills, and Mayor Jamie Driscoll throughout this project; and for the contribution of all those who participated in building this vision for wellbeing in the North of Tyne.

- 1 Carnegie UK
- 2 North of Tyne Combined Authority
- 3 Centre for Thriving Places.

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Introducing a Wellbeing Framework for the North of Tyne

The North of Tyne region is an area of rich history, stunning coastlines, and impressive architecture. It is proud of its heritage as a cradle of the industrial revolution, home to a National Park and to a UNESCO World Heritage Site. Most of all, it is filled with people who are proud of their community and place, and passionate about the region's future.

We know that the North of Tyne also faces a number of challenges. High levels of unemployment, socio-economic inequality and rising levels of child poverty curtail the opportunities for too many people living in the region. These challenges have only been exacerbated by the COVID-19 pandemic. At the same time, the experience of the last 18 months and the 'spirit of togetherness' that saw communities supporting each other provides hope for the future.

It is clear that those living in the North of Tyne want to go further than 'build back better': they want to recover, reimagine and redesign.

The North of Tyne Combined Authority (NTCA) was established in 2018 as a partnership between three local authorities, Newcastle City Council, North Tyneside Council, and Northumberland County Council, with a shared ambition to create inclusive, sustainable growth through devolution.

Our North of Tyne vision is of a dynamic and more inclusive economy, one that brings together people and opportunities to create vibrant communities and a high quality of life, narrowing inequalities and ensuring that all residents have a stake in our region's future.¹

Since its formation, the NTCA has sought to use its powers to improve the lives of everyone who lives and works in the North of Tyne. This work has been strengthened through partnership with the North of Tyne's first Mayor, Jamie Driscoll, whose mission of achieving 'zero carbon zero poverty' for the area is now embedded in the NTCA's Corporate Plan 2021-2022.²

At the same time, Carnegie UK was developing its 'SEED' model of wellbeing. This model recognises that the building blocks of a good life are not just about money, but a complex interplay of factors that include our friends and family, our health, our neighbourhood and local environment, and our ability to contribute meaningfully to our community. Collective wellbeing only happens when social, economic, environmental, and democratic wellbeing are given equal weight, so that we all have what we need to live well together.³

In December 2020, the NTCA and Carnegie UK co-hosted an event to explore the opportunities for 'Building a Wellbeing Recovery in the North of Tyne'. The two organisations agreed to work together to look at the mechanisms for embedding wellbeing in

1 North of Tyne Combined Authority (2021) *Jobs, Skills and a post-Covid Economy: Corporate plan 2021-2022*.

2 North of Tyne Combined Authority (2021) *Jobs, Skills and a post-Covid Economy: Corporate plan 2021-2022*.

3 Wallace et al. (2020) *Gross Domestic Wellbeing (GDWe): An alternative measure of social progress*; Carnegie UK (2021) *Learning how to live well together: Our strategy for change 2021*.

Collective Wellbeing

At Carnegie UK we believe that collective wellbeing happens when **social**, **economic**, **environmental** and **democratic** wellbeing outcomes are seen as being equally important and are given equal weight.



decision-making processes. They decided to adopt the roundtable methodology recommended in the seminal 'Stiglitz-Sen-Fitoussi Report'.⁴

We were privileged to take up the positions of Co-Chairs of the Roundtable on Wellbeing in the North of Tyne. Over the last six months, the Roundtable has undertaken a process of listening to, and reflecting on, what matters to people living in the North of Tyne, including voices that are often unheard in policy making. We have invited contributions from people living and working across the region. We have also sought out technical expertise from YouGov and from the Centre for Thriving Places, to help us understand our wellbeing priorities, and to develop a set of indicators to measure progress.

Throughout this process we have received support and guidance from the NTCA's Inclusive Economy Board. In this report, we are proud to introduce the culmination of our work, *The Inclusive Economy Board's Wellbeing Framework for the North of Tyne*. With the Roundtable's work now concluded, it is our hope that the Board will oversee the implementation of the Wellbeing Framework that we have developed.

The rest of this report outlines the process designed by the Roundtable on Wellbeing in the

North of Tyne, and the evidence we considered as part of it. It then presents the Wellbeing Framework in detail, consisting of a vision statement, ten wellbeing outcomes, and a set of indicators that will measure progress towards those outcomes. It finishes with a series of recommendations to the NTCA Cabinet.

The Roundtable's remit was to develop a framework to assist the NTCA in understanding what matters to people in the North of Tyne, and to identify the outcomes and indicators they should prioritise in order to improve collective wellbeing. Our recommendations therefore focus on the Wellbeing Framework itself: we recommend that the NTCA **adopts** the proposed Wellbeing Framework, **communicates** it to people who live and work in the North of Tyne, **embeds** this understanding of wellbeing into decision-making, and publishes a timetable to regularly **report** and **review** progress.

By doing this, the Roundtable believes that the NTCA and its partners can effectively adopt a wellbeing approach to the pandemic recovery that will improve the lives of people throughout the region.

*Professor Mark Shucksmith OBE
& Sarah McMillan*

***Co-Chairs of the Roundtable on Wellbeing
in the North of Tyne***

⁴ Stiglitz et al. (2009) *Report of the Commission on the Measurement of Economic Performance and Social Progress (CMEPSP)*.

Wellbeing Framework for the North of Tyne

Our vision

The North of Tyne is a place with a dynamic and more inclusive **economy** one that brings together people and opportunities to create vibrant communities and a high **quality of life** narrowing **inequalities** and ensuring that all residents have a stake in our region's **future**

Our wellbeing outcomes



1. Background to wellbeing in the North of Tyne

The origin of the 'Wellbeing Agenda'

Since the end of the Second World War, 'progress' has focused on the reduction of poverty and the generation of wealth, as captured by measures of national income such as Gross Domestic Product (GDP). But questions about GDP, and whether it is a decent measure of what makes a good society, have been around for nearly as long as the measure itself. Right now, as the world is changing around us, it is a good time to rethink how we think about what individuals, communities and societies need to flourish.

The current focus on economic growth, measured through GDP, can imply that acquiring wealth is a proxy for improvement in people's quality of life, and yet there is extensive evidence that, at least after basic needs are met, money is not necessarily a key determinant of happiness.⁵ Perversely, events that common-sense suggests may negatively impact subjective wellbeing – such as natural disasters, crime and divorce – can sometimes impact positively upon GDP. At the societal level, economic growth can have a negative impact on wellbeing as it often leads to pollution and the depletion of resources.⁶ A 'growth at any cost' economic model has also been associated with deepening inequalities,

and some of the psychological downsides of social anxiety, debt-based consumerism, and addictive behaviour.⁷

The concept of collective wellbeing is an alternative to this narrow view of social progress. Collective wellbeing is a holistic approach to thinking about what we all need to live well, individually and together. In 2008, the French Government initiated the Commission on the measurement of Economic Performance and Social Progress, led by Joseph Stiglitz, Amartya Sen and Jean-Paul Fitoussi.⁸ The Commission's aim was to identify the limits of GDP as an indicator of economic performance and social progress, to consider additional information for the production of indicators of social progress, and assess the feasibility of alternative measurement tools.

A key driver of the Commission's work was the observation that 'What we measure affects what we do; and if our measurements are flawed, decisions may be distorted.' Choices between promoting GDP and protecting the environment may be false choices once environmental degradation is appropriately included in our measurement framework.

The Stiglitz-Sen-Fitoussi Report distinguishes between an assessment of current wellbeing, and an assessment of sustainability. Current wellbeing has to do with both economic

5 The 'Easterlin Paradox' was first coined in the 1970's and informed subsequent research, including the Stiglitz-Sen-Fitoussi Report. Easterlin (1974) 'Does Economic Growth Improve the Human Lot? Some Empirical Evidence'; Stiglitz et al. (2009) *Report of the Commission on the Measurement of Economic Performance and Social Progress (CMEPSP)*

6 Raworth (2017) *Doughnut Economics: Seven Ways to Think Like a 21st-Century Economist*.

7 Wilkinson & Pickett (2009) *The Spirit Level: Why More Equal Societies Almost Always Do Better*.

8 Stiglitz et al. (2009) *Report of the Commission on the Measurement of Economic Performance and Social Progress (CMEPSP)*

resources and with non-economic aspects of people's lives. Whether these levels of wellbeing can be sustained over time depends on whether stocks of capital that matter for our lives (natural, physical, human, social) are passed on to future generations. In this sense, the debate on wellbeing must incorporate considerations associated with the debate on sustainable development. They recommended that a basket of indicators is used to measure social progress, rather than relying on one measure. These indicator sets were seen as essential to supporting better decision-making for communities and citizens.

Internationally, the Stiglitz-Sen-Fitoussi report contributed significantly to an already evolving interest in, and analysis of, wellbeing and the economic, social and environmental factors that contribute to it.⁹ In the years since, many governments have developed wellbeing frameworks, bringing together these indicators into a single coherent picture of 'how life is' in regions, cities and nations. The most notable examples are the Wellbeing Economy Governments of New Zealand, Iceland, Scotland and Wales.¹⁰ These governments have developed innovative legislation and practical policies to move from rhetoric to reality and improve inequality. As they deepen their wellbeing approaches, governments are now beginning to embed the measures and the overall approach in policy processes such as budget setting, policy appraisal and evaluation.¹¹

The context of devolution in the North of Tyne provides an exciting opportunity to shape a wellbeing approach at a Combined Authority level.

Setting wellbeing in context: the SEED approach

While variously called sustainable development, inclusive growth, quality of life, happiness or going 'beyond GDP', Carnegie UK articulates a vision of 'collective wellbeing' in which everyone has what they need to live well now and in the future. More than health and wealth, it includes having friends and loved ones, the ability to contribute meaningfully to society, and the ability to set our own direction and make choices about our own lives. Collective wellbeing, therefore, is made up of, and places equal weight on, social, economic, environmental, and democratic (SEED) outcomes.

All of these different domains of our lives are interconnected: for example, the construction of a new road, creating jobs (economic) and improved transport connections (social) could have a negative impact on emissions (environmental). The core message of a wellbeing approach is the need to create a better understanding and measurement of social progress, whether nationally, regionally, or locally, in order to rebalance these outcomes.¹²

While there are universal 'truths' in wellbeing (such as the importance of family and friends, the impact of poor health on wider wellbeing and the importance of protecting the environment to allow for future wellbeing), these can only be understood in detail in a particular time and place. So, for example, education matters for wellbeing, but good education in Newcastle will be different from a good education in New Delhi.

And now, with the recent shocks to our health and economy coming on top of pressing questions about the sustainability of our environment, the debate about how we measure social progress has taken on a new urgency.

9 See, for example, OECD, *Measuring Well-being and Progress: Well-being Research*.

10 Wellbeing Economy Alliance. *Wellbeing Economy Governments*.

11 Examples include Scotland's National Performance Framework, the Well-being of Future Generations in Wales, and most recently, New Zealand's 'wellbeing budget'.

12 Wallace et al. (2020) *Gross Domestic Wellbeing (GDWe): An alternative measure of social progress*.

Since the start of the pandemic, discussion about the importance of protecting the collective wellbeing of people living in the UK from the social, economic, environmental, and democratic consequences of COVID-19 has increased in prominence: in the media, within civil society, and in political rhetoric. COVID-19 sparked new, and renewed existing, conversations about what exactly wellbeing and social progress are, and how a wellbeing approach that includes long-term, preventative policymaking could help to alleviate the multiple impacts of the virus on current and future generations.

Building a wellbeing approach for the North of Tyne

By 2020, a number of factors had aligned to create the conditions for a wellbeing approach in the North of Tyne. The Devolution Deal and partnership between Newcastle City Council, North Tyneside Council and Northumberland County Council provided new powers and new impetus for collaboration (see Appendix 5 for further background to devolution in the North of Tyne). Mayor Driscoll's and the Cabinet's collective commitment to a 'zero carbon, zero poverty' recovery offered a clear vision for

the future. The Inclusive Economy Board was established to tackle some of the long-standing economic challenges in the region, and the Citizens' Assembly on Climate Change¹³ was planned to guide the region's approach to promoting environmental wellbeing. Alongside this, the COVID-19 pandemic had generated a desire to build on the strength of the community response, and ensure that everyone had a stake in the region's future.

In December 2020, Carnegie UK and the NTCA hosted an online event where people living and working in the North of Tyne had the opportunity to hear and take inspiration from national and international examples of wellbeing approaches to government, including Sophie Howe, Future Generations Commissioner for Wales. Building on the success of the event, Carnegie UK was invited to work with the NTCA to explore the possibilities for a wellbeing approach in the North of Tyne. Carnegie UK recommended a roundtable methodology to bring together stakeholders in the region to consider wellbeing in the round. The following chapter of this report discusses the process that the Roundtable designed.

¹³ The Citizens' Assembly reported in July 2021: Bryant (2021) *The North of Tyne Citizens' Assembly on Climate Change 2021*.

2. The Roundtable's approach

In 2021, with the guidance of its Inclusive Economy Board, and the support of Mayor Driscoll and the Cabinet, the NTCA began working with Carnegie UK to explore a wellbeing approach to the pandemic recovery, with the aim of establishing a framework for embedding wellbeing in decision-making across the area. A core principle was that the process should take a co-designed approach, informed by the views of people living and working in the North of Tyne, in-line with the NTCA's stated values and ways of working.¹⁴ Once a framework had been created, this would be taken to the NTCA's Cabinet and, if approved, would make the North of Tyne the first Combined Authority in England to measure and align policy to wellbeing.

In 2009, the authors of the 'Stiglitz-Sen-Fitoussi Report' had recommended that roundtables should be established, 'with the involvement of stakeholders, to identify and prioritise those indicators that carry the potential for a shared view of how social progress is happening and how it can be sustained over time'.¹⁵ Since then, Carnegie UK has successfully applied this roundtable methodology to influencing wellbeing frameworks in Scotland¹⁶ and in Northern Ireland.¹⁷ It was therefore decided to apply this approach to exploring wellbeing in the North of Tyne: a Roundtable of individuals offering a wide range of interests and expertise was put together by invitation (see table 1) with Carnegie UK acting as secretariat.

The Roundtable on Wellbeing in the North of Tyne met virtually on four occasions between May and October 2021. Its members drew on their collective expertise, and Carnegie UK's prior knowledge and experience of supporting wellbeing approaches to government, to consider key questions and develop a framework for a wellbeing approach to the pandemic recovery. At its first meeting in May 2021, the Roundtable agreed a Terms of Reference (Appendix 1), in which it set out its aims to explore:

1. Whether wellbeing can inform a shared policy narrative across different departments and tiers of government in North of Tyne?
2. What are the key wellbeing outcomes for North of Tyne, aligned to existing policy commitments and public engagement?
3. What data is available to chart progress towards these outcomes?
4. What changes are required to ways of working in public authorities to support a wellbeing approach and how can they be embedded?
5. How should North of Tyne authorities report progress to the public and stakeholders?

The Roundtable's approach was informed, in particular, by guidance on wellbeing frameworks for cities and regions, developed by Carnegie UK in partnership with Organisation for Economic Co-operation and Development (OECD), which highlights the importance of defining, and understanding, what wellbeing means locally; of selecting appropriate wellbeing domains; and agreeing the best available indicators.¹⁸

¹⁴ North of Tyne Combined Authority (2021) *Jobs, Skills and a post-Covid Economy: Corporate plan 2021-2022*.

¹⁵ Stiglitz et al. (2009) *Report of the Commission on the Measurement of Economic Performance and Social Progress (CMEPSP)*.

¹⁶ Smith & Herren (2011) *More than GDP: Measuring What Matters. Report of the Round Table on Measuring Economic Performance and Social Progress in Scotland*.

¹⁷ Doran et al. (2015) *Towards a Wellbeing Framework: Background Report prepared for the Roundtable on Measuring Wellbeing in Northern Ireland*.

¹⁸ Coutts & Wallace (2016) *Sharpening Our Focus: Guidance on wellbeing frameworks for cities and regions*.

Table 1: The Roundtable on Wellbeing in the North of Tyne

Professor Mark Shucksmith OBE (Co-chair) Newcastle University / Carnegie UK Trustee	Mark is Professor of Planning at Newcastle University, where he was also Director of the Institute for Social Renewal from 2012-18. His main areas of research include social exclusion in rural areas, rural housing, rural development and policy.
Sarah McMillan (Co-chair) Assistant Director of Policy, Northumberland County Council	As Assistant Director of Policy at Northumberland County Council, Sarah leads the development of strategy and policy at a large rural Local Authority, where she has been instrumental in the response to and recovery from the Covid-19 pandemic in the County, and across the region. In a career of over 20 years, Sarah has worked at local, regional and national tiers of Government, leading large scale national programmes and developing and influencing economic and social policy in areas such as education, skills and economic growth.
Andrea Malcolm Executive Director of People, Homes and Communities, Bernicia	Andrea is the Executive Director of People, Homes and Communities at Bernicia. Andrea's successful 30-year career in the social housing sector has spanned senior leadership positions in Housing Management, Human Resources and Organisational Development. Each of these has contributed significantly to Bernicia's success and substantial business growth, with Andrea leading on transition and transformation agendas.
Behnam Khazaeli Senior Public Health Manager, North Tyneside Council	Behnam is an experienced local authority officer with over 17 years' experience (working at Gateshead Council, South Tyneside Council and currently North Tyneside Council) with a range of knowledge and experience across neighbourhood management, community development, community safety, commissioning, and public health. Passionate about public health and community development (asset based approaches), he is currently a Senior Public Health Manager leading on a wide portfolio including obesity and physical activity, NHS Health checks, Domestic Abuse, Culture & Wellbeing and support around COVID-19 and workplaces.
Emma Ward Research, Evidence and Analysis Programme Manager, North East Local Enterprise Partnership	Emma Ward is the Research, Evidence and Analysis Programme Manager at the North East LEP. Her role focuses on putting evidence at the heart of decision making, through supporting the commissioning, conducting and dissemination of research and analytical activities. She has previously held a series of research and evaluation roles in the region; at consultants ERS and the Wise Group, before joining the North East LEP.
Jennifer Wallace Director, Carnegie UK	Jennifer is a Director at Carnegie UK. An experienced manager and public policy researcher and analyst, her work in the public and voluntary sector has led to positive change in legislation, policy, and practice.
Laura Seeböhm Executive Director of External Affairs, Changing Lives	Laura is Executive Director at Changing Lives, leading external affairs, policy, communications, and innovation across the organisation. Her role includes raising the voices of people experiencing homelessness, addiction, the criminal justice system and exploitation and ensuring that decision-making and systems are focused on recovery and wellbeing.

Table 1: The Roundtable on Wellbeing in the North of Tyne

Leigh Mills Head of Inclusive Growth, North of Tyne Combined Authority	Leigh is the Head of Inclusive Growth at the North of Tyne Combined Authority (NTCA). Responsible for NTCA's learning, skills, and labour market strategy she leads a team delivering the £25m devolved Adult Education Budget programme, and wider inclusive economy and good work initiatives for the North of Tyne.
Liz Robinson Public Health Manager, Northumberland County Council	Liz has worked in local authorities in Northumberland and Newcastle for over 20 years in a variety of roles supporting local authorities in their role to improve public health. These have included supporting Health Scrutiny Panels, Local Strategic Partnerships Health Coordination Groups and Strategic Boards.
Lorna Smith Assistant Director of Public Health (Acting), Newcastle City Council	Lorna is a Consultant in Public Health with a background in international development and experience of working in the NHS, local authorities and with central government. Lorna currently leads the Wider Determinants of Health portfolio for Newcastle City Council public health department and has particular interests in wellbeing, health literacy and inequalities. During the pandemic Lorna has been the Assistant Director of Public Health with specific leadership for vaccine inequalities, outbreak management and Newcastle's welfare support infrastructure.
Miatta Fahnbulleh Chief Executive, New Economics Foundation	Miatta is Chief Executive of the New Economics Foundation. She has a wealth of experience in developing and delivering policy to empower communities and change people's lives. She has been at the forefront of generating new ideas on reshaping our economy inside government and out.
Robin Fry Chief Executive, VODA	Robin is the North of Tyne Mayor's Ambassador to the VCSE sector. Also, Chief Executive of North Tyneside charity VODA, founded on the belief that volunteering and social action can transform communities for the better.

It was agreed that the scope of the Roundtable was to develop a wellbeing framework that reflected the evidence on what matters to people in the North of Tyne, and allowed the NTCA to measure progress towards an agreed set of wellbeing outcomes. And so, while there are policy implications for much of the

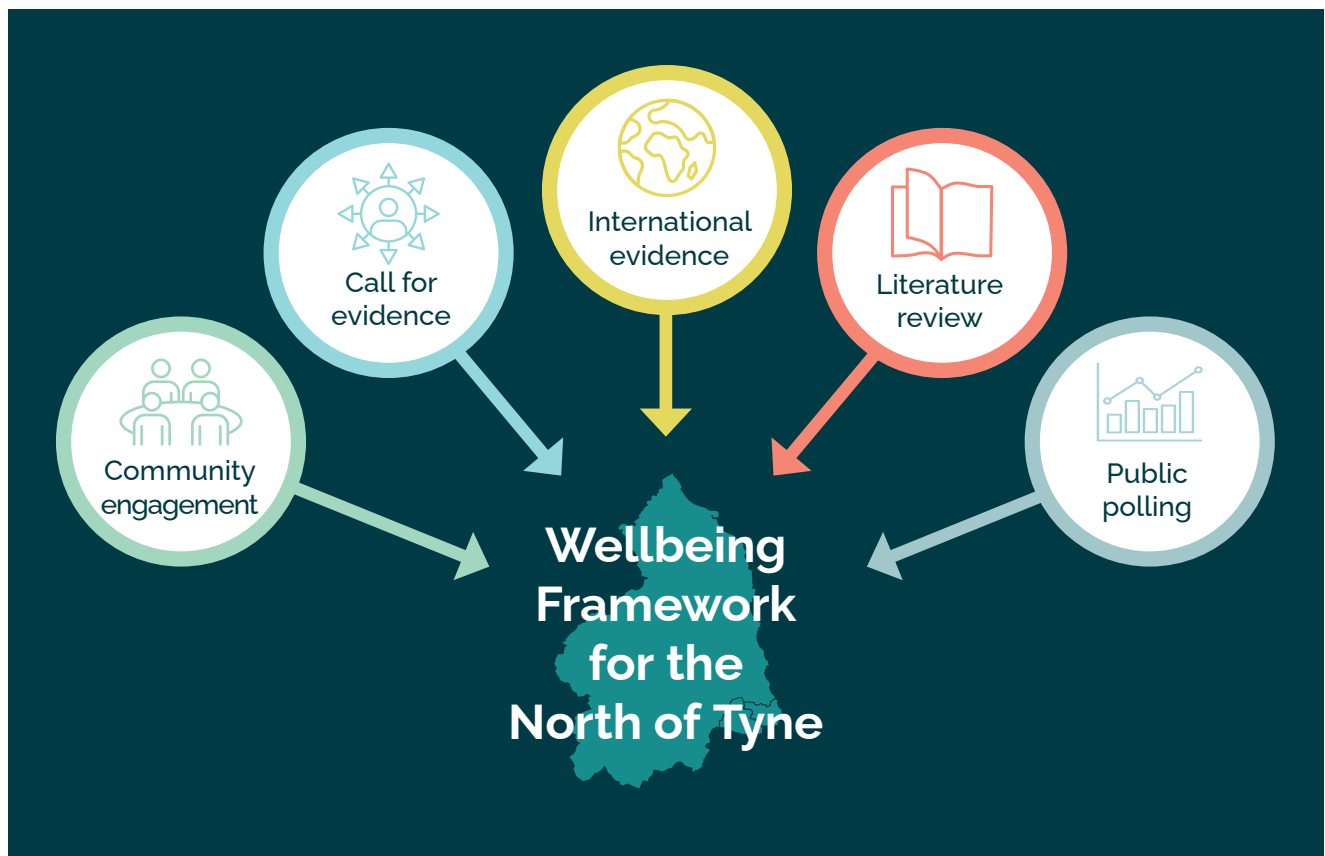
evidence that the Roundtable considered, its recommendations are focused on the process of adopting, and sustaining, a wellbeing framework. The next steps for taking forward the framework would involve detailed consideration of the policies that a wellbeing approach suggests.

Considering evidence on what matters for wellbeing for people in the North of Tyne

In order to understand what matters to people living and working in the North of Tyne, the Roundtable heard evidence drawn from a range of different activities: a desk-based policy and literature review of wellbeing issues and the impact of COVID-19 on people and communities living in the North of Tyne; written submissions to an open call for evidence on key issues highlighted in the desk-based review; and reports from a series of public engagement activities, in which eleven community organisations were given funding to conduct workshops which

aimed to engage voices that are often unheard in policy conversations on the question of what matters for wellbeing. By adopting a mixed approach, the Roundtable aimed to develop a picture of wellbeing in the North of Tyne that was informed by national data, local insight, and community voice: this evidence is presented in detail in chapter 3.

Having considered this evidence, the Roundtable commissioned polling from YouGov, with the dual purpose of filling in gaps in evidence and canvassing people's priorities for 'the North of Tyne we want'. Data from the second question was used by the Roundtable to inform the wellbeing outcomes that are presented in chapter 4.



Adopting the SEED domains

An early decision was taken to use the SEED model – which understands collective wellbeing as giving equal weight to social, economic, environmental, and democratic wellbeing outcomes¹⁹ – as a framework for the Roundtable's activities. This decision was consistent with guidance that advises to 'start with a theoretical framework', using this to define what wellbeing means to local stakeholders and communities.²⁰

The call for evidence, therefore, asked people to identify the most important social issues, economic issues, environmental issues, and democratic issues. Evidence from public engagement was also analysed according to these domains. The Roundtable's analysis of what matters for wellbeing in the North of Tyne identified a number of areas of intersectionality (where social wellbeing influenced environmental wellbeing, and so on), and specific demographics for whom certain wellbeing domains felt more important than others (both of which are discussed in the following chapter). However, overall, the evidence considered by the Roundtable suggested that the SEED model, which places equal weight on wellbeing domains²¹ was both applicable and relatable for people living and working in the North of Tyne.

As a result, the evidence presented in the following chapter, and the wellbeing framework itself (Chapter 4) is organised under the following domains, each of which the Roundtable considers of equal importance in achieving the vision for wellbeing in the North of Tyne:

- **Social wellbeing:** we all have our basic needs met
- **Economic wellbeing:** we all have a decent minimum living standard

19 Wallace et al. (2020) *Gross Domestic Wellbeing (GDWe): An alternative measure of social progress*; Carnegie UK (2021) *Learning how to live well together: Our strategy for change 2021*.

20 Coutts & Wallace (2016) *Sharpening Our Focus: Guidance on wellbeing frameworks for cities and regions*.

21 Unlike other models, for example the Thriving Places Index (Centre for Thriving Places, 2021) or 'doughnut' economic model, which include planetary limits and human rights/equalities baselines (Doughnut Economics Action Lab, 2021).

- **Environmental wellbeing:** we all live within the planet's natural resources
- **Democratic wellbeing:** we all have a voice in decisions that affect us

Developing a set of indicators

The Roundtable worked with the Centre for Thriving Places to develop an approach to measuring wellbeing, which was based on the research, data, and evidence behind the highly regarded Thriving Places Index.²² This model was adapted to reflect the SEED domains, NTCA priorities, and the evidence gathered and considered by the Roundtable. The indicators were considered at various iterations over the course of the Roundtable's work, and the final set of indicators is discussed in Chapter 4 and presented in full in Appendix 4.

Support from NTCA's Inclusive Economy Board

The NTCA's Inclusive Economy Board provided important governance and oversight of the project during its progress. A central feature of the NTCA's devolution settlement,²³ the Inclusive Economy Board supported the early engagement event, and through regular reports and a presentation from Co-chair Professor Mark Shucksmith OBE, also a Board member, helped align the project progress and subsequent outputs to the NTCA's overall strategy. Subject to the Cabinet's response to this report, it is proposed that implementation and oversight of the Framework should sit with the Inclusive Economy Board. If agreed by Cabinet, formal endorsement of this commitment would be requested by the Board in early 2022.

22 Centre for Thriving Places. *Thriving Places Index*.

23 HM Government (2018) *North of Tyne Devolution Deal*.

3. Understanding what matters to people in the North of Tyne

The first step in building a wellbeing approach is to define what wellbeing means locally. The Roundtable therefore took forward a number of activities to understand what matters to people in the North of Tyne.

In May, the Roundtable issued a Call for Evidence, which ran for eight weeks until mid-July. The Call for Evidence was open to anyone living and working in the North of Tyne, and asked people to contribute information on the following questions:

- What are the most important **social** issues for people living and working in the North of Tyne?
- What are the most important **economic** issues for people living and working in the North of Tyne?
- What are the most important **environmental** issues for people living and working in the North of Tyne?
- What are the most important **democratic** issues for people living and working in the North of Tyne?
- What are the most **promising approaches** to improving social, economic, environmental, or democratic wellbeing in the North of Tyne?
- What are the **biggest barriers** to improving social, economic, environmental, or democratic wellbeing in the North of Tyne?
- What **data** do you have, or use, about social, economic, environmental, or democratic wellbeing in the North of Tyne?

The Call for Evidence elicited 33 responses from organisations spanning a range of sectors, including local government, civil society, academics and think tanks (see Appendix 2 for a full list of respondents).

In addition to seeking written submissions to the Call for Evidence, there was an expressed intent to understand what mattered to people and communities, with a particular focus on hearing voices that are often unheard in decision making processes. To support this, the Roundtable invited community organisations working across the region to carry out community engagement events, facilitating conversations with residents and beneficiaries on at least two of the following areas:

- 1. The North of Tyne We Want:** *exploring the building blocks for a good life and a good community. What matters most to the North of Tyne?*
- 2. The North of Tyne We Have:** *exploring a deeper understanding of the current level of wellbeing locally.*
- 3. From Outcomes to Action:** *Building on the previous two stages, what actions would improve wellbeing for communities in the North of Tyne?*

After publicising this through Roundtable members' networks, eleven organisations were provided with a session guide and given funding to facilitate conversations with a range of different groups, including older people, refugees and asylum seekers, disabled people, and children and young people (a list of community organisations and beneficiaries who participated is included in Appendix 2).

Finally, in October 2021, a survey conducted by YouGov²⁴ collected data on the wellbeing priorities of people in the North of Tyne and filled in gaps in evidence that had been identified by the Roundtable on neighbourhood belonging; informal help and support; loneliness; sense of control; and tolerance and diversity (see Appendix 3 for a breakdown of survey data).

The information that was gathered and considered by the Roundtable from these different activities is summarised together in the following sections, covering evidence relating to each of the SEED domains and evidence relating to the intersectionality of wellbeing domains. The chapter is concluded by a desk-based review of policy and literature on wellbeing issues for the North of Tyne, which provides further evidence and context on current socio-economic challenges.

Social wellbeing

The community engagement sessions revealed a strong consensus on the key elements of a good life and a good community. When asked about the 'building blocks' for wellbeing, participants spoke about good health and services, community, family and friends, and spaces and opportunities to socialise safely. People also expressed a strong sense of connection to the North East as a region, and pride in its cultural heritage, architecture, and the region's friendly people.

24 The Roundtable consulted a range of local research organisations as part of its evidence gathering; towards the end of this process, it became clear that YouGov was best placed to deliver rapid polling of a representative sample, which would allow the Roundtable to build a quantitative understanding of wellbeing priorities in the North of Tyne.

The survey was conducted using an online interview administered to members of the YouGov Plc UK panel of 800,000+ individuals who have agreed to take part in surveys. Total sample size was 1748 adults. Fieldwork was undertaken between 15 – 22 October 2021. The figures are in relation to the following sample: Adult (18+) residents of Newcastle (538), North Tyneside (505), and Northumberland (705).

*The street I live on, everyone stops to chat to each other. Everyone knows everyone. There's a good community feel on the street. We cook for each other.*²⁵

The importance of social relationships and a sense of community was reiterated in responses to the Call for Evidence. Social isolation and loneliness were the most commonly referenced issues relating to the social wellbeing of people in the North of Tyne. Some of this may be attributed to the experience of COVID-19, but it was also notable that some people spoke about rurality and access to transport as contributors to isolation and a lack of social connection.

Although there was consensus on the importance of these issues, survey data from YouGov revealed that community and connection are not experienced equally across the North of Tyne. There was a clear age profile: the older the respondent, the more likely they were to have received or given neighbourly help and support at least once in the past month (40% of those 55 and over, versus 27% of those aged 18-54 had received such help; and 53% of those 55 and over, versus 38% of those aged 18-54 had given it). Those aged 18-24 (43%) and 25-34 (41%) were significantly more likely to report experiencing loneliness on a weekly basis, compared to 33% of 35-44s, 30% of 45-54s, and only 15% of 55+s. Added to this, those who are social grade ABC1²⁶ were more likely (68%) to experience belonging, neighbourliness and connection compared to C2DE (55%), pointing to the impact of socio-economic inequalities on domains of wellbeing.

The Roundtable also heard evidence about mental health as an issue of growing concern across the region. Again, people cited the influence of intersectional disadvantage on people's mental health: specifically, that people on lower incomes and people in the refugee and asylum seeker

25 All quotes are drawn from the evidence received by the Roundtable.

26 The YouGov survey uses the NRS (National Readership Survey) social grades as a rough demographic classification to differentiate people from higher (ABC1) and lower (C2DE) socio-economic backgrounds.

community were more likely to experience mental health difficulties. It was also recognised that COVID-19 had exacerbated existing challenges, both because of the impact of lockdown and furlough on individuals' mental health, and because of the impact of the pandemic on service provision.

As many of the statutory services closed or went on-line during COVID-19, our service users suffered more poor mental health and isolation.

Access to services was another consistent theme in community engagement and call for evidence submissions – including transport, health, mental health and more. There was a clear sense that service provision was not evenly distributed across the North of Tyne (including urban/rural disparity, socio-economic dimensions, and the experience of particular groups). This feeling was strongly conveyed by disability groups involved in community engagement and in responses to the Call for Evidence. It was also supported by data in the YouGov survey, which showed that people living with a long-term²⁷ health problem or disability that limited day-to-day activity were far more likely to feel that they had too little control over public services (64%) than those who do not (55%), an issue which is returned to later in the chapter.

It was also supported by data in the YouGov survey, which showed that people living with a health condition or disability (64%), which limited day-to-day activity, were far more likely to feel that they had too little control over public services than the general population (55%), an issue which is returned to later in the chapter.

Finally, the Roundtable heard evidence about housing. This was considered in both the social and economic wellbeing domains (access to good quality homes is an issue of basic needs, but also intertwined with jobs and personal

finance), which reflects its central importance to wellbeing for people living in the North of Tyne.

Economic wellbeing

The Roundtable received a significant amount of evidence about poverty and inequality, including related challenges such as unemployment; low wages and productivity; opportunities for skills development and training; affordability of housing and childcare, and related impacts on health inequalities and educational attainment. Some of these are discussed in more detail in the review of policy and literature later in the chapter.

As well as evidence on the scale and impact of economic inequality, there was a clear understanding about the importance of financial security as a basic component for wellbeing. Community engagement sessions with young people homed in on homelessness as an issue that needed addressing, and, when surveyed, 86% of respondents said that the statement, 'We all have enough money to meet our basic needs like heating, eating and housing,' was important to them when thinking about the economic wellbeing of their community. Clearly, then, this is not just people with experience of poverty, but represents a much wider belief across the region in values of fairness and equality, reflecting the ambitions of the NTCA and the Inclusive Economy Board of 'closing the gap', so that everyone can participate and thrive.

It is terrible to see how many people are living in poverty in a region which has the potential to be affluent.

The evidence gathered highlighted the importance of a broad infrastructure that supports people to succeed. The Roundtable heard about the importance of 'good' or 'decent' jobs with opportunities for progression and predictable hours and identified a need to create an economy that could support high skilled and well-paid jobs. Alongside this, people cited the

²⁷ Respondents were asked about health problem or disability that 'has lasted, or is expected to last, at least 12 months.'

importance of good and affordable transport, in terms of whether work was geographically accessible, and access to good and affordable childcare, which currently presents barriers to employment for parents/carers.

We need more jobs in Newcastle and more good jobs for young people and migrant people. If you do not have good English in Newcastle, you don't really live.

The community engagement sessions also shed light on the broader impacts of financial insecurity. The Roundtable received testimonies relaying how the introduction of Universal Credit had increased financial anxiety, and had a negative impact on mental health. Alongside this, data from YouGov highlighted higher levels of anxiety among those with the smallest amounts of monthly disposable income. 33% of those with £1000+ disposable income per month experience anxiety at least weekly, compared to 41% of those with £500-£999, and almost half (47%) of those with less than £500. More broadly, people identified money as a barrier to participation in economic and social life and the availability to lead a healthy lifestyle. And throughout these conversations, the Roundtable was regularly reminded of the particular challenges faced by certain groups (young people, older people, refugees and asylum seekers, disabled people), highlighting the need to tackle structural barriers to collective wellbeing.

Environmental wellbeing

The Call for Evidence generated fewer responses on environmental wellbeing compared to social and economic wellbeing – more than half of respondents left the question blank. Those who did respond, however, highlighted a wide range of issues, from climate change and air pollution, to public transport and active travel, biodiversity and rewilding, housing and local green space, jobs and renewable technologies, and waste management. It is clear that environmental issues

can, and do, influence the collective wellbeing of people in the North of Tyne. The lower number of responses may reflect the types of organisations that responded, and the fact that it can be hard to engage with something as big as 'the environment' amidst so many more immediate priorities. It also highlights the importance of making climate action feel real and relevant to communities.

Climate change can be a lower priority for families on low incomes [...] They need to be shown how tangible actions and changes will improve their lives and their immediate surroundings.

In reflecting on the question, 'what makes North of Tyne a great place to live?', community engagement conversations drew attention to the local, and the hyperlocal (e.g. neighbourhood or street level). People spoke passionately about the North of Tyne's landscapes, particularly its coastline and beaches. They also valued access to local green space and, among their concerns, spoke about the problems of litter and dog poo. This was reinforced by YouGov polling in which people valued most 'a good quality local environment including parks and green space', and 'living in a neighbourhood free from litter, air and noise pollution and other environmental problems' when given a list of environmental wellbeing outcomes.

In addition, the Roundtable noted that many of the challenges that were identified in the social and economic domains intersected with environmental wellbeing. Improving access to transport (economic) and quality housing (social) and investing in good quality jobs (economic) in low carbon industries, can collectively improve environmental wellbeing in the North of Tyne. The recent report by the North of Tyne Citizens' Assembly on Climate Change contains detailed recommendations that demonstrate an array of possibilities for applying an environmental lens to tackling other wellbeing issues.²⁸

Democratic wellbeing

Several written submissions reflected on the lack of engagement with, and lack of trust in, political systems. They noted that, for some communities, democratic processes felt irrelevant to their lives; and that others were reluctant to speak up because of previous experiences of being ignored. Although this was not raised by everyone, this feeling was particularly strong in community engagement sessions run by two of the eleven community organisations. People expressed a sense of neglect, both between the North East and the rest of the country, and within the North East itself, where some people are able to access opportunities and others are ignored and left out.

People ordinarily do not have a voice in decisions that affect them [...] people are reluctant to voice their opinions and views as they have previously gone unheard...

While most groups did not refer to 'democracy' directly when talking about the building blocks for a good life and a good community, the importance of being heard was central to discussions. The Roundtable heard about the importance of including older people's voices in decision-making, and of learning from the experiences of disabled people through meaningful consultation (both of which included the requirement for better diversity and representation on decision-making bodies). Others explicitly cited 'not being listened to' as a barrier to change in the North of Tyne and suggested that decision-makers should be focused on listening to what communities want, rather than imposing strategies.

We need to start with democracy as this is where societal changes must begin. We can't have genuine equality when we aren't respected or valued.

Across a range of different population groups, there was also a sense of the importance of feeling valued and respected. This was clearly

vocalised by some groups (including disabled people) but was more implicit with others (such as young people). The evidence also included a variety of experiences from ethnic minority communities: some perceiving the North East and/or their neighbourhood as friendly and welcoming, others reporting experiences of abuse. Recognising the issues of racism and hate crime in the North of Tyne, and the experiences of disabled people in particular, the Roundtable included questions in the YouGov survey on diversity and tolerance. These findings are discussed in the following chapter but aim to provide a baseline and a more informed understanding of how the NTCA is progressing towards a society where everyone is valued and treated with respect.

The intersection of the SEED domains

When asked 'what makes a good life' and 'what's great about living in the North of Tyne', most participants in community engagement conversations focused on social wellbeing – friends and family, health and services, leisure, and greenspace. However, it was clear that a smaller number of participants experienced the SEED domains differently. The Roundtable heard how poor economic wellbeing can be a barrier to participation, and how the environment is experienced differently by disabled people if there are no accessible facilities. These examples highlight the intersectionality of the SEED domains and that, for some individuals and communities, different wellbeing domains may feel more important than others. Furthermore, these experiences are not static, and change over time, according to the personal circumstances of the individual and the environment in which they live.

It is difficult to engage in a discussion on wellbeing for disabled people until we have our basic needs met.

The Roundtable discussed whether there was a baseline of needs that must be met before people are able to participate fully in a conversation about collective wellbeing in the North of Tyne. The final wellbeing framework is a flat model,²⁹ in which each of the SEED domains is given equal weight. The discussion about equalities is reflected in the democratic wellbeing outcomes, and at the heart of the NTCA's vision of '...narrowing inequalities and ensuring that all residents have a stake in our region's future'. In delivering this vision, it is clear that there would need to be a greater focus on supporting those communities whose voice and choice is most compromised.

In addition, people also demonstrated a keen awareness of place-based inequalities. This was evident in comments perceiving a North/South divide; but also within the region, where people spoke about unequal service provision and access to opportunities. These comments came up consistently, and not just among those who might experience socio-economic disadvantage. This suggests a shared understanding across the region, and broad-based support for policies that tackle inequality and promote inclusion, in order to deliver collective wellbeing.

We need to recognise that 'levelling up' needs to happen within areas and communities, it isn't just North v South, rural v urban.

Finally, the Roundtable's approach to gathering evidence also highlighted the importance of sustained, meaningful community engagement. The conversations themselves emphasised the deficit in democratic wellbeing among certain communities who feel unheard and unrepresented by decision-makers. It is therefore vital that the NTCA continues to engage communities in the process of implementing its Wellbeing Framework. As a relatively new Combined Authority, the NTCA has an

opportunity to build trust by listening to what matters to people, and then building appropriate strategies for improving collective wellbeing together.

The evidence presented in this chapter – drawn from community engagement, an open call for evidence, survey data and a desk-based review of policy and literature – was gathered and discussed by Roundtable members between May and October 2021. These discussions, in line with the vision of the NTCA, were used to inform the development of the Inclusive Economy Board's Wellbeing Framework for the North of Tyne, which is presented in the following chapter.

Review of policy and literature on wellbeing in the North of Tyne

The North of Tyne is proud of its heritage as a cradle of the industrial revolution and driving force in sectors including coal mining, railways, shipbuilding, electricity, and lighting. In recent decades, the decline of these traditional industries has meant that the prevailing economic narrative is one of relative decline. This is evidenced by a 'productivity gap' of £4 per person per hour between the North East and the rest of England and job growth that has not risen above 1% (compared to 12% in London, the South East and South West).²⁹

The impacts of Brexit & COVID-19

Prior to the COVID-19 pandemic, the UK was undergoing a period of uncertainty as it prepared for withdrawal from the European Union. This was predicted to have particular consequences for the Northern Economy,³⁰ affecting supply chains and jobs in

²⁹ Unlike, for example, the doughnut economics model, which includes a threshold of 'social foundations'. Raworth (2017) *Doughnut Economics: Seven Ways to Think Like a 21st-Century Economist*.

³⁰ Raikes et al. (2019) *Divided and Connected: Regional inequalities in the North, the UK and the developed world*.

manufacturing and industry.³¹ The impact on the North was already evident in a 57.6% fall in foreign direct investment jobs since 2016.³²

Subsequently, COVID-19 hit North East England harder than elsewhere, exacerbating inequalities. The region was subject to more local lockdown measures than other parts of England.³³ Across the 'Northern Powerhouse', which includes the North of Tyne, 12.4 more people died of COVID-19 per 100,000 than the rest of England.³⁴ This experience has led some to predict that the North East will feel the impact of the pandemic for longer.³⁵

Skills

Skills play a key role in driving regional growth. In general, highly skilled workers are more productive – but their skills must be relevant and reflect the needs of local employers which are constantly changing and evolving. The qualifications profile of the working age population of the North of Tyne is lower than that of England, with more individuals with no qualifications and fewer with high level qualifications (NVQ level 4 or above)³⁶, and a high density of skills shortage in particular sectors including construction and manufacturing, hospitality, and transport and storage.³⁷ This suggests a need to develop skills and training opportunities for those employed in low-paid, low-skilled occupations, as well as providing higher-level technical skills training to meet shortages in growth and recovery sectors.

31 11% jobs in the North East are in manufacturing: the second largest sector employer, after health. North East Local Enterprise Partnership (2019) *The North East Strategic Economic Plan: Creating more and better jobs*.

32 Bamba et al. (2020) *COVID-19 and the Northern Powerhouse*.

33 Johns et al. (2020) *State of the North 2020/21: Power Up, Level Up, Rise Up*.

34 Bamba et al. (2020) *COVID-19 and the Northern Powerhouse*.

35 Roper (2020) *R&D and innovation after Covid-19: What can we expect? A review of trends after the financial crisis*.

36 North East Local Enterprise Partnership (2020) *Our Economy 2020: With insights into how our economy varies across geographies*.

37 North of Tyne Combined Authority (2021) *Opportunity for All: North of Tyne Strategic Skills Plan 2021-2023*.

Child poverty and educational attainment

The North of Tyne is an area with high – and rising – levels of child poverty. The North East has the second highest rate of child poverty in the UK (37%); it has also risen by a third over the past five years, representing the largest growth of any region.³⁸ Children growing up in poverty often experience long-term disadvantages across a range of wellbeing outcomes,³⁹ from health to educational attainment. Research showing that poverty and disadvantage (rather than the quality of schools) has the greatest impact on regional educational attainment⁴⁰ highlights the interconnection of wellbeing outcomes, and the need to develop an holistic approach to tackling inequality.

Persistent health inequality

Reinforcing the intersectionality of inequality – and wellbeing – economic challenges also manifest in health outcomes. People in the North East have poorer health (two years' lower life expectancy) and the region also has higher health inequalities compared to the rest of England.⁴¹ These manifests in significant disparities in healthy life expectancy within the North of Tyne area.⁴² Ill health and economic prosperity are intimately linked. Recent employment statistics show that 32.7% of those who are economically inactive in the region are off due to long-term sickness, compared to a national average of 24.8%.⁴³

38 North East Child Poverty Commission. *Facts and figures*.

39 Round & Longlands (2020) *Child Poverty and Devolution in North East England*.

40 Gorard & Siddiqui (2019) 'How Trajectories of Disadvantage Help Explain School Attainment.'

41 Corris et al. (2020) 'Health inequalities are worsening in the North East of England.'

42 Newcastle University (2013) 'Closing the gap in health inequality: pioneering simulation.'

43 North East Evidence Hub. *Economic inactivity by reason*.

4. The Wellbeing Framework

The wealth of evidence gathered by the Roundtable provided a strong sense of what matters to the people of the North of Tyne. Our next step was to turn this evidence into a framework that can be used by people, communities, and local agencies in the region to understand not just 'how's life' here but also, whether collective wellbeing is improving.

Wellbeing Frameworks typically consist of three 'layers':

- A vision statement;
- Outcomes; and
- Indicators.⁴⁴

The Wellbeing Framework for the North of Tyne is based on the collective vision of the NTCA and Mayor Driscoll, the detailed work carried out by the Roundtable, and has been developed using evidence from the public and stakeholders.

To generate the outcomes, we took a multi-stage process:

- Analysing the evidence set out in Chapter 3 to look for common threads and priorities;
- Developing from these a long list of potential outcomes; and
- Surveying people in the North of Tyne to identify their priorities. We asked three questions: whether the issue identified was relevant to wellbeing; whether it was a priority within the domain (Social, Economic, Environmental or Democratic); and then, out of the domain priorities selected, which was closest to their vision for the North of Tyne

region (see Appendix 3 for a breakdown of survey responses)

Working with the Centre for Thriving Places, we identified the best available wellbeing indicators under each outcome area. In a small number of places, we are recommending that the NTCA considers developing new indicators.

The resulting outcomes and indicators are colour-coded to assist readers in identifying the core domain, but it is important to note that, in many cases, outcomes and indicators relate to more than one domain of wellbeing – indeed it is this cross-cutting nature of wellbeing that makes it such a useful tool for rethinking public policy. Similarly, there is no hierarchy implicit in the SEED framework, the outcomes, or the indicators. Equal weight should be given to the consideration of each element of the framework in decision-making.

Over time the indicators will provide a picture of progress in the North of Tyne towards achieving the outcomes and the overall vision. However, it is essential that these are seen as measures and not targets. All the evidence suggests that targets create a gaming culture where public servants 'hit the target but miss the point'.⁴⁵ We advise that the NTCA and its partners hold the indicator set 'lightly' to help guide their actions, and consider the indicators as a group, rather than in isolation.

The remainder of this chapter explores each of the ten outcomes in more detail, explaining its importance to wellbeing and the indicators selected to exemplify progress towards those outcomes.

⁴⁴ Wallace (2019) *Wellbeing and Devolution: Reframing the Role of Government in Scotland, Wales and Northern Ireland*.

⁴⁵ Hood (2016) 'Gaming in Targetworld: The Targets Approach to Managing British Public Services.'

1. We are all able to access education so that we achieve our potential

School readiness	All children achieving a good level of development at the end of reception as a % of all eligible children.
Educational attainment of children	Average 'Attainment 8' Score per pupil (includes GCSE)
Education Attainment Gap	To be developed
Adults with no qualifications	% age 16-64 with no qualifications
Level 4 qualifications	% of population aged 16-64 with qualifications at Level 4 or higher (equivalent to NVQ level 4 or higher)

There are strong links in the wellbeing literature between education and wellbeing, both at a personal and at a collective level.⁴⁶ In general, people with higher levels of education experience higher levels of wellbeing, and places with a high proportion of the population educated to a reasonable level experience stronger wellbeing outcomes.

Over two-thirds of people (68%) in the region identified that education was important to social wellbeing in their neighbourhood. When asked to prioritise outcomes, overall this outcome received less support than others in the social domain. However, younger adults, were more likely to prioritise it (11% of those aged 18-24 years old compared to 4% of the total). Our group

discussions showed that younger citizens were also concerned that there were low levels of investment in educational opportunities. Older people, who we spoke to as part of the evidence gathering phase, talked about the importance of lifelong learning. We have therefore included it as an outcome that is clearly important to those who are currently experiencing the education system or are/were not able to access high quality educational experiences.

The indicator set selected under this outcome includes both adult education and children's education. We are advising an additional outcome on the attainment gap, recognising that closing the gap between the educational attainment of those living in poverty and those at the opposite end of the income distribution is an important aspect of collective wellbeing.

⁴⁶ Manstead (2014) *The wellbeing effect of education*.

2. We are all able to access **health**, care, and other services so that we live long and healthy lives

Long-term mental health	% reporting a long-term mental health problem.
Suicide rate	Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population.
Healthy life expectancy	Healthy life expectancy at birth
Illness and disability	Comparative Illness and Disability Ratio
Health Inequality	Slope index of inequality in life expectancy at birth – average (SII years).
Journey times to key services	Average journey time by public transport or walking to schools (average of primary and secondary), food store, and GP.

The connections between mental and physical health and wellbeing are well-documented, and the understanding of the link between health inequalities and broader collective wellbeing is becoming more widespread.⁴⁷ The COVID-19 pandemic is known to have had an impact on measures of physical health (including premature mortality) and mental health (including anxiety).⁴⁸ There is likely to be a 'long-tail' of physical and mental health issues following the pandemic, and indeed recovery from the pandemic is seen increasingly as an issue of both health and economic recovery.

We have included in this outcome both access to services and health outcomes. Our work with communities in the North of Tyne, and our public polling, showed that both access and outcomes were seen as important to wellbeing. Interestingly, when asked to prioritise, more survey respondents (43%) selected the statement about access, 'We are all able to access health, care and other services...', than health outcomes (15%) 'We all live long, healthy lives' (though both

were seen as important overall). Understandably, older people were more likely to prioritise both access and outcomes compared to younger people (47% of those aged 55+ compared to 37% of 18 to 24 year olds). Access to health and care services were more important for people with a long-term disability or health problem than those without (47% compared to 42%). This priority was also observable in the group discussions, where obstacles were identified that limited access to health services, particularly for those who experience intersectional disadvantage.

Health access and outcomes have a large number of indicators available, and we have included health inequality as well as population health outcomes. The groups we spoke to highlighted the importance of many 'determinants' of health that are broader social, economic, or environmental factors. We advise the NTCA and its partners to continue to take a 'health in all policies' approach to maximise the wellbeing outcomes.

⁴⁷ Marmot (2020) *Health Equity in England: The Marmot Review 10 years on*.

⁴⁸ Suleman et al. (2021) *Unequal pandemic, fairer recovery: The COVID-19 impact inquiry report*.

3. We all have good quality homes in safe, welcoming communities

Poor housing	Modelled estimate of the proportion of social and private homes that fail to meet the Decent Homes standard.
Homelessness numbers	Numbers assessed as homeless (per 1000 households)
Crime severity index	Crime Severity Index produced by Centre for Thriving Places
Neighbourhood belonging	% who agree or strongly agree with the statement 'I feel like I belong to this neighbourhood'.

Where we live has a strong impact on our personal and collective wellbeing, so much so that the Office for National Statistics includes 'where we live' as one of its domains of wellbeing.⁴⁹ Here, we are following their lead by making a connection between the homes we live in, and the communities we are part of. This also aligns with the Combined Authority's Cabinet portfolios, which includes both housing and place-making, and community resilience.⁵⁰

Over 8 in 10 (83%) of our survey respondents reported decent quality, safe and secure homes as important to social wellbeing, though only 2 in 10 (18%), saw this as the most important priority in the social wellbeing domain. Those who are economically inactive (unemployed 24% or otherwise not working 22%) were more likely to see housing as a priority.

For older people, our group discussions highlighted the connection between housing and care and the need for a community designed sheltered housing service that maximised independence. The link with participation and

voice was one example of a cross-cutting issue between social outcomes and democratic outcomes. For younger people, homelessness was seen as a particular issue to be tackled to improve collective wellbeing.

We did not identify safety separately from housing or community, but believe that a sense of safety is important to both. Fear of crime is known to have an impact on personal and collective wellbeing. We have included one indicator here, but also included domestic violence indicators amongst our democratic wellbeing indicator set.

While the prioritisation exercise did not highlight heritage, the group discussions did show the importance of feeling connected to place through heritage and shared culture. Unfortunately, no timely information on participation in heritage is available at a local level. In terms of broader community strength, we heard through the group discussions the importance of community to people in the region and their strong links to the history and heritage of the region.

49 Office for National Statistics (2019) *Measures of National Well-being dashboard*.

50 North of Tyne Combined Authority (2021) *Jobs, Skills and a post-Covid Economy: Corporate plan 2021-2022*.

4. We all have access to quality jobs and fair work

Good jobs index	% of workers who are on permanent contracts, who earn more than the Living Wage, and are not overworked, or underworked
Unwillingly out of work	% of adults who want a job, who are either unemployed or economically inactive.
Local business	The proportion of business units in a locality that are separate 'enterprises' based on VAT and/or PAYE records
Regional GDP	Estimated regional GDP per head of population
Gender pay gap	The difference between median gross hourly earnings (excluding overtime) of men and women
Number of apprenticeships started	Rate of apprenticeship starts per 1000 people of working age.

Fair work is a key aspect of the NTCA's vision for a post-COVID economy and one that is increasingly seen as a core component of individual and collective wellbeing.⁵¹ Unemployment is well known to have a 'scarring' effect, where it brings down levels of personal wellbeing for long after the period of unemployment ends.⁵²

Our group discussions highlighted the barriers to quality jobs and fair work experienced by those over 55; those with disabilities; and those at the lower end of the job market, where there are issues of low pay and insecure work. This concern was mirrored at a population level in the region through the priority afforded to this issue: 7 in 10 (69%) people identified access to quality jobs and fair work as important to economic wellbeing, though the number of people citing this as *the* priority was far lower (9%), behind concerns about people's ability to meet their basic needs (see below). Those more likely to see good work as the priority for economic wellbeing were younger respondents (17% of those aged 18-24).

In recent years, analysts and researchers have developed our understanding of what elements are required to make up fair work. These go far beyond 'having a job' to include, for example, the numbers in a given place who are on permanent contracts, who earn above the living wage, and who are not under worked or over worked. The Good Jobs index is recommended for inclusion in the indicator set.

We have also included two more traditional economic indicators – the number of local businesses (due to concerns about the loss of the high street in many towns) and regional GDP. The latter was the subject of discussion, as an overreliance on GDP has been seen to be a contributory factor in decision-making which threatens wellbeing. However, on balance, we concluded that the relative performance of the economy in the North of Tyne, and the need to 'level up', meant that the inclusion of a productivity measure was warranted. We advise that the NTCA and its partners do not use regional GDP in isolation, but instead within this indicator set, so that it is always balanced with information on individual, and household, poverty levels.

⁵¹ UK Government (2017) *Good Work: The Taylor Review of Modern Working Practices*.

⁵² What Works Wellbeing (2017) *Unemployment, (Re)employment and Wellbeing*.

5. We all have enough **money** to meet our needs, like heating, eating and housing

Low income	% of people living in households with income below 60% of median UK household income
Income inequality	80/20 percentile weekly income difference.
Child poverty	% of children living in households with relative low income (after housing costs)
Housing affordability	Ratio of median house price to median gross annual (where available) workplace-based earnings.
Fuel poverty	% of households in Low Income Low Energy Efficiency (LILEE) fuel poverty (experimental statistics)
Childcare affordability	To be developed

One of our key reflections, on reviewing the evidence gathered by the Roundtable, is that any wellbeing strategy for the North of Tyne must be an anti-poverty strategy. The strength of feeling from stakeholders, group discussion participants and survey respondents was palpable.

The survey identified 'everyone having enough money to meet basic needs like heating, eating and housing' as important to wellbeing for almost everyone within the region: there was not an age group, social grade, nor group of people with a shared working status where less than three quarters of people ranked this as important.

Correspondingly, it was the top priority within the economic wellbeing domain (identified by 69% people) as well as the overall priority for almost a third (32%) of people in the region (the largest single priority identified). This was the most popular priority (selected by 23%) of those who could be defined as comfortably off (£1000+ per month of disposable income), as well as 41% of those with lived experience of poverty (less

than £250 per month disposable income). Those who are currently unemployed or otherwise not working (41%) and those who are on very low incomes of less than £5000 (39%) were more likely to identify it as *the* priority (around 2 in 5 in both cases). Priority is also more likely to be given to this issue by people who identified as living with a health problem or disability (37%) compared to those who do not (30%).

In group discussions, young people were noticeably concerned about living in a society with high levels of poverty. In line with comments earlier about the connection between health and the economy, participants recognised that poverty limited their ability to lead a healthy lifestyle.

With concerns about the rising cost of living, we are advising that the indicator set includes both indicators of poverty (income deprivation and income inequality) and indicators of affordability (including that an indicator of affordability of childcare are developed).

6. We have the **infrastructure** and support that we need to succeed

Training	% of adults who participated in education or training in the last four weeks
Broadband	Broadband coverage and performance data
Internet use	Percentage of the population who have used the internet in the past three months
Childcare availability	To be developed

The NTCA's Corporate Plan outlines ambitions for both transport and digital connectivity.⁵³ There are links here, too, with the environmental outcomes, with calls from the public and stakeholders for active travel and green infrastructure.

When asked specifically about infrastructure in the survey, 7 in 10 (70%) did see the connection with economic wellbeing. However, only a small number (7%) identified it as their top economic wellbeing priority when compared to the other issues identified, of 'everyone having enough' and access to good work.

While people do not generally use the term 'infrastructure' in their everyday conversations, the concept of having what we need to succeed was evident in the discussions and in the call for evidence. Transport and digital infrastructure, in particular, came up multiple times.

We advise that the indicator set takes a broad view of what 'infrastructure' means, including childcare and training, as well as the more traditional components of 'roads and routers' (e.g. broadband technology).

⁵³ North of Tyne Combined Authority (2021) *Jobs, Skills and a post-Covid Economy: Corporate plan 2021-2022*.

7. All our communities, businesses and governments take responsibility for tackling the climate crisis

Energy consumption	Average domestic consumption per capita (tonnes of oil equivalent).
Renewable electricity generation	Renewable electricity generation (log KWh per person).
Household recycling	% of household waste sent for reuse, recycling, or composting.
Use of active transport	Combination of the percentage of adults walking or cycling for travel at least three days per week.
CO2 emissions	Per capita local Authority CO2 emissions estimates within the scope of influence of Local Authorities (kt CO2): industry, domestic, and transport sectors.
Biodiversity	Number of recorded species

Climate change was a key risk to wellbeing identified in the Call for Evidence. Here the perception in the North of Tyne, as with much of the country, is shifting from one of complacency to one of action.

The public polling provides some interesting food for thought. Overall, around 6 in 10 people (62%) did see the connection between tackling climate change and wellbeing. These numbers were higher among women than men (66% compared to 56%) and there was also a differential according to social groups (64% among ABC1 respondents compared to 55% among C2DE).

When we asked the group participants about environmental wellbeing, climate change did feature in their conversations, but there was a sense that personal behaviour change had to be supported, and enabled, by governments and

others. Those with lived experience of poverty or disability reminded us that evocations to be 'green' may be harder to respond to, or simply (and understandably) lower priority. We therefore selected an outcome that places responsibility for action on those that have power in our communities. We know from our review of local policy documents, and the recent Citizen's Assembly, that there is support and commitment in the region.⁵⁴

We have selected a number of indicators under this outcome including emissions, energy, biodiversity, transport and waste. Given that these relate directly to action by organisations, these indicators are a mixture of process and outcome indicators.

⁵⁴ Bryant (2021) *The North of Tyne Citizens' Assembly on Climate Change 2021*.

8. We all have access to a good quality local environment and live in neighbourhoods free from pollution and other environmental problems

Air pollution: fine particulate matter (PM2.5)	Annual concentration of human-made fine particulate matter at an area level, adjusted to account for population exposure.
Noise complaints	Noise complaints to local authorities per year per 1000 population
Private outdoor space	% of addresses with access to private outdoor space.
Public outdoor space	Average distance to nearest Park, Public Garden, or Playing Field (m).
Litter	To be developed

There are a number of direct and indirect links between local environmental quality and wellbeing. Direct links between air and noise pollution can be seen in personal wellbeing data.⁵⁵ Indirect links are made by the connection between quality of place and wellbeing, promoting activities such as physical activity and active travel.⁵⁶

In group discussions, there were both positive and negative views of the local environment in the North of Tyne, with some noting the natural beauty of the region and others highlighting incivilities such as litter, dog waste, vandalism and broken lighting.

The survey identified the local environment as an important aspect of wellbeing both in terms of the positive aspects (84% rating 'access to good quality green space' as important) and tackling

negative issues (82% rating a lack of 'litter, air, noise pollution and other issues' as important). Those with low incomes (less than £15,000 gross personal income per year) were more likely to see the latter as a priority (within the environmental wellbeing domain).

The indicator set for the local environment includes access to public and private outdoor space, (both important for personal wellbeing), and exposure to air pollution. It was harder to find indicators of low-quality environments. Given the specific concerns raised about litter and local 'incivilities', we advise that the NTCA and its partners develop further indicators to ensure this critical aspect of people's wellbeing is included in the framework.

⁵⁵ Cowie et al. (2015) *Air Quality, Health, Wellbeing and Behaviour*.

⁵⁶ The Kings Fund. *Active and safe travel*.

9. We are all valued and treated with respect by each other and our human rights are upheld

Tolerance and diversity	To be developed
Neighbourhood trust	Percentage of people who agree or strongly agree that people in their neighbourhood can be trusted.
Domestic abuse rates	Rate (per 1000 people) of domestic abuse-related offences (crimes) recorded by the police, by police force area.
Employment inequality (ethnicity)	Employment rate for minority ethnic groups
Employment inequality (learning disability)	Employment rate for people with learning disabilities

Our relationships with each other are often hidden in wellbeing frameworks or seen as a subset of social wellbeing. International analysis and frameworks regularly include aspects of tolerance and diversity.⁵⁷

We heard calls for tolerance most strongly from the groups that we spoke to who experienced disadvantage, whether based on race, gender, disability, or age. Each of these groups spoke about the importance of being seen and heard in society, and of a deep sense of disenfranchisement. Our evidence shows the importance to the North of Tyne of fostering a culture where all citizens are treated with respect and have their human rights upheld.

We included questions in the population survey to understand the current views within the North of Tyne. Overall we found high levels (over 8 in 10) agreeing with statements about respect. People in the North of Tyne agreed that:

- It is important that people have the freedom to live their life as they choose (83%)
- It is okay for people to live as they wish as long as they do not harm other people (89%)
- I respect other people's opinions even when I do not agree (82%)

There were less strong levels of agreement (around 6 in 10) with:

- A neighbourhood benefits from a diversity of traditions and lifestyles (68%)
- I like people who challenge me to think about the world in a different way (56%)

The only question we asked that polled lower than 50% in agreement was:

- I like to spend time with people who are different (i.e. in age, gender or ethnicity) from me in my neighbourhood (46%)

When we asked about democratic outcomes, we found that the language of respect was particularly important: almost 8 in 10 (78%) identified being valued and treated with respect as an important aspect of wellbeing. The language of human rights resonated with young people in particular (78% 18-34 year-olds identified this as important compared to 68% overall); but had less resonance for those living on very low incomes (only 60% of those with gross personal incomes of less than £10,000 per year identified it as important).

The available indicators for this outcome are limited. We have included neighbourhood trust in democracy, rather than social wellbeing. While this is not an exact match with feeling valued and respected, it acts as a reasonable proxy until better data is available. We also include data on examples where people are clearly not having their rights respected, including domestic violence rates, and examples of employment inequality.

10. We all have a voice in decisions that affect our communities and in the public services we use

BAME representation of local councillors	Disparity between % of local councillors that are BAME and % of population that is BAME.
Female representation (elected)	Proportion of council seats held by women
General election turnout	Total vote turnout (inc postal votes rejected and votes rejected at count) – General Election 2017.
Local election turnout	Total turnout at last local elections (including rejected votes if data is available)
Participatory democracy	To be developed

Being able to effect change in our lives is a critical component of personal wellbeing, and our ability to exercise our democratic voice is linked to our collective wellbeing. The people we spoke to rarely used the language of democracy, but they did talk about feelings of disenfranchisement and the impact they felt it had on their wellbeing.

Our survey asked people in the North of Tyne how much control they currently felt that they had in services that they used. A large proportion (almost 6 in 10 – 58%) said that they had too little control over the services that they use. We suspect this may be related to the restrictions in accessing services due to the COVID-19 pandemic, but still feel that it suggests a need to provide people with opportunities to voice their feelings, and make choices about their communities and public services.

When we asked people to identify whether participation was related to wellbeing, 6 in 10 (63%) did identify being 'able to participate in decisions about the public services that we use' as an important component of democracy in their neighbourhood. Those on very low incomes of less than £5,000 were more likely than others to identify this as the key priority (11%) within the democratic wellbeing domain than others (6%).

In wellbeing frameworks, there is a tendency to measure voice only through voter turnout. We can also view voice through diversity in public life, with indicators available on gender and race equality in local government. However, we advise that further work is carried out by the NTCA and its partners on how to improve measurement of participatory democracy.


5. The Roundtable's Recommendations


The Roundtable on Wellbeing in the North of Tyne was formed in May 2021, with the endorsement of the NTCA and support from Carnegie UK, to explore a wellbeing approach to the pandemic recovery for the region, and to develop a proposal for a wellbeing framework for the Combined Authority.


Between May and October 2021, Roundtable members considered evidence from international, national and local wellbeing frameworks; heard from those living and working in the region through a range of public engagement activities; conducted polling of over 1,700 individuals living in the region to help prioritise wellbeing outcomes; and developed a set of indicators to track progress towards the vision of:


.... a dynamic and more inclusive economy, one that brings together people and opportunities to create vibrant communities and a high quality of life, narrowing inequalities and ensuring that all residents have a stake in our region's future.

Together, this vision statement, the wellbeing outcomes and the indicator set comprise a wellbeing framework. The Roundtable on Wellbeing in the North of Tyne recommends that the North of Tyne Combined Authority:

 **adopts** this wellbeing framework and commits to work towards delivering the wellbeing priorities of people who live and work in North of Tyne, as described in the wellbeing outcomes;

 **communicates** this wellbeing framework to people who live and work in North of Tyne, through ongoing involvement and engagement in various ways;

 **embeds** a wellbeing approach to decision making across the region, through engaging local governments, agencies and stakeholders in delivering its wellbeing outcomes; and

 **reports** on progress and **reviews** its approach at regular intervals, according to its understanding about wellbeing generated from the indicator set and public engagement.

The Roundtable's process for developing its Wellbeing Framework for the North of Tyne, and the recommendations that it is submitting to the NTCA, have been informed both by the experience of Carnegie UK working with governments to develop a wellbeing approach, and by guidance produced with the OECD.⁵⁸

By adopting these recommendations in their entirety, and entrusting the Inclusive Economy Board with responsibility for overseeing their implementation, the Roundtable believes that the NTCA can embed a wellbeing approach to the pandemic recovery that will improve the lives of people throughout the region.

⁵⁸ Coutts & Wallace (2016) *Sharpening Our Focus: Guidance on wellbeing frameworks for cities and regions*.

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Appendix 1: Terms of Reference

Background

Following a successful event in December 2020, the North of Tyne Combined Authority and Carnegie UK have agreed to work together to explore a wellbeing approach to the pandemic recovery for the region.

This will build existing expertise within the North of Tyne and its partners, and on Carnegie UK's prior knowledge and experience of supporting wellbeing approaches in government. Carnegie UK has recommended a roundtable methodology be used to bring together stakeholders in the region to explore what wellbeing means for the North of Tyne and how best it can be both measured and improved.

Aims

The Roundtable on Wellbeing in the North of Tyne will explore:

1. Whether wellbeing can inform a shared policy narrative across different departments and tiers of government in North of Tyne?
2. What are the key wellbeing outcomes for North of Tyne, aligned to existing policy commitments and public engagement?
3. What data is available to chart progress towards these outcomes?
4. What changes are required to ways of working in public authorities to support a wellbeing approach and how can they be embedded?
5. How should North of Tyne authorities report progress to the public and stakeholders?

Members

The Roundtable will be co-chaired by **Sarah McMillan, Assistant Director of Policy, Northumberland County Council** and **Professor Mark Shucksmith OBE, Carnegie UK Trustee/Newcastle University**. There will be up to 14 members from different professions, backgrounds and perspectives.

Members are invited onto the Roundtable as individuals bringing expertise and a range of experience, not as direct representatives of their organisations, although they may wish to use these connections to inform the work of the Roundtable. As individual members, they cannot delegate attendance to another person within their organisation.

The Roundtable will meet virtually over a 6-month period and members are asked to commit to approximately 5 days work over this period (including reading papers, attending meetings, and engaging with stakeholders). There will also be the opportunity for members to help with work between sessions, although no obligation to do so.

Approach

- **Evidence-based:** we will hear evidence from stakeholders, technical and professional experts and experts by experience. This evidence will inform the final report.
- **Connected:** we will engage proactively with other stakeholders in North of Tyne and elsewhere in the UK to understand how this initiative fits with others locally, nationally and internationally.
- **Collaborative:** the final report will be the report of the group and as such any differences of opinion will be openly discussed. Our intention is to resolve them prior to publication.

The programme of work will involve:

- A desk-based review of international, national and local wellbeing frameworks for review by the roundtable.
- A desk-based review of existing data on SEED wellbeing indicators available for the North of Tyne, subject to external review by local data experts.
- Public engagement activities on what matters most to the wellbeing of North of Tyne citizens.
- An open call for written evidence, and follow up evidence sessions, on key issues identified in the desk-based reviews and public engagement activities.
- Development of a draft set of indicators of wellbeing for the North of Tyne and a report with recommendations on actions that could be taken to secure collective wellbeing for citizens.

Secretariat

Secretariat for the group will be provided by Carnegie UK. The secretariat will:

- Organise meetings and provide administrative support.
- Develop and agree meeting agendas with the Co-Chairs.
- Provide minutes of key points from meetings.
- Provide background and technical papers for members.
- Establish a process for gathering and analysing evidence from stakeholders and experts (including lived experience experts).
- Provide options for the roundtable on public engagement activities.
- Provide evidence-based options for a wellbeing indicator set and for recommendations on policy and practice.
- Produce a draft report and final report for publication.
- Work with partners in NTCA and partner organisations to publicise the work of the roundtable and its final report.

Appendix 2: List of organisations who contributed to the Roundtable's understanding of wellbeing in the North of Tyne

Call for evidence written submissions

Centre for Progressive Policy

Centre for Public Impact

Chilli Studios

Community Foundation

Connected Voice

Full Circle Food

Groundwork

IPPR North

IWS

Journey Enterprises

Legatum Institute

Meadow Well connected

Mental Health Concern

Newcastle City Council

Newcastle University

North East Child Poverty Commission

North East England Chamber of Commerce

North Tyneside Council (CVS Liaison)

North Tyneside PCN

Northumberland County Council

Northumberland CVA

Northumberland Recovery Partnership

Northumberland VCS Health & Social Care Network

Northumbria Healthcare NHS Foundation Trust

Planet Action Street Arts

Sorted

Souter Consulting

The Lubber Fiend

UK Healthy Cities Network

We Are Rise

What Works Wellbeing

Community engagement sessions

Organisation	Sessions Ran
Children North East	Ran sessions with 37 young people aged 11-18 from three groups, including one BAME service.
Difference North East	Difference North East fights for equality for disabled people: they ran sessions with 10 participants.
The Elders Council of Newcastle	Consulted 20 participants over 2 groups. Group 1 was composed of South Asian women from the West End of Newcastle (12 participants). Group 2 composed of individuals living in supported accommodation in the East End of Newcastle (8 participants)
Healthworks	Healthworks works with people whose quality of life is reduced by ill health or disability and works in areas where people experience health inequalities. They ran three sessions with 7 participants.
Journey Enterprises *	Journey Enterprises are a charity supporting people with learning disabilities. * Journey Enterprises were not one of the organisations who were given funding to deliver community engagement activities; however, they facilitated some conversations within their hubs, which they fed into the Northumberland CVA response.
Meadow Well Connected	A community hub offering a range of supportive services in response to the needs identified by the local community. Ran three sessions for two groups of 8 participants.
Northern Voices/ LD North East	LD North East works with people with lived experience of learning disabilities, learning difficulties and autism: they ran three sessions with 9 participants.
Northumberland CVA	Ran sessions with 7 representatives of VCS organisations in Northumberland.
ReCoCo	A peer-led mental health education and support service. Ran three sessions with a total of 27 participants, aged 23-71.
Regional Refugee Forum	Ran three sessions with a total of 10 participants from their refugee and asylum seeker community.
Riverside Community Health Project	Ran sessions with 13 families (70 participants) from a range of ethnic backgrounds.
Springfield Community Association	Ran three sessions with 13 participants of the older age group with experiences of living in Forest Hall.

Appendix 3: Topline data from YouGov survey on wellbeing in the North of Tyne

[Q1] We would like you to think about the neighbourhood that you currently live in. By neighbourhood we mean within a 10-minute walk from your house in any direction. To what extent do you agree or disagree with each of the following statements? (Please select one option on each row)

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
I feel like I belong in my neighbourhood	23%	41%	22%	9%	4%	1%
If my home was empty I could count on someone in this area to keep an eye on it	31%	43%	11%	8%	7%	1%

[Q2] As a reminder, by neighbourhood we mean within a 10-minute walk from your house in any direction. During the past month, how often, if at all, have you been in any of the following scenarios?

	Every day	4 to 6 times a week	2 to 3 times a week	About once a week	About once every 2 weeks	Once	Not applicable I have not been in this scenario in the last month	Don't know
I have gone out of my way to help or support someone in my neighbourhood but outside my close family or household*	2%	2%	6%	14%	11%	11%	51%	2%
Someone from my neighbourhood but outside my close family or household has gone out of their way to help or support me*	1%	1%	5%	10%	9%	9%	63%	2%

* e.g. by offering practical help with childcare, shopping or a lift or providing emotional support such as listening or talking about an issue etc

- [Q3] A public service is something which is organized by the government or an official body in order to benefit all the people in a particular society or community. (e.g. healthcare, transport, education, libraries, leisure centres, waste management etc.)**
Thinking about the control that you have over the use of public services in your neighbourhood (i.e. being able to select times, being able to choose specific services, being asked for feedback about services)... Which ONE of the following statements best applies to you?

I have too much control over the services I receive	1%
I have about the right amount of control over the services I receive	25%
I have too little control over the services I receive	58%
Don't know	17%

- [Q4] Thinking generally about how people live together in neighbourhoods...**
To what extent do you agree or disagree with each of the following statements? (Please select one option on each row)

	Strongly agree	Tend to agree	Neither agree or disagree	Tend to disagree	Strongly disagree	Don't know
It is important that people have the freedom to live their life as they choose	34%	49%	12%	4%	1%	1%
It is okay for people to live as they wish as long as they do not harm other people	41%	47%	7%	3%	1%	1%
I respect other people's opinions even when I do not agree	22%	60%	14%	4%	0%	1%
A neighbourhood benefits from a diversity of traditions and lifestyles	27%	40%	22%	7%	3%	2%
I like to spend time with people who are different (i.e. in age, gender or ethnicity) from me in my neighbourhood	11%	35%	40%	8%	3%	2%
I like people who challenge me to think about the world in a different way	13%	43%	34%	7%	2%	2%

[Q5] Thinking now about your own wellbeing...

How often, if at all, would you say you experience any of the following emotions? (Please select one option in each row)

	Everyday	Several times a week	Once a week	Several times a month	Once a month	Less often than once a month	Never	Prefer not to say	Don't know
Lonely	8%	9%	5%	8%	5%	22%	38%	2%	3%
Stressed	15%	22%	9%	14%	8%	19%	10%	2%	2%
Anxious	18%	17%	7%	13%	8%	19%	15%	2%	2%

[Q6] Thinking about ANY information or content online, on news sites or social media (e.g. videos/ images on news websites or Facebook, Instagram, Twitter, etc.) you have seen in the past 3 months (i.e. since July 2021)...

How often, if at all, would you say you have seen online content that you considered to be untrue or doubtful?

Everyday	30%
Several times a week	32%
Once a week	4%
Several times a month	10%
Once a month	2%
Less often than once a month	6%
Never	3%
Don't know	12%

[Q7a] Thinking about the environmental wellbeing of your neighbourhood...**Which, if any, of the following are important to you? (Please select all that apply)**

We all have access to a good quality local environment, including parks and green space	84%
All our communities, businesses and governments are involved in tackling climate change	62%
We are all able to make environmentally friendly choices (food, recycling, energy)	73%
We are all able to access environmentally friendly transport options (walking, cycling, public transport)	70%
We all live in homes and communities that are protected from flooding and other severe weather event	74%
We all live in neighbourhoods free from litter, air and noise pollution and other environmental problems	82%
None of these	2%
Don't know	3%

[Q7b] Still thinking about the environmental wellbeing of your neighbourhood...**Which one of the following is most important to you?**

We all have access to a good quality local environment, including parks and green space	20%
All our communities, businesses and governments are involved in tackling climate change	18%
We are all able to make environmentally friendly choices (food, recycling, energy)	8%
We are all able to access environmentally friendly transport options (walking, cycling, public transport)	7%
We all live in homes and communities that are protected from flooding and other severe weather event	11%
We all live in neighbourhoods free from litter, air and noise pollution and other environmental problems	31%
None of these	2%
Don't know	4%

[Q8a] Thinking about the social wellbeing of your neighbourhood...**Which, if any, of the following are important to you? (Please select all that apply)**

We all live long, healthy lives	68%
We all live in decent quality, safe and secure homes	83%
We are all able to access education and training to reach our potential	68%
We are all able to access health, care and other services when we need them	88%
We live in safe, welcoming communities	77%
We have a strong connection to our local heritage and culture	47%
None of these	1%
Don't know	2%

[Q8b] Still thinking about the social wellbeing of your neighbourhood...
Which one of the following is most important to you?

We all live long, healthy lives	15%
We all live in decent quality, safe and secure homes	18%
We are all able to access education and training to reach our potential	4%
We are all able to access health, care and other services when we need them	43%
We live in safe, welcoming communities	14%
We have a strong connection to our local heritage and culture	2%
None of these	1%
Don't know	3%

[Q9a] Thinking about democracy in your neighbourhood...
Which, if any, of the following are important to you? (Please select all that apply)

We are all valued and treated with respect by each other	78%
We all have a voice in decisions that affect our communities	66%
We have trust in our public and local services	73%
We live in a place where human rights are respected	68%
We work together, across generations and social groups, to build a better community	60%
We are all able to participate in decisions about the public services that we use	63%
None of these	2%
Don't know	4%

[Q9b] Still thinking about democracy in your neighbourhood...
Which one of the following is most important to you?

We are all valued and treated with respect by each other	36%
We all have a voice in decisions that affect our communities	9%
We have trust in our public and local services	14%
We live in a place where human rights are respected	18%
We work together, across generations and social groups, to build a better community	11%
We are all able to participate in decisions about the public services that we use	6%
None of these	2%
Don't know	5%

[Q10a] Thinking about the economic wellbeing of your neighbourhood...**Which, if any, of the following are important to you? (Please select all that apply)**

We all have enough money to meet our basic needs like heating, eating and housing	86%
We have successful and innovative businesses	47%
We have the infrastructure (transport, digital etc) that we need to succeed	70%
We all have access to quality jobs and fair work	69%
We are recognised as a place where UK and international businesses choose to invest	42%
It is important to us that none of our neighbourhoods are left behind economically	65%
None of these	1%
Don't know	3%

[Q10b] Still thinking about the economic wellbeing of your neighbourhood...**Which one of the following is most important to you?**

We all have enough money to meet our basic needs like heating, eating and housing	69%
We have successful and innovative businesses	1%
We have the infrastructure (transport, digital etc) that we need to succeed	7%
We all have access to quality jobs and fair work	9%
We are recognised as a place where UK and international businesses choose to invest	2%
It is important to us that none of our neighbourhoods are left behind economically	7%
None of these	1%
Don't know	4%

[Q11] Which ONE of the following (previously selected options) is closest to your ideal vision for the future of the North of Tyne?

We all have enough money to meet our basic needs like heating, eating and housing	32%
We are all able to access health, care and other services when we need them	14%
We all live long, healthy lives	5%
We are all valued and treated with respect by each other	5%
All our communities, businesses and governments are involved in tackling climate change	5%
We all live in neighbourhoods free from litter, air and noise pollution and other environmental problems	5%
We all live in decent quality, safe and secure homes	4%
We live in safe, welcoming communities	3%

Appendix 4: Wellbeing Framework Indicator List

Short description	Long description	Source	Timeliness
Outcome: We all have access to education so that we achieve our potential			
School readiness	All children achieving a good level of development at the end of reception as a % of all eligible children.	Public Health Outcomes Framework	Usually annual
Educational attainment of children	Average Attainment 8 Score per pupil (includes GCSE)	Fingertips	Usually annual
Education Attainment Gap	To be developed	N/A	N/A
Adults with no qualifications	% age 16-64 with no qualifications	Office for National Statistics	Usually annual
Level 4 qualifications	% of population aged 16-64 with qualifications at Level 4 or higher (equivalent to NVQ level 4 or higher)	Office for National Statistics	Usually annual
Outcome: We all have good quality homes in safe, welcoming communities			
Poor housing	Modelled estimate of the proportion of social and private homes that fail to meet the Decent Homes standard.	Index of Multiple Deprivation, Department for Levelling Up, Housing and Communities	Every few years
Homelessness	Numbers assessed as homeless (per 1000 households)	Department for Levelling Up, Housing and Communities, Homelessness statistics	Annual
Crime severity	Crime Severity Score (note experimental statistics)	Office for National Statistics,	Usually annual
Neighbourhood belonging	% who agree or strongly agree with the statement 'I feel like I belong to this neighbourhood'.	Understanding Society (UK data service secure access required)	Every few years

Short description	Long description	Source	Timeliness
Outcome: We all have access to health, care and other services so that we live long and healthy lives			
Long-term mental health	% reporting a long-term mental health problem.	GP patient survey	Usually annual
Suicide rate	Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population.	Office for National Statistics	Annual
Healthy life expectancy	Healthy life expectancy at birth	Public Health England	Annual
Illness and disability	Comparative Illness and Disability Ratio	Index of Multiple Deprivation, Department for Levelling Up, Housing and Communities	Every few years
Health Inequality	Slope index of inequality in life expectancy at birth – average (SII years).	Office for National Statistics	Every few years
Journey times to key services	Average journey time by public transport or walking to schools (average of primary and secondary), food store, and GP.	Department for Transport	Every few years
Outcome: We all have access to good quality jobs and fair work			
Good jobs index	% of workers who are on permanent contracts, who earn more than the Living Wage, and are not overworked, or underworked	Office for National Statistics, Labour Force Survey	Annual
Unwillingly out of work	% of adults who want a job, who are either unemployed or economically inactive.	Office for National Statistics, NOMIS	Annual
Local business	The proportion of business units in a locality that are separate 'enterprises' based on VAT and/or PAYE records	Office for National Statistics, Interdepartmental Business Register	Annual
Regional GDP	Estimated regional GDP per head of population	Office for National Statistics	Annual
Gender pay gap	The difference between median gross hourly earnings (excluding overtime) of men and women	Office for National Statistics	Annual
Number of apprenticeships started	Rate of apprenticeship starts per 1000 people of working age.	Department for Education, Apprenticeships and traineeships data	Annual

Short description	Long description	Source	Timeliness
Outcome: We all have enough money to meet our needs, like heating, eating and housing			
Low income	% of people living in households with income below 60% of median UK household income	Office for National Statistics, Average Household Income	Annual
Income inequality	80/20 percentile weekly income difference	Office for National Statistics, Earnings and employment from Pay As You Earn	Real Time Information
Child poverty	% of children living in households with relative low income (after housing costs)	Department for Work and Pensions, Households Below Average Income	Annual
Housing affordability	Ratio of median house price to median gross annual (where available) workplace-based earnings.	Office for National Statistics, House price to workplace-based earnings ratio	Annual
Fuel poverty	% of households in Low Income Low Energy Efficiency (LILEE) fuel poverty	Department for Business, Energy & Industrial Strategy, Fuel Poverty Statistics	Experimental
Childcare affordability	To be developed	N/A	N/A
Outcome: We all have the infrastructure and support that we need to succeed			
Training	% of adults who participated in education or training in the last four weeks	Office for National Statistics, Labour Force Survey	Annual
Broadband	Broadband coverage and performance data	Ofcom, Connected Nations	Annual
Internet use	Percentage of the population who have used the internet in the past three months	Office for National Statistics, Internet Users	Annual
Childcare availability	To be developed	N/A	N/A

Short description	Long description	Source	Timeliness
Outcome: All our communities, businesses and governments take responsibility for tackling the climate crisis			
Energy consumption	Average domestic consumption per capita (tonnes of oil equivalent).	Department for Business, Energy and Industrial Strategy, Regional and local authority electricity consumption statistics	Annual
Renewable electricity generation	Renewable electricity generation (log KWh per person).	Office for National Statistics	Annual
Household recycling	% of household waste sent for reuse, recycling, or composting.	Department for Environment, Food and Rural Affairs	Annual
Use of active transport	Combination of the percentage of adults walking or cycling for travel at least three days per week.	Public Health England, Physical Activity	Annual
CO2 emissions	Per capita local Authority CO2 emissions estimates within the scope of influence of Local Authorities (kt CO2): industry, domestic, and transport sectors.	Department for Business, Energy and Industrial Strategy, UK local authority and regional carbon dioxide emissions national statistics.	Unclear
Biodiversity	Number of recorded species	National Biodiversity Network Atlas	Unclear
Outcome: We all have access to a good quality local environment and live in neighbourhoods free from pollution and other environmental problems			
Air pollution: fine particulate matter (PM2.5)	Annual concentration of human-made fine particulate matter at an area level, adjusted to account for population exposure.	Department for Environment, Food & Rural Affairs, UK Air	At least annual
Noise complaints	Noise complaints to local authorities per year per 1000 population	Chartered Institute of Environmental Health	Annual
Private outdoor space	% of addresses with access to private outdoor space.	Office for National Statistics	Annual
Public outdoor space	Average distance to nearest Park, Public Garden, or Playing Field (m).	Office for National Statistics	Annual
Litter	To be developed	N/A	N/A

Short description	Long description	Source	Timeliness
Outcome: We are all valued and treated with respect by each other, and our human rights are upheld			
Tolerance and diversity	To be developed	N/A	N/A
Neighbourhood trust	Percentage of people who agree or strongly agree that people in their neighbourhood can be trusted.	Understanding Society	Every few years
Domestic abuse rates	Rate (per 1000 people) of domestic abuse-related offences (crimes) recorded by the police, by police force area.	Office for National Statistics, Crime Statistics	Annual
Employment inequality (ethnicity)	Employment rate for minority ethnic groups	UK Government, Ethnicity facts and figures	Annual
Employment inequality (learning disability)	Employment rate for people with learning disabilities	Public Health England	Annual
Outcome: We all have a voice in decisions that affect our communities and in the public services we use			
Black and minority ethnic representation of local councillors	Disparity between % of local councillors that are BAME and % of population that is BAME.	Operation Black Vote	Unclear
Female representation (elected)	Proportion of council seats held by women	Via local authorities	As required
General election turnout	Total vote turnout (inc postal votes rejected and votes rejected at count) – General Election 2017.	UK Parliament	Immediately following general election
Local election turnout	Total turnout at last local elections (including rejected votes if data is available)	Via local authorities	As required
Participatory democracy	To be developed	N/A	N/A

Appendix 5: Background to Devolution in the North of Tyne

Devolving power in England

Following the outcome of the Scottish Independence Referendum in 2014, the then British Prime Minister, David Cameron, announced his commitment – alongside proposals to offer additional powers to the devolved jurisdictions of the UK – to increase civic engagement and ‘empower cities’ in England.⁵⁹ Building on the findings of the 2012 Heseltine Report,⁶⁰ which recommended the amalgamation of several national funding streams to offer a single fund for economic development, several think-tanks made recommendations for the transfer of powers to local authorities. The first ‘devolution deal’ was announced by the UK Government and the Greater Manchester Combined Authority in November 2014 and, following the General Election in May 2015, the Conservative Government agreed:

We will hand power from the centre to cities to give you greater control over your local transport, housing, skills and healthcare. And we'll give the levers you need to grow your local economy and make sure local people keep the rewards.

But it's right people have a single point of accountability: someone they elect, who takes the decisions and carries the can.

So, with these new powers for cities must come new city-wide elected mayors who work with local councils.⁶¹

By 2015, the UK Government had received 38 bids for devolved powers in England.⁶² Between 2014 and 2020, as part of this devolution agenda, various powers and budgets were devolved to Mayoral Combined Authorities (MCAs) following a series of deals between Whitehall and local leaders.⁶³ There are currently nine MCAs in England, and one additional Combined Authority without an elected mayor.⁶⁴

North of Tyne 2018 Devolution Deal

The North of Tyne Combined Authority was established in November 2018, based on a partnership of the three local authorities of Newcastle City Council, North Tyneside Council and Northumberland County Council.⁶⁵ The Devolution Deal between the UK Government, the North of Tyne and the North East Local Enterprise Partnership devolved a range of powers, funding and an elected Mayor to the North of Tyne Combined Authority (NTCA).

The Deal aims to support the NTCA to deliver its ambition of social and economic prosperity – an ‘inclusive economy’ – for those living and working in the area, as well as improving the wellbeing of communities. The Deal seeks to amplify the area's considerable historical, cultural, economic and educational assets to increase its contribution to the UK economy. The Deal ‘package’ forecasts

59 Sandford (2020) *Devolution to local government in England*.

60 Lord Heseltine (2012) *No stone unturned: in pursuit of growth*.

61 HM Treasury (2015) *Chancellor on building a Northern powerhouse*.

62 UK Government (2015) *Landmark devolution bids submitted from right across the country*.

63 Paun et al. (2021) *Metro Mayors*.

64 Local Government Association. *Devolution Register*.

65 MHCLG (2019) *Devolution: A Mayor for the North of Tyne. What does it mean?*

adding an additional £1.1bn Gross Value Added to the UK economy through delivering over 10,000 new jobs and leveraging over £2.1bn in private sector investment. In turn, the package aims to improve the skills and opportunities for residents' wellbeing, boosting productivity and innovation. The devolution agreement included the following commitments:⁶⁶

- A new, directly elected North of Tyne Mayor, acting as Chair to a new North of Tyne Combined Authority.
- Control of a £20 million per year allocation of revenue funding, over 30 years, to be invested by the North of Tyne Combined Authority to drive growth and take forward its economic priorities.
- Establishment of an Inclusive Growth Board, with Government participation, to better integrate skills and employment programmes across the area, including a North of Tyne Education Improvement Challenge.
- Devolution of the Adult Education Budget for the area to allow North of Tyne to shape local skills provision to respond to local needs.
- Opportunity to secure funding for pilots to help North of Tyne residents with particular barriers to employment into work.
- Establishment of a Housing and Land Board, with powers to the Combined Authority to acquire and dispose of land, and mayoral powers to take forward compulsory purchases and establish Mayoral Development Corporations, as a foundation for North of Tyne's housing and regeneration ambitions.
- Driving improvements to rural growth and productivity and becoming a Rural Business Scale up Champion for England.
- More effective joint working with the Department for International Trade to boost trade and investment in the area.

- Collaborative working with Government to support North of Tyne in taking forward its considerable ambitions around digital capability and infrastructure, and low-carbon energy.
- A statutory Joint Committee to exercise transport functions jointly on behalf of the North of Tyne and North East Combined Authorities.

As part of the Deal, an elected Mayor – following parliamentary approval to confer and establish functions – exercises certain powers with personal accountability to the electorate, devolved from central Government and set out in legislation:

- Creation of new Mayoral Development Corporations, which will support delivery on strategic sites in the North of Tyne area.
- Compulsory purchase powers, subject to the agreement of the NTCA member where the relevant land is located, and to the consent of the Secretary of State for Housing, Communities and Local Government.
- Power to set a precept on local council tax bills to help pay for the Mayor's work. This would be subject to the provisions on council tax referendums, as determined each year by Parliament 10) The NTCA, working with the Mayor, will receive the following powers:
- Control of a new additional £20 million a year revenue funding allocation over 30 years to be invested to drive growth.
- Devolved 19+ adult skills funding from 2019/20.
- Broad powers to acquire and dispose of land to build houses, commercial space and infrastructure, for growth and regeneration.
- Powers to borrow for its new functions, which will allow them to invest in economically productive infrastructure, subject to an agreed cap with HM Treasury.

However, the Deal contained no new powers, funding, or functions in relation to transport.

An Inclusive Economy

The North of Tyne Deal is the first to include an explicit commitment to creating an inclusive economy, which works for all.

This commitment is built on three key aims:

- Creating a more social and inclusive economy – one which promotes wellbeing across all communities by ensuring wealth is retained locally and distributed more equitably.
- Addressing inequality and poverty, enabling our residents to access opportunities at every stage of their lives.
- Driving better coordination of education, skills, employment and health activities to help more people move into good work, and progress in work.⁶⁷

To achieve the ambition of a successful inclusive economy, the NTCA has set out to improve access to, and take-up of, skills opportunities, increase good quality, stable employment and reduce in-work poverty.

The 2018 Devolution Deal focused on; education and skills (including school improvement, adult education and higher skills); employment; energy and low carbon; internationalisation and competitiveness; housing and land; rural growth and stewardship; and, digital infrastructure and 'smart data'.

The Deal included a commitment to create a single, unified Inclusive Economy Board providing a focus for the Combined Authority's focus on education, skills and employment support, tasked with creating 'significant socially focussed interventions within the North of Tyne'.⁶⁸ More broadly, it now provides an opportunity to integrate and strengthen these activities to tackle some of the most significant challenges facing communities in North East England.⁶⁹

Prosperity you can be part of: Mayor Driscoll's 2019 Manifesto

Mayor Jamie Driscoll was elected as the first Metro Mayor for the North of Tyne Combined Authority in May 2019. The commitments made in the 2018 Deal were followed by his manifesto.⁷⁰ This set out his vision to build on many of the key assets in the region, whilst acknowledging the stubborn challenges and inequalities that have negatively impacted on the wellbeing of those living and working in the area for a long time. Mayor Driscoll's manifesto outlined five policies to address these issues: creating more highly-skilled, well paid jobs; community wealth building; a green industrial revolution; setting up community hubs; building affordable homes; and, promoting meaningful adult education.

Recover, redesign, reimagine: Recovery in the region

The COVID-19 pandemic hit North East England harder and more deeply than elsewhere, exacerbating existing inequalities already prevalent in the area, and exposing new ones. What is more, those living in the region have been subject to many more 'local lockdown' measures than other parts of the country.⁷¹ This may offer an explanation for the emerging evidence that COVID-19 has had a detrimental impact on mental health (particularly for younger age groups), social isolation, loneliness, and economic wellbeing. The scale of the challenge was exemplified in a report which found that 12.4 more people per 100,000 died of COVID-19, and 57.7 more people per 100,000 of all causes in the Northern Powerhouse (which includes the North of Tyne) by comparison with the rest of England.⁷²

67 North of Tyne Combined Authority (2021) *Working Together for You: NTCA Inclusive Economy Policy Statement*.

68 HM Government (2018) *North of Tyne Devolution Deal*.

69 Round & Longlands (2020) *Child Poverty and Devolution in North East England*.

70 Driscoll (2019) *Prosperity you can be part of: manifesto for North of Tyne Mayor 2019*.

71 Johns et al. (2020) *State of the North 2020/21: Power Up, Level Up, Rise Up*.

72 Bamba et al. (2020) *COVID-19 and the Northern Powerhouse*.

Due to the multiple inequities experienced by those living in the region, some have suggested that the North East may feel the impact of the pandemic for longer, experiencing a slower recovery.⁷³ The NTCA has set out plans to overcome these challenges, through building a more holistic, green and equitable recovery from the pandemic. The NTCA's vision for recovery in the region 'would see the creation of 35,000 jobs and 14,000 training opportunities, improvements to 50,000 homes and 3,000 new homes built, and a focus on new ways of living, working, socialising and connecting rooted in offshore innovation and digital connectivity'.⁷⁴

They see the following areas as essential for improvement:⁷⁵

- **A fast-growing technology and digital sector, recognising** the importance of baseline digital skills, which are becoming an increasingly important requirement of employment.
- **Green growth and energy** as an area of strength, with significant low-carbon and energy technology expertise in the area. Green growth and energy has been identified as a priority for ensuring residents in the North of Tyne are proud of their local environment and people want to live, work and visit.
- **Culture, creative and tourism** as an asset that could be utilised.
- A strong **finance and professional business services sector**, where there are opportunities for development, particularly in relation to financial technology and in addressing skills shortages.

- **Health, pharmaceuticals and life sciences:** the region has a unique set of health and care assets, with access to world-leading hospital trusts and a collaborative health and social care system. Addressing key skill gaps in this sector and recruiting people with ideas and technological knowledge could see substantial growth.
- **Aging and longevity** is an established and well documented challenge to wellbeing in the 21st century and is of particular significance to the North of Tyne given its demographic. With more than one in three residents living in the area over the age of 55, there are opportunities to explore how this demographic might be regarded as an economic asset, rather than a burden.

These goals, alongside new opportunities presented by the need to decarbonise the economy by 2050, could transform the North East economy. In addition to creating a new demand for UK steel,⁷⁶ the transition to low-carbon production offers the opportunity to create new jobs in the energy sector, including offshore, renewables and battery technology – a foundation on which to build ambitions for an inclusive and dynamic economy in the North of Tyne.

⁷³ Roper (2020) *R&D and innovation after Covid-19: What can we expect? A review of trends after the financial crisis.*

⁷⁴ North of Tyne Combined Authority (2020) *A Bold Economic Recovery Deal*. See also, North of Tyne Combined Authority (2020) *Working for you: Recover, Redesign, Reimagine.*

⁷⁵ North of Tyne Combined Authority (2021) *Opportunity for All: North of Tyne Strategic Skills Plan 2021-2023.*

⁷⁶ Webb (2021) *Forging the Future: A Vision for Northern Steel's Net Zero Transformation.*

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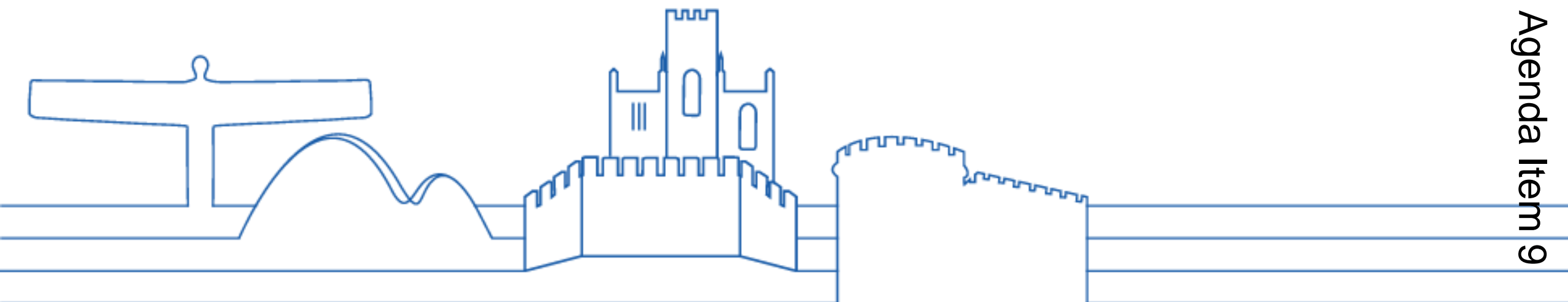
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Registered Charity No: 20142957 operating in Ireland
Incorporated by Royal Charter 1917



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Update to Health and Well Being Board

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General update

- CEO designate recruited and in position
- Executive Director positions recruited to apart from 2 roles
- Expected go live date for the introduction of the Integrated Care Board (ICB) 1st July 2022
- Moving to 'Shadow Form' from 1st April 2022
- We are working together across CCGs to support transition into the ICB – formal activities that need to take place
- Reviewing the meeting infrastructure to ensure it is fit for the future
- Working on the formal governance arrangements to ensure we are safe day 1
- Undertaking further engagement with partners recognising the need to do more of this over the coming months ahead

Delivery of March and April Transition Milestones

Governance and Constitution

- Revisions to Constitution completed following latest national guidance
- Due diligence ongoing to revised timescales plus check and challenge sessions between CCGs
- CCG functions mapped and proposals made on transition as part of Operating Model development

Commissioning

- Delegation of primary medical responsibilities agreed with NHS England
- Joint arrangements with LAs to be agreed via development of our detailed operating model
- We will then finalise our SoRD/SFI/Governance Handbook/Functions and Decision Map

Legal Instruments

- Staff and property transfer work on track

People

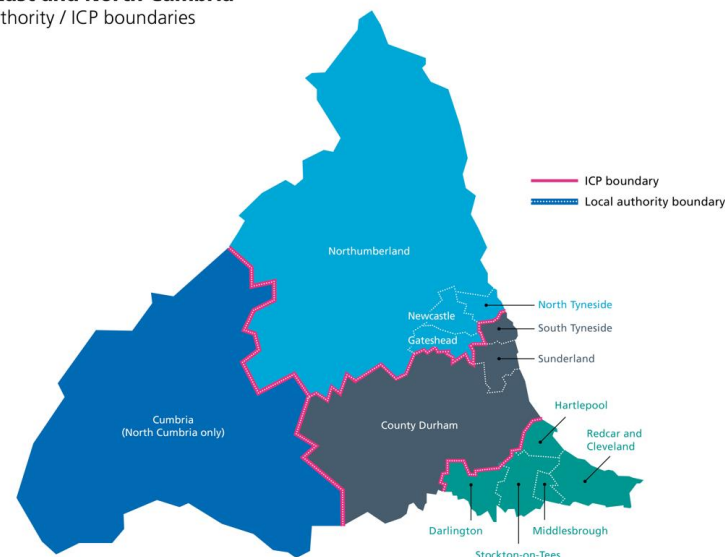
- Recruitment to ICB on track and preparatory work underway ahead of Partner Member guidance
- Conclusion of Operating Model development work ahead of staff consultation
- Finance
- Submission of draft and final financial plans
- Data and Digital
- Finance

Progress on ICP Establishment

North East and North Cumbria
Local Authority / ICP boundaries

North Cumbria ICP
Population: 324,000
1 CCG: North Cumbria
Primary Care Networks: 8
1 FT: North Cumbria Integrated Care NHS Foundation Trust (NCIC)
1 Council Area: Cumbria County Council (with 4 District Councils) North West Ambulance Service

Durham, South Tyneside and Sunderland ICP
Population: 997,000
3 CCGs: South Tyneside, Sunderland, County Durham
Primary Care Networks: 22
2 FTs: South Tyneside & Sunderland, County Durham and Darlington
3 Council Areas: South Tyneside, Sunderland, County Durham



North of Tyne and Gateshead ICP
Population: 1.079M
3 CCGs: Northumberland, North Tyneside, Newcastle Gateshead
Primary Care Networks: 22
3 FTs: Northumbria, Newcastle, Gateshead
4 Council Areas: Northumberland, North Tyneside, Newcastle, Gateshead

Tees Valley ICP
Population: 701,000
1 CCG: Tees Valley
Primary Care Networks: 14
3 FTs: County Durham and Darlington, North Tees & Hartlepool, South Tees
5 Council Areas: Hartlepool, Stockton on Tees, Darlington, Middlesbrough, Redcar & Cleveland

- Agreed with partners that we will have one Strategic ICP supported by 4 'Sub-ICPs'
- This recognises long-established sub-regional partnership working between CCGs, Trusts and LAs
- These Sub-ICPs will build a needs assessment from each of their HWBBs, feeding into the Integrated Care Strategy
- The agenda of the Strategic ICP will also reflect the joint work of our ADASS, ADCS and DsPH networks
- We will also work closely with our Combined Authorities to strengthen the NHS's contribution to regional economic growth
- Exploratory meetings now taking place with LAs, ahead of first formal meeting of the ICP in July

Integration White Paper

- Published 9 February 2022
- Clear focus on ensuring we continue on with plans for implementation
- Also a clear focus on place and local accountability
- Requirement for shared plans and demonstrating delivery with against agreed outcomes
- Pooling of aligned resources and budgets being positioned for 2026
- System to have a minimum level of digital maturity by 2025
- Plans required for workforce integration
- Expected all areas to have agreed plans for place-based working by April 2023

Our objectives

Integrated care systems (ICSs)

Key planning and partnership bodies from April 2022

NHS England

Performance manages and supports the NHS bodies working with and through the ICS

Care Quality Commission

Independently reviews and rates the ICS

Statutory ICS

Integrated care board (ICB)

Membership: independent chair; non-executive directors; members selected from representatives made by NHS trusts/foundation trusts, local authorities and general practice

Integrated care partnership (ICP)

Membership: representatives from local authorities, ICB, Healthwatch and other partners

Role: planning and leading the delivery of integrated health and social care; develops and leads integrated care strategy but does not commission services

Cross-body
relationship,
shared
and
joint
commissioning

An annual performance assessment will assess how well the ICB has discharged its functions during that year and will, in particular, include an assessment of how well it has discharged its duties under:

- section 14Z34 (improvement in quality of services),
- section 14Z35 (reducing inequalities),
- section 14Z38 (obtaining appropriate advice),
- section 14Z43 (duty to have regard to effect of decisions)
- section 14Z44 (public involvement and consultation),
- sections 223GB to 223N (financial duties), and
- section 116B(1) of the Local Government and Public Involvement in Health Act 2007 (duty to have regard to assessments and strategies).

Sets our Integrated Care Strategy based on an assessment of need from each of our 13 places. Indicative guidance suggests we need to have our strategy in place from December 2022.

Geographic
footprint

System

Usually
of 1-2 m

Place

Usually
of 250-5

Neighbourhood

Usually
of 30-50

Delivery strategy
organisation

acute, specialist and mental health) and as appropriate voluntary, VCSE organisations and the independent sector; place level

local authorities, and wider membership as appropriate; system level

members, local authorities, VCSE organisations, NHS trusts (including and community services), Healthwatch and primary care

community pharmacy, dentistry, opticians

What is an operating model?

One definition:

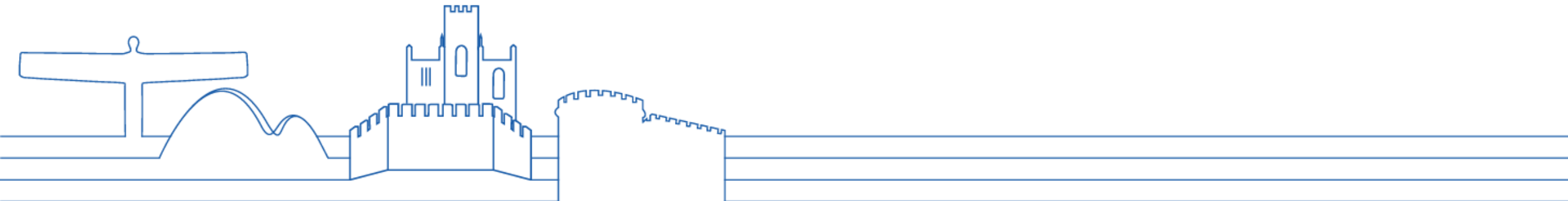
An operating model is a visual representation of how an organisation delivers value to its internal and external customers. Operating models are created to help employees visualise and understand the role each part of an organisation plays in meeting the needs of other components [What is an operating model? - Definition from WhatIs.com \(techtarget.com\)](#)

Some key questions for us:

1. How do we set our objectives as an integrated care system?
2. How do we make decisions – and who makes them?
3. How we deploy our people and resources to make these decisions happen?
4. How do we assure ourselves that we are meeting our objectives?

Operating model

- National guidance and the JMEG process has shaped a high-level outline of how our ICB will work at system and place level
 - Within the next few weeks we will need to finalise a more detailed operating model, including place-based working arrangements
- We need to ensure we get your views and expertise on how this operating model needs to look and this will be shared via local Accountable Officers
- This final model will shape how we deploy our staff, and will lead into a formal HR process



Guiding principles for ICB development agreed by JMEG

- Secure **effective structures** that ensure accountability, oversight and stewardship of our resources and the delivery of key outcomes
- Create **high quality planning arrangements** to address population health needs, reduce health inequalities, and improve care
- Ensure the **continuity of effective place-based working** between the NHS, local authorities and our partners sensitive to local needs
- **‘Stabilise, transition, evolve’** throughout 2022-23 – ahead of adoption of formal Place Board models by April 2023
- **Recognise our ICP sub-geographies** as a key feature of our way of working across multiple places
- Design the right mechanisms to drive developments, innovations and improvements in **geographical areas larger than place-level**
- Highlight areas of policy, practice and service design where **harmonisation of approach** by the NHS might benefit service delivery
- Maintain high and positive levels of **staff engagement and communication** at a time of major change and upheaval

Suggested operating model framework

- Values and principles
- People and local communities at the centre of what we do
- Governance and membership of the ICB
- Operating arrangements i.e. ICP, sub ICP, ICB system, geography above place and place
- Functions and where they are delivered
- Next steps, stress, scenario testing etc
- Review and agree governance handbook
- Phase 2 structure work underway
- Shadow ICB in place April to July- focus on board development and readiness to operate from July.

Developing an operating model: DRAFT design principles/givens

1. Maximise opportunity for standardisation in the interests of efficiency
2. Subsidiarity based on a consideration of Principle 1 above
3. Arrangements must be affordable and within running costs
4. Ensure simplicity and clarity on accountabilities to the ICB

Place-based working: Expectations in the Integration White Paper

- While strategic planning is carried out at ICS level, **places will be the engine for delivery** and reform
- Introducing a **single person accountable for delivery** of a shared plan at a local level – agreed by the relevant local authority and ICB
- Expectations for **place-level governance and accountability** through 'Place Boards' or similar to be adopted by Spring 2023.

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Place governance should provide clarity of decision-making, agreeing shared outcomes, managing risk and resolving disagreements between partners

These arrangements should **make use of existing structures** and processes including Health and Wellbeing Boards and the Better Care Fund.

- All places will need to develop ambitious plans for the scope of services and spend to be overseen and section 75 will be reviewed to **encourage greater pooling of budgets**
- ICS will support **joint health and care workforce planning at place level** to meet the needs of local populations, expanding multidisciplinary teams
- **ICSs will provide support and challenge to each place** as to the assessment of need and local outcome selection and plans to meet both national and local outcomes.
- **The CQC will consider outcomes agreed at place level** as part of its assessment of ICSs
- **Place Boards will require shared insight** and a holistic understanding of the needs of their local population, listening to the voices of service users

Each of our places has:

A Health and Wellbeing Board – a statutory committee of each local authority, responsible for assessing local health and care needs (JSNA) and developing a local strategy (JHWBS)

A non-statutory local partnership forum of NHS and LHA executives – responsible for operationalising the JHWBS, developing local integration initiatives, and overseeing pooled budgets and joint financial decisions (S75, BCF).

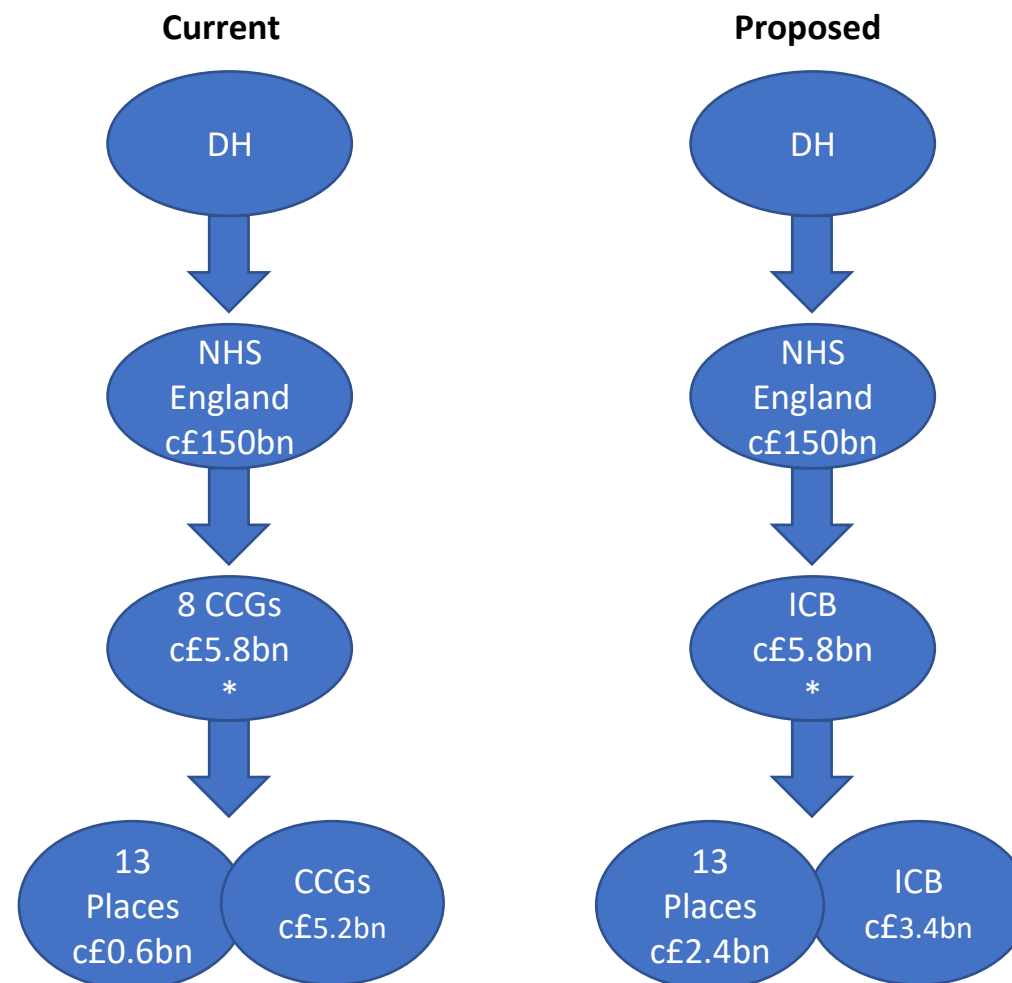
Each Place-Based Partnership/Board/Committee will be accountable for the delivery of objectives set out by the ICB. Some of already have the design features and representation to move seamlessly into the new system – but some may need to evolve.

CCG	Local Authority	Partnership Forum
Cumbria	Cumbria County Council	North Cumbria ICP Leaders Board
		North Cumbria ICP Executive
		(Whole of) Cumbria Joint Commissioning Board
		(Whole of) Cumbria Health and Wellbeing Board
Newcastle Gateshead	Newcastle City Council	Collaborative Newcastle Executive Group
	Gateshead Council	City Futures Board (formerly Health & Wellbeing)
		Gateshead Care (System Board and Delivery Group)
Northumberland	Northumberland County Council	Gateshead Health and Wellbeing Board
		Northumberland System Transformation Board
		BCF Partnership
North Tyneside	North Tyneside Council	Northumberland Health and Wellbeing Board
		North Tyneside Future Care Executive
		North Tyneside Future Care Programme Board
Sunderland	Sunderland City Council	North Tyneside Health and Wellbeing Board
		All Together Better Executive Group
		Sunderland Integrated Care Executive
South Tyneside	South Tyneside Council	Sunderland Health and Wellbeing Board
		S Tyneside Alliance Commissioning Board & Exec
		South Tyneside Health and Wellbeing Board
Durham	Durham County Council	County Durham Care Partnership
		County Durham Health and Wellbeing Board
Tees Valley	Middlesbrough Council	South Tees Health and Wellbeing Board
	Redcar & Cleveland Council	Adults Joint Commissioning Board
	Hartlepool Council	Hartlepool BCF Pooled Budget Partnership Board
		Hartlepool Health and Wellbeing Board
	Stockton-on-Tees Council	Stockton BCF Pooled Budget Partnership Board
		Stockton-on-Tees Health and Wellbeing Board
	Darlington Council	Darlington Pooled Budget Partnership Board
		Darlington Health and Wellbeing Board

Financial delegations to place agreed by FLG and JMEG

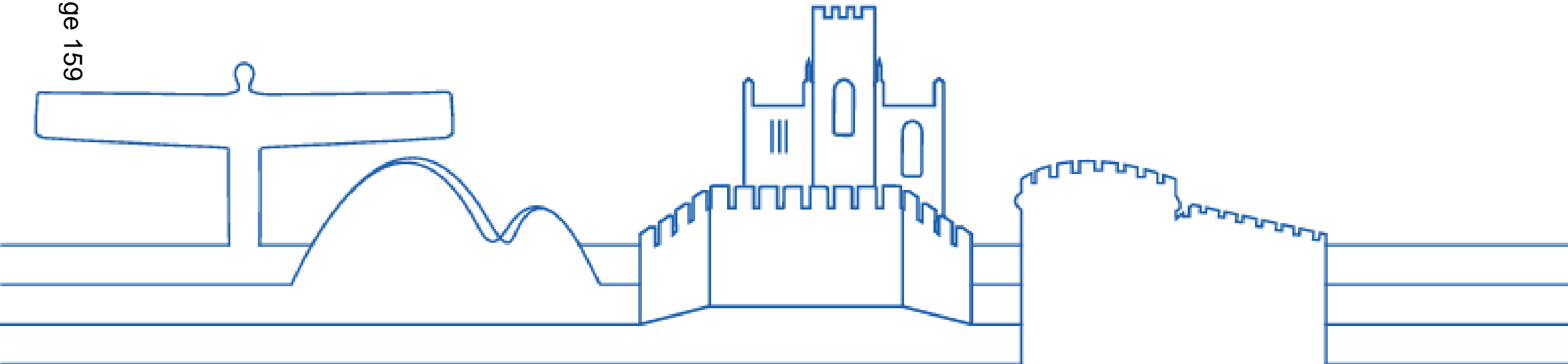
- The Finance Leadership Group recommended increasing the current allocation of resources overseen at Place
- Currently joint financial arrangements at place tend to focus predominantly on the *Better Care Fund* and those services closely aligned with it – e.g. the joint-funding of care packages, safeguarding, and elements of community and primary care.
- From 1 July 2022, Place-Based Partnerships will be responsible for all long-term care packages, community-based services, local primary care services and VCSE provision.
- Place Based Partnerships will therefore need robust governance to manage a more significant level of resource.

These are indicative allocations at this point



Planned engagement

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Engagement with leadership groups

- ICB team to share proposals with;
 - Joint CCG Committee (for CCG chairs)
 - CCG COOs group
 - CCG Executive committees
 - ICS Workstreams
 - Key partners and stakeholders
 - ICS Management Group

Engaging CCG governing bodies and staff

- To be led via Accountable Officers
- Governing bodies to be formally presented to with feedback collated.

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Accountable Officers to brief staff verbally and then provide a link to a questionnaire

- All staff to have the opportunity to feedback via the questionnaire created via Comms
- Questionnaire to be available by 1st March
- Comms will provide a syndicated email for Accountable Officers to use as they see fit

Engaging Local Partner PCNs, GPs, FTs, LAs,

- Accountable Officers to engage local partners to garner feedback
- To include PCNs, GPs, FTs, LAs, Healthwatch, Voluntary Sector Briefings should be set up
- A link to a questionnaire will be provided to be issued to partners for completion

Feedback

- To be collated and reported on
- Recommendations made on any changes required
- Report to be shared with the Programme Board 25th March
- To be presented to 1st ICB Shadow Board

Some key questions to consider

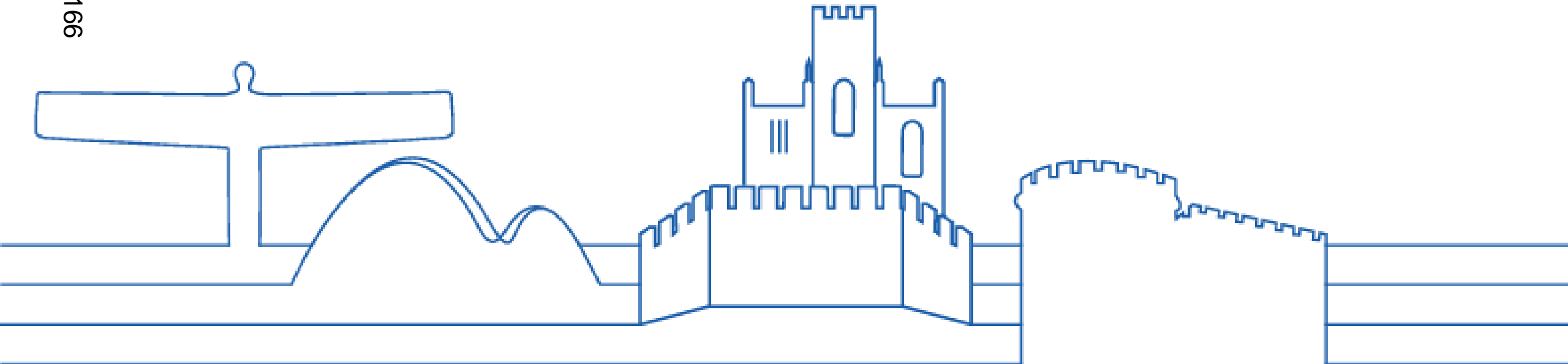
- Given the proposed split of system and place-based functions agreed by JMEG, what key functions need to be managed within the ICB's corporate services?
- Based on the proposed functions and their allocation at place and system do you foresee any major safety, reputational or delivery issues
- Do you feel the mapping covers all of the functions you would expect to see in the area you work in and if not what is missing
- Do you think the proposed ICB committee structure is logical, what areas do you feel we may need to consider using sub committees for eg Primary care delegated
- What opportunities are there to further strengthen our place-based working arrangements with our partners? For example, pooling budgets, or joint workforce planning.
- Given the expectation in the Integration White Paper for place-based leadership and governance, what place-based infrastructure would be required to support this and can this only be delivered at place or across places
- How can we build on existing lead commissioning arrangements within our ICS? And could certain commissioning functions be carried out within our ICS sub-regions, and if so what?

Next steps

- Engage with our colleagues on the detail of the proposed operating model in February and March (questionnaire to be available first week in March)
- Test the proposed model against a range of scenarios, including:
 - serious quality and financial performance issues
 - major service reconfiguration
 - high cost care packages
 - reducing health inequalities
- Review our Scheme of Reservation and Delegation to ensure alignment with operating model
- Review ICB committee roles and structures, and the governance of our ICS workstreams, with our Exec Directors as they are appointed.
- Conclude CCG staff mapping, and consider how our staff are best deployed to support the final agreed model
- Review current NECS SLA, and consider rebalancing how this support is best deployed across our system

Questions?

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NORTHUMBERLAND COUNTY COUNCIL

HEALTH & WELLBEING BOARD

FORWARD PLAN 2021 - 2022

Lesley Bennett, Senior Democratic Services Officer
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E-mail Lesley.Bennett@northumberland.gov.uk

Updated : 28 February 2022

FORTHCOMING ITEMS

ISSUE	OFFICER CONTACT
10 March 2022	
<ul style="list-style-type: none"> • Covid 19 update, communications and engagement • Suicide Prevention Strategy and Zero Suicide JSNA Chapter • Northumberland Cancer Strategy and Action Plan • DPH Annual Report 2020 • North of Tyne Combined Authority Wellbeing Framework: Northumberland Approach • IPC Progress Report 	Liz Morgan Pam Lee/Yvonne Hush Robin Hudson Liz Morgan Sarah McMillan Claire Riley
14 April 2022	
<ul style="list-style-type: none"> • Covid 19 update, communications and engagement • Child Death Overview Panel Annual Report • Dementia Project Briefing 	Liz Morgan Paula Mead/Alison Johnson Cath McEvoy-Carr
12 May 2022	
<ul style="list-style-type: none"> • Covid 19 update, communications and engagement • Pharmaceutical Needs Assessment Update 	Liz Morgan Pam Lee/Anne Everden

MEETING DATE TO BE CONFIRMED

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Updated : 28 February 2022

<ul style="list-style-type: none"> • Impact of COVID pandemic on SEND services • Update on DPH Annual Report 2019 • Joint Health and Wellbeing Strategy Refresh <ul style="list-style-type: none"> • Empowering People and Communities theme • Wider Determinants theme • BSIL theme • Whole System Approach • CNTW Priorities Report • Urgent and Emergency Care - Strategic Care • Child and Adolescent Mental Health • CDOP Annual Report • 2019 DPH Annual Report Update 	<p>Nichola Taylor Liz Robinson Liz Morgan</p> <p>Pam Travers Siobhan Brown Cath McEvoy-Carr Margaret Tench Liz Morgan</p>
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REGULAR REPORTS

<p>Regular Reports</p> <ul style="list-style-type: none"> • System Transformation Board Update • SEND Written Statement Update - progress reports • Population Health Management – Quarterly Update (Feb,May,Aug,Nov) <p>Annual Reports</p> <ul style="list-style-type: none"> • Public Health Annual Report • Child Death Overview Panel Annual Report • Northumbria Healthcare Foundation NHS Trust Annual Priorities Report • Healthwatch Annual Report • Northumberland Safeguarding Children Board (NSCB) Annual Report and Update of Issues Identified • Safeguarding Adults Annual Report and Strategy Refresh 	<p>Sir Jim Mackey/Siobhan Brown Cath McEvoy-Carr Siobhan Brown</p> <p>Liz Morgan (APR) Paula Mead/Alison Johnson (APR) Claire Riley (MAY) David Thompson/Derry Nugent (JULY) Paula Mead (DEC)</p> <p>Paula Mead (DEC)</p>
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<ul style="list-style-type: none"> • Annual Health Protection Report • Northumberland Cancer Strategy and Action Plan • Child Death Overview Panel Annual Report 	Liz Morgan (OCT) Robin Hudson (DEC/JAN) Paula Mead (FEB)
2 Yearly Report <ul style="list-style-type: none"> • Pharmaceutical Needs Assessment Update 	Liz Morgan (MAY 2022 and SEP 2022)

**NORTHUMBERLAND COUNTY COUNCIL
HEALTH AND WELLBEING MONITORING REPORT 2021-2022**

Ref	Date	Report	Decision	Outcome
1.	8.7.21	Update on Northumberland COVID-19 Outbreak Prevention Plan and Control Plan	To note and endorse	
2.	8.7.21	COVID-19 Update	To note	
3.	8.7.21	Communications and Engagement Update	To note	
4.	12.8.21	Changes to Partnerships between the County Council and NHS bodies	(1) Comments on implications of working across health and social care in Northumberland resulting from the ending of the Council's with NHCT were noted (2) Comments on the new partnership for health visiting and school nursing services proposed by the Council and HDFT be noted. (3) The contents of the letters from the Chair of NHCT to the Chair of Health & Wellbeing OSC and the response by the Council's Chief Executive were noted.	
5.	9.9.21	Update on Northumberland COVID-19 Outbreak Prevention Plan and Control Plan	To note and endorse	
6.	9.9.21	Communications and Engagement Update	To note	
7.	9.9.21	Healthwatch Annual Report 2020/21	To note	

Updated : 28 February 2022

8.	14.10.21	Update on Northumberland COVID-19 Outbreak Prevention Plan and Control Plan	Note Report	
9.	14.10.21	Communications and Engagement	Note Report	
10.	14.10.21	SEND Revisit May 2021	(1) Note Report (2) Support Next Steps	
11.	14.10.21	Northumberland Physical Activity Strategy	<p>(1) The importance of the physical activity strategy taking a multi-agency approach in tackling the complexities around physical inactivity in the county be understood and acknowledged, and more public and third sector organisations be supported to connect with the strategy's aspirations and be part of the solution.</p> <p>(2) The complexities associated with tackling inactivity and the excellent ongoing collaborative work with strategic stakeholders to implement the countryside physical activity strategy be recognised.</p> <p>(3) The immediate impact of implementing this strategy, targeting out most vulnerable communities hit hardest by the COVID 19 crisis be noted.</p> <p>(4) The significant benefits of using a preventative approach to tackle rising physical inactivity levels across the county against</p>	

			<p>the wider health, social, educational and economic priority outcomes be noted. This aimed to ensure people were better prepared to live happy and fulfilling lives as members of more sustainable and resilient communities.</p> <p>(5) The benefits of developing place-based approaches and the current work ongoing in Berwick as a tool to reduce inequalities across the county be acknowledged.</p>	
12	9.12.21	Covid (Inequalities) Community Impact Assessment	<p>(1) Receive report and comments</p> <p>(2) Receive regular updates</p>	
13	9.12.21	Population Health Management – Quarterly Update	Receive and note presentation	
14	9.12.21	Update on ICS	<p>(1) Receive report and comments</p> <p>(2) Receive regular updates</p>	
15	9.12.21	Update on epidemiology of Covid 19, Northumberland Covid 19 Outbreak Prevention and Control Plan, and Vaccination Programme	To note presentation	
16	10.2.22	Northumberland Pharmaceutical Needs Assessment	<p>(1) the plan and proposed timelines for the statutory review of the PNSA be supported.</p> <p>(2) the use of previous CCG localities as the geographical basis of the PNA be approved.</p>	

17	10.2.22	Safeguarding Adults Annual Report and Strategy Refresh and Northumberland Safeguarding Children Board (NSCB) Annual Report and Update of Issues Identified	<p>(1) The content of the North Tyneside and Northumberland Safeguarding Adults Annual Report 2020-21 be noted.</p> <p>(2) contents of the Northumberland Strategic Partnership (NSSP) Annual Report 2020-21 be noted.</p>	
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