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Northumberland County Council

Your ref:

Our ref:

Enquiries to: Lesley Bennett

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Tel direct: 01670 622613

Date: 4 July 2022

Dear Sir or Madam,

Your attendance is requested at a meeting of the **HEALTH AND WELL-BEING BOARD** to be held in **COUNCIL CHAMBER, COUNTY HALL, MORPETH** on **THURSDAY, 14 JULY 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, J Daniel, P Ezhilchelvan (Chair), S Lamb, J Lothian, J Mackey, P Mead, L Morgan, R O'Farrell, G O'Neill, W Pattison, G Reiter, G Renner-Thompson, G Sanderson, E Simpson, G Syers (Vice-Chair), D Thompson, P Travers, C Wardlaw and J Watson



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, 12 May 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 where a matter arises at a meeting;

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

Officer and arrange for somebody else to deal with it.

NB Any member needing clarification must contact monitoringofficer@northumberland.gov.uk. Members are referred to the Code of Conduct which contains the matters above in full. Please refer to the guidance on disclosures at the rear of this agenda letter

4. LIVING WITH COVID

To receive a verbal update by Liz Morgan, Interim Executive Director for Public Health and Community Services.

5. INTEGRATING SERVICES SUPPORTING CHILDREN AND YOUNG PEOPLE

(Pages 9 - 32)

To seek support for the approach Northumberland is planning to take to progress a children and young people's (CYP) model for integrated system working.

6. AGING WELL SERVICE REVIEW

(Pages 33 - 48)

To provide an update on healthy ageing activity; a refreshed consideration of the evaluation of the Ageing Well programme completed in January 2020; and propose next steps.

7. HEALTH AND WELLBEING BOARD – FORWARD PLAN

(Pages 49 - 54)

To note/discuss details of forthcoming agenda items at future meetings; the latest version is enclosed.

8. URGENT BUSINESS (IF ANY)

To consider such other business as, in the opinion of the Chair, should, by reason of special circumstances, be considered as a matter of urgency.

9. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 11 August 2022, at 10.00 a.m. at County Hall, Morpeth.

10. INFORMAL DEVELOPMENT SESSION

Immediately after the meeting there will be an informal development session for all members of the Board.

This session will look at:

- the Joint Health and Wellbeing Strategy 2018 – 2028 and assess it's value in the context of Living with COVID-19 and the post pandemic environment in Northumberland
- the principles of the relationship between the Health and Wellbeing

Board and the Scrutiny Committees to ensure the correct degree of assurance in the most effective way

- the relationship between the Health and Wellbeing Board and the System Transformation Board in light of developing Place Based Working under the new arrangements of the ICS.

Proposals developed will be formally considered at a future meeting

IF YOU HAVE AN INTEREST AT THIS MEETING, PLEASE:

- Declare it and give details of its nature before the matter is discussed or as soon as it becomes apparent to you.
- Complete this sheet and pass it to the Democratic Services Officer.

Name:		Date of meeting:	
Meeting:			
Item to which your interest relates:			
Nature of Interest i.e. either disclosable pecuniary interest (as defined by Table 1 of Appendix B to the Code of Conduct, Other Registerable Interest or Non-Registerable Interest (as defined by Appendix B to Code of Conduct) (please give details):			
Are you intending to withdraw from the meeting?		Yes - <input type="checkbox"/>	No - <input type="checkbox"/>

Registering Interests

Within 28 days of becoming a member or your re-election or re-appointment to office you must register with the Monitoring Officer the interests which fall within the categories set out in **Table 1 (Disclosable Pecuniary Interests)** which are as described in "The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012". You should also register details of your other personal interests which fall within the categories set out in **Table 2 (Other Registerable Interests)**.

"Disclosable Pecuniary Interest" means an interest of yourself, or of your partner if you are aware of your partner's interest, within the descriptions set out in Table 1 below.

"Partner" means a spouse or civil partner, or a person with whom you are living as husband or wife, or a person with whom you are living as if you are civil partners.

1. You must ensure that your register of interests is kept up-to-date and within 28 days of becoming aware of any new interest, or of any change to a registered interest, notify the Monitoring Officer.
2. A 'sensitive interest' is as an interest which, if disclosed, could lead to the councillor, or a person connected with the councillor, being subject to violence or intimidation.
3. Where you have a 'sensitive interest' you must notify the Monitoring Officer with the reasons why you believe it is a sensitive interest. If the Monitoring Officer agrees they will withhold the interest from the public register.

Non participation in case of disclosable pecuniary interest

4. Where a matter arises at a meeting which directly relates to one of your Disclosable Pecuniary Interests as set out in **Table 1**, you must disclose the interest, not participate in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest, just that you have an interest.

Dispensation may be granted in limited circumstances, to enable you to participate and vote on a matter in which you have a disclosable pecuniary interest.

5. Where you have a disclosable pecuniary interest on a matter to be considered or is being considered by you as a Cabinet member in exercise of your executive function, you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it.

Disclosure of Other Registerable Interests

6. Where a matter arises at a meeting which **directly relates** to the financial interest or wellbeing of one of your Other Registerable Interests (as set out in **Table 2**), you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

Disclosure of Non-Registerable Interests

7. Where a matter arises at a meeting which **directly relates** to your financial interest or well-being (and is not a Disclosable Pecuniary Interest set out in **Table 1**) or a financial interest or well-being of a relative or close associate, you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest.
8. Where a matter arises at a meeting which **affects** –
- a. your own financial interest or well-being;
 - b. a financial interest or well-being of a relative or close associate; or
 - c. a financial interest or wellbeing of a body included under Other Registrable Interests as set out in **Table 2** you must disclose the interest. In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied
9. Where a matter (referred to in paragraph 8 above) **affects** the financial interest or well- being:
- a. to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
 - b. a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest

You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise, you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

Where you have an Other Registerable Interest or Non-Registerable Interest on a matter to be considered or is being considered by you as a Cabinet member in exercise of your executive function, you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it.

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Agenda Item 2

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Wellbeing Board** held in County Hall, Morpeth on Thursday, 12 May 2022 at 10.00 a.m.

PRESENT

Graham Syers
(Vice-Chair, in the Chair)

BOARD MEMBERS

Boyack, J.	Sanderson, H.G.H.
Brown, S.	Wardlaw, C.
Lothian, J.	Watson, J.
Morgan, E.	

IN ATTENDANCE

L.M. Bennett	Senior Democratic Service Officer
A. Everden	Public Health Team Pharmacy Advisor

60. MEMBERSHIP AND TERMS OF REFERENCE

It was noted that the Council meeting on 4 May 2022 had agreed that Councillor Paul Ezhilchelvan be elected Chair of the Health & Wellbeing Board. The terms of reference had also been revised to include a representative from the Harrogate & District NHS Foundation Trust.

The revised membership and terms of reference were noted.

61. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors P. Ezhilchelvan, W. Pattison, G. Renner-Thompson, E. Simpson, and N. Bradley, R. O'Farrell, P. Mead, G. Reiter, and P. Travers.

62. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 10 March 2022, as circulated, be confirmed as a true record and signed by the Chair with the following addition:

Child Death Overview Panel Annual Report

It was noted that the report attributed the number of deaths to the place of death rather than the place of parental residency and that this could skew the data. Siobhan Brown agreed to pick this up.

63. LIVING WITH COVID

Members received a verbal update from Liz Morgan, Interim Executive Director for Public Health and Community Services.

Liz Morgan highlighted the following key areas:-

- The ONS Survey provided retrospective weekly data. For the week ending 30 April 2022, the prevalence was estimated to be 1:25 from a figure of 1:35 previously. This equated to a drop from 2.4 million cases to 1.5 million. These were still high numbers, however.
- The case numbers in the North East were higher than in other regions at 1:30.
- Prevalence in primary school age children was 1:66 and 1:29 in the over 70s. These were improving figures and reflected in other areas.
- Patients being admitted to hospital who also had Covid were also reducing along with the number of staff absences.
- There was still some pressure on schools due to staffing shortages.

The following comments were made:-

- The vaccination programme had been hugely successful, however, the uptake of the spring booster vaccination was not as high as would be liked. There were regional variations in vaccine supplies and the regional vaccination centre was working hard to ensure that supplies got to the right places at the right time. It was planned to focus on care home residents as a priority.
- There was confusion amongst the public and parents who had been contacted by the NHS to say that they were eligible for a booster but were waiting to hear from their GPs. This was a cause of poor take-up of the vaccine. The issue of the lack of supply had been escalated. It was stressed that there was no connection between the NHS letter and the delivery of the vaccine and this was difficult to explain to the public.

RESOLVED that the verbal update be received.

64. PHARMACEUTICAL NEEDS ASSESSMENT UPDATE

Members received the draft Pharmacy Needs Assessment (PNA) prior to it going out to formal consultation. The report was presented by Anne Everden, Public Health Team Pharmacy Advisor.

Anne Everden made the following key points:-

- The Steering Committee was thanked for its help and support in producing the draft report.
- Healthwatch had assisted by carrying out a consultation in the areas where pharmacies had closed, such as Alnwick, Hexham and Bedlington Station. Healthwatch's findings would be fed into the final document
- Issues had been raised in Alnwick where a pharmacy did not have a pharmacist available during the lunch hour. This led to problems for patients who may be restricted by bus times or their own working hours.
- The public consultation would begin on Monday, 16 May 2022 and run for 60 days. The results of the public consultation would be reported on and it was intended that the final report would be submitted to the September meeting of the Health & Wellbeing Board. The PNA must be finally signed off by the end of September 2022.
- One potentially contentious area was the that an additional pharmacy in Cramlington was not being supported. In order for provision of an additional pharmacy to be agreed, there needed to have been an additional 10,000 built and this was not the case in Cramlington. NHS England would not support such a request and would consider that there was already a sufficient service during working hours and an additional pharmacy would lead to over supply.

The following comments were made:-

- Healthwatch had received 267 responses to its survey which was encouraging and sufficiently broad to make its conclusions worthwhile.
- The Steering Group had considered the increasing range of services offered by pharmacies but its principle focus was to deliver the PNA within the required timeframe. It had recognised that future work should be done on a communications exercise about the range of services available from community pharmacies and to encourage the public to use them to relieve pressure on GPs and Emergency Departments. It was hoped that this work could be carried out and input from the Local Pharmaceutical Committee would be welcomed.
- The merger of two pharmacies in Alnwick had been agreed on the basis that a good service would be retained in the town and that there should always be two pharmacists on site. If this was not the case, then it would have to be considered again by the Committee.
- In general, patient expectations were difficult to manage, and it was important that comms were improved to get it across to patients particularly in rural areas, that there may not always be a pharmacist on duty.
- Some pharmacies were open 100 hours per week and these were located in Hexham, Berwick, Blyth, Ashington and Cramlington. Those located within supermarkets could only be available for six hours on a Sunday and so opened early on other days to make up the time. Two of

Northumberland's 100hr pharmacies were not located in supermarkets and remained open until 8 pm.

- There was a shortage of pharmacists in community pharmacies as many chose to work within GP surgeries.
- It was suggested that Northumberland County Council liaise with the Local Pharmaceutical Committee to produce information to send out to the public.

RESOLVED that

- (1) the draft plan be approved for progression to formal consultation
- (2) comms be produced in liaison with the Local Pharmaceutical Committee regarding pharmacy opening arrangements and pharmacist availability.

65. NORTHUMBERLAND ORAL HEALTH STRATEGY UPDATE

Members received a report updating them on progress against the Northumberland Oral Health Strategy 2019-22 and considered an extension to the strategy period. Liz Morgan, Interim Executive Director for Public Health and Community Services, presented the report.

The Strategy and Action Plan for 2019-22 outlined key priority areas for action for improving oral health and reducing inequalities, following a comprehensive oral health needs assessment in 2017. The Health & Wellbeing Board in March 2019 had agreed fourteen recommendations and areas for action under four priority themes.

- Giving every child the best start in life and best opportunities for oral health.
- Improving the oral health of old people.
- Service development and commissioning.
- Partnership working.

Activity on the Action Plan had been delayed by the COVID-19 pandemic, but the Strategy Group had met in 2020 and prioritised what could be delivered within the various frameworks of restrictions. Achievements included the ongoing distribution of toothbrushes and toothpaste to those in need, improved training and use of remote meetings allowing attendance by dental colleagues without them having to leave their practices.

The proposals in the Health and Care Bill included a move in the responsibility for initiating and varying schemes for fluoridation from Local Authorities to the Secretary of State. Northumberland was keen to be at the forefront of any early discussions about fluoridation

It was hoped to extend the strategy until 2025.

A number of comments were made:-

Ch.'s Initials.....

Health & Wellbeing Board, 10 May 2022

- It had been reported that toothbrushes and toothpaste were a luxury for some families, and it was suggested that supplies of these be sent to foodbanks if this was not already being done.
- Although the Secretary of State would have responsibility for any variation to the fluoridation scheme, the County Council would still have to support a consultation process. The consultation process would be restricted to those who would be affected by any variation.
- Healthwatch was aware that dentistry and oral health was a very significant issue, particularly regarding inequalities and access to dentists. There were issues with the contract, the contract contents and how much dentists were being paid. It may be that there would be a shift in responsibility for dental care within the ICS development.
- The Administration supported fluoridation as part of its key theme of addressing inequalities

RESOLVED that

- (1) the report be received.
- (2) the impact on dental and oral health action and delivery caused by the COVID-19 pandemic be acknowledged.
- (3) the extension to the strategy period from 2022/25 be approved

66 POPULATION HEALTH MANAGEMENT – QUARTERLY UPDATE

Members received an overview of the progress to date to address health inequalities in Northumberland and to set out intentions for 2022/23. Presentation by Siobhan Brown, Northumberland CCG.

The presentation raised the following key areas:-

- This area needed to be considered when looking at the future work of the Health & Wellbeing Board, the development of Integrated Care Systems and the Inequalities agenda. Population Health Management strongly related to people and communities.
- Key questions included
 - What communities could do for themselves?
 - What communities needed help with?
 - What communities needed outside agencies to do for them?
- Details of a case study were provided about an individual with multiple issues including mental health and social factors and the interventions to identify and address these issues thereby preventing them from becoming irreversible.
- The involvement of the voluntary sector was very important and better ways to work with the sector should be sought.

- The whole of health care needed to embrace different ways of working. There were seven Primary Care Networks based around communities. Each had analysed data and spoken to local people to learn what mattered for that community and had chosen topics such as best start in life, self harm, admissions to emergency settings which were avoidable etc. Funding had been provided to enable these areas to be looked at.
- It was important to translate all of the talk about inequalities into action to ensure that an impact was made.
- Section 256 arrangement was in place between the CCG and the County Council to facilitate the funding of work needed around inequalities. The aim now was to get out in the community, find out what mattered to them and then to make it happen.
- Work was already underway involving a number of organisations and it was clear to see the seeds of strong action in place.

The report and presentation were welcomed by Members and a number of comments were made:-

- This work was much appreciated by the voluntary sector along with the proposal to work closely with the sector. The voluntary sector was well placed to help identify the needs of the local community and how best to respond to them.
- It was important to ensure that the work done was complementary and not duplicating work done by other organisations.
- It should be recognised how much external funding was brought into the system by the voluntary sector and could be used for low level support work within communities.
- It was hoped that the Integrated Care Board would already have allocated funding for the inequalities agenda

RESOLVED that the report be received.

67. HEALTH AND WELLBEING BOARD FORWARD PLAN

Members received the latest version of the Forward Plan. It was reported that the Chair and Vice-Chair would discuss the revision of the current Terms of Reference and consider the membership and how this enabled the Health & Wellbeing Board to function.

RESOLVED that the Forward Plan be noted.

68. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 9 June 2022, at 10.00 a.m. in County Hall, Morpeth.

CHAIR _____

DATE _____

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Northumberland County Council

HEALTH AND WELLBEING BOARD

14TH JULY 2022

INTEGRATING SERVICES SUPPORTING CHILDREN AND YOUNG PEOPLE

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

Cabinet Member: Cllr Guy Renner-Thompson – Children and Young People

Purpose of report

To seek support for the approach Northumberland is planning to take to progress a children and young people's (CYP) model for integrated system working.

Recommendations

The Health and Wellbeing Board is recommended to:

- Comment on the evidence for CYP integration and types of integration possible;
- To agree the evolution / expansion of the Family Hubs model as the mechanism to drive forward CYP integration and the governance process;
- To support the proposed approach to culture and leadership change and interface with community centred/place-based approaches to tackle inequalities.

Link to Corporate Plan

This report links to the Living and Learning priorities in the Northumberland Corporate Plan 2021-2024 and specifically, the commitment to provide sustainable support to children and families through innovation and new ways of working.

Key issues

The Northumberland Health and Wellbeing Board and the North East and North Cumbria (NENC) Integrated Care System (ICS) are committed to promoting the integration of services across health and care. There is good evidence that integrated care enhances service user satisfaction, increases the perceived quality of care, enables access to services and a better use of resources. Most of the evidence relates to adult services rather than those for children.

Northumberland Healthy Families Partnership Board and the emerging Family Hubs model are both committed to integrating services which support CYP and their families. These

fora provide a foundation for a broader approach which encompasses all CYP services including the voluntary, community and social enterprise sector. The ambition is to achieve a state of shared leadership, planning and delivery so that CYP and families receive joined up support from all aspects of health, education and social care from prevention and early intervention through to treatment and recovery and including building on existing assets.

This level of integration and change will only be achieved if there is a shared culture, values and beliefs and a shared understanding of how mature the system is in collaborative working and what that means in practice. The intention is to lay the foundations for effective service integration through investment in a programme of system and organisational development starting with senior leaders who can change the way services are delivered in their organisations.

Background

There is robust evidence¹ which demonstrates the importance of improving the life chances for children from conception, with a particular emphasis on the early years and reducing the gap in health and social inequalities. Moving through the life course to the age of 19, or 25 for children with SEND and care leavers, there is a drive towards closing the gap in outcomes for those young people who are disadvantaged such as looked after children, young carers or those who have a special educational need or disability.

The principle underpinning social factors that impact on CYP outcomes are poverty, parental income, quality of housing and access to social networks. All these factors are to be considered in the developing Inequalities Plan for Northumberland with multi agency stakeholders contributing to improving outcomes as part of a 'health in all policies' approach. Reducing inequalities and delivering improved health and social outcomes for children and young people are the primary goals of the Northumberland Children and Young People's Strategic Partnership (CYPSP). No one agency can achieve this alone and there are benefits in closer collaboration and pooling of resources to provide a more holistic approach to working with CYP and families.

Health and social care integration has been in progress for adult / elderly care services for several years (albeit the evidence base for better outcomes is mixed²) and there is benefit in exploring what a collaborative delivery model for conception to 19 years (25 years for SEND and care leavers) could look like and how that would work differently on the 'front line' to ensure every contact made has a positive impact for our children and young people across all of our towns and settlements to ensure equity of access and support – at the right time and in the right place.

The system is complex and delivering at the front line and into key settings such as education is where the difference in quality and efficiency can be maximised. A focus is on making the best use of collective resources, addressing health and social inequalities while supporting the development of resilience and resourcefulness in children and families.

There is a strategic expectation around the delivery of integrated services. The NENC ICS should bring together providers and commissioners of NHS services with local authorities

¹ <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

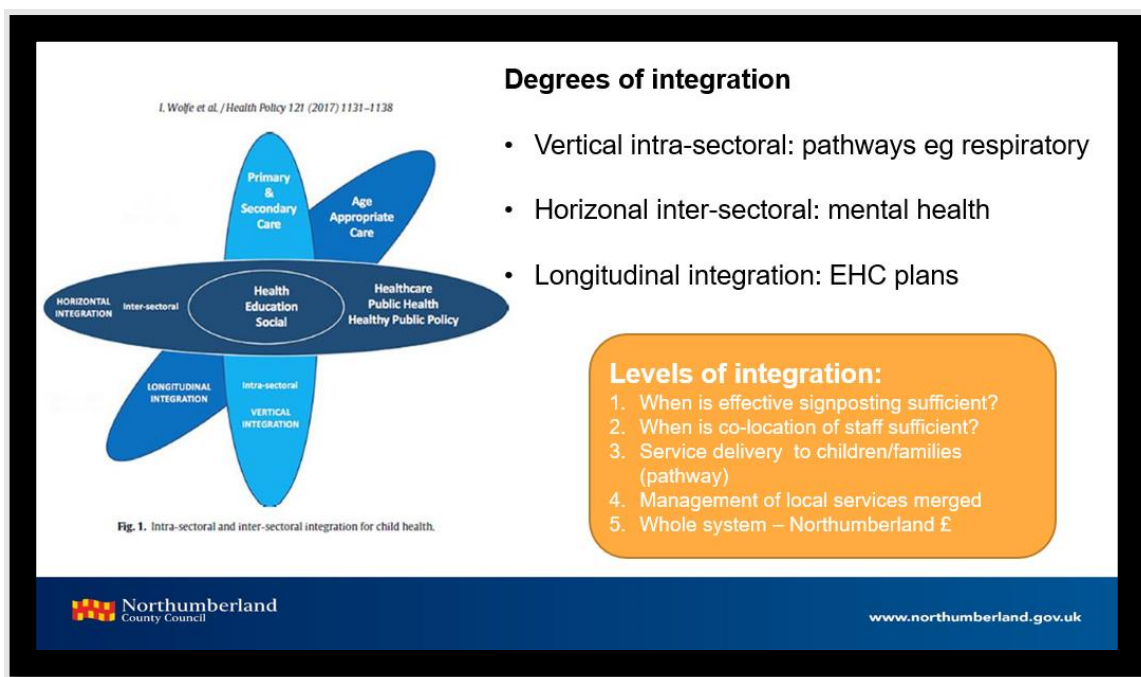
² <https://www.nuffieldtrust.org.uk/research/integrating-health-and-social-care-a-comparison-of-policy-and-progress-across-the-four-countries-of-the-uk>

and other local partners to plan, co-ordinate and commission health and care services. The aim is for services to shift towards collaboration, with health and care organisations working together to integrate services and improve population health. The Health and Care Bill will place ICSs on a statutory footing from July 2022.

One of the statutory functions of the Health and Wellbeing Board is to encourage all health and care organisations which operate within Northumberland to work together in an integrated manner. More locally, integration is one of the priority areas in Theme 2 (Taking a Whole System Approach) of the Northumberland Joint Health and Wellbeing Strategy (JHWS) 2018 – 2028. Theme 1 of the JHWS relates to giving children and young people the best start in life, to which integrated services for children and young people will be a component.

What is integration?

Figure 1: Types of integration



Part of the work to be undertaken in Northumberland is agreeing the local definition of integration and setting the ambition which we want to achieve and why; what problem is being solved by integration and measuring our success in achieving that. Taking an integrated model as the end point, clear frameworks provide a mechanism to achieve that.

The population intervention triangle³ will be one theoretical framework which will be used as it is a place-based approach taking into consideration what can be done at a civic level; what can be done to enhance service delivery; and what can be achieved to best effect with and by the community (CYP & families). This can be overlaid by continually asking:

- What can communities do for themselves
- What do communities (CYP & families) need a little help with?
- What do agencies need to do because communities (CYP & families) are unable to.

³ <https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities/place-based-approaches-for-reducing-health-inequalities-main-report>

To remain fully aligned to the national Family Hubs work, the Family Hubs Access, Connection and Relationships model will also be used.

Current infrastructure and governance (Healthy Families Partnership Board and Family Hubs)

There have been two significant developments recently which make the timing right in Northumberland to explore what an integrated system could look like and achieve.

Within the S75 partnership agreement between NCC and Harrogate and District Foundation Trust (HDFT) there is a significant opportunity to consider how we work differently as a collaboration and with our families.

The agreement sets out how the partners have agreed to work together and what commitments each partner has made. The relationship which it describes is one in which some of the Council's statutory functions are delegated to the Trust, and the Council fund the Trust to enable it to carry out those functions, rather than a contractual relationship in which the Trust will provide services for the Council in return for payment. The partners jointly develop plans for the Services covered by the agreement and jointly monitor the quality and performance of the Services.

The objective of this agreement is to ensure that public health services in Northumberland for children, young people and their families form a key element in an integrated and comprehensive system of prevention and early help. These public health services are based on the Healthy Child Programme framework. In particular, the Partners aim to achieve arrangements which:

- Create services which better understand and respond to all aspects of the needs of children, young people and families
- Make access to services as easy as possible for children, young people and families who need them
- Meet well and effectively all statutory requirements to provide universal support to children, young people and families, while focusing particular attention on identifying and supporting those children, young people and families who have additional needs
- Promote joint working between all public, voluntary, community and other bodies which support children, young people and families, aiming to make the most effective use of the skills and resources of all services, minimising duplication and encouraging mutual understanding and shared learning
- Are open to change, responding flexibly to both short-term and lasting developments affecting the context in which public health services for children, young people and families are provided
- Facilitate the development of a skilled and motivated public health workforce to support children, young people and families, with easy access to high quality training and development opportunities.
- Make the most effective possible use of the overall funding available in responding to the needs of children, young people and families.

Purpose of the Healthy Families Partnership Board (HFPB)

The HFPB is accountable in the first instance to the CYPSP and HDFT Trust Board. The purpose of the HFPB is to lead the development and delivery of an integrated 0-19 Healthy

Families service for Northumberland children, young people and families within the framework of the s75 Partnership Agreement between HDFT and Northumberland County Council. The HFPB should provide a focal point for integrated leadership and collaboration to improve life chances for children in Northumberland. It has a system leadership function and sets a clear vision and plan to ensure the co-ordinated delivery on system change priorities, to deliver improved outcomes for children, reduce duplication and ensure the most effective use of combined resources.

The Trust and the council, as partners in the formal agreement, have a shared commitment to deliver the best possible health, education and social care outcomes, at the earliest opportunity, for children and young people. As a wider system, to achieve this goal, collaboration and new ways of working are needed between commissioners, providers, residents, carers, staff and wider partners at multiple levels.

To have a manageable forward plan of work a 'design group' has been established under the partnership board to lead the change programme. Priority areas of work include:

- Service structure change
- Culture and leadership
- Safeguarding (0-19)
- Emotional health and wellbeing (5 – 19)
- SEND / special school offer
- Enhanced / vulnerable pathway (conception to 5)
- Data / outcomes

Implementing a Family Hubs model in Northumberland

The Government has commissioned the Anna Freud Centre to lead the evolution of Family Hubs in England. Family hubs⁴ are a way of joining up locally to improve access to services, the connections between families, professionals, services, and providers, and putting relationships at the heart of family help. Family hubs bring together services for children of all ages, with a great Start for Life offer at their core. They can include hub buildings and virtual offers. How services are delivered varies from place to place, but the following principles are key to the family hub model:

- More accessible
- Better connected
- Relationship-centred

In Northumberland, 12 children's centres remain in operation as part of the legacy of Sure Start Centres. Led by Children's Social Care Early Help Service, the council and its partners have been establishing a multi-agency governance structure to start to implement the Family Hubs model. There has been positive engagement and buy in with a well-attended overarching implementation group and subgroup workstreams now going live (see figure 2). Partners include a wider range of NCC service areas such as childrens social care, education, public health, housing, NCT, libraries. Outside partner agencies include NHCT, CNTW, VCS, Police, Fire and Rescue. Representation is also being sought from the CCG.

⁴ <https://www.nationalcentreforfamilyhubs.org.uk/>

Figure 2: family Hub Stakeholder groups



The aim and purpose of this groups is to operate as an effective team of leaders to support development of Family Hubs with the joint aim of delivering integrated, high quality, locality based early help services, which are understood and owned by all partners and families across Northumberland.

In April 2021 HM Government produced, ‘The Best Start for Life’ report⁵ following the Rt Hon Andrea Leadsom MP review of the health and development outcomes for babies in England, this was the Early Years’ Health Development Review, which took place in September 2020

Proposed work programme.

The core ambitions of both the HFPB and the Family Hubs model are to achieve a future state of joint intelligence/insights, joint planning, joint leadership and joint delivery to ensure CYP and families receive support from all aspects of health, education and social care which are joined up from prevention through to treatment and recovery – end to end pathways in effect that are place based and relevant to community context. Starting from the point of empowerment and self-help in the first instance and knowing where to seek support early.

Utilising the population intervention triangle theoretical framework, the system will be challenged to think beyond service delivery and into what role civic responsibilities can play and what can CYP and families do for themselves.

Culture and leadership to achieve the change

⁵ <https://www.gov.uk/government/publications/the-best-start-for-life-a-vision-for-the-1001-critical-days>

Since November 2021 the HFPB has been working through a culture change process starting with establishing shared values and behaviours and working towards a self assessment of how mature the partnership is to enable close collaborative working.

Within the inaugural Family Hubs workstreams of workforce and governance, the importance of culture and leadership change is recognised as an important component for success.

The two groups have jointly agreed, for the Northumberland system, it is best to do this work once with the right people and this will form the foundation for how an integrated model is developed, implemented and measured for success.

Figure 3: why start with culture for integration

Why culture and leadership?

Organizational culture eats strategy for breakfast, lunch and dinner

The slide features a Pac-Man metaphor where a yellow Pac-Man character labeled 'Culture' is positioned to eat five ghost characters representing organizational goals: 'Growth' (red), 'Change' (pink), 'Performance' (yellow), 'Innovation' (blue), and 'Execution' (green). Dashed lines connect the Pac-Man to each ghost, and the ghosts are also connected to each other by a dashed line.

We can have all the policies, strategies, action plans, training programmes, performance indicators we want to measure but if we don't have a shared culture which breeds humanity, acceptance and trust we won't achieve the values we aspire to...

Values = Behaviour = Culture

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Progressing culture and leadership change

Developing a shared culture requires system partners to create a shared value set and a descriptor of the behaviours that demonstrate the values and ultimately the outcomes to be achieved. This starts with a shared understanding of what is being committed to and to ensure all organisations / services have a shared understanding of what integration means and will seek to achieve. Understanding the baseline is integral to measuring change in the culture journey and so a maturity matrix will determine the baseline and set a level of ambition of where the system wants to be in the future.

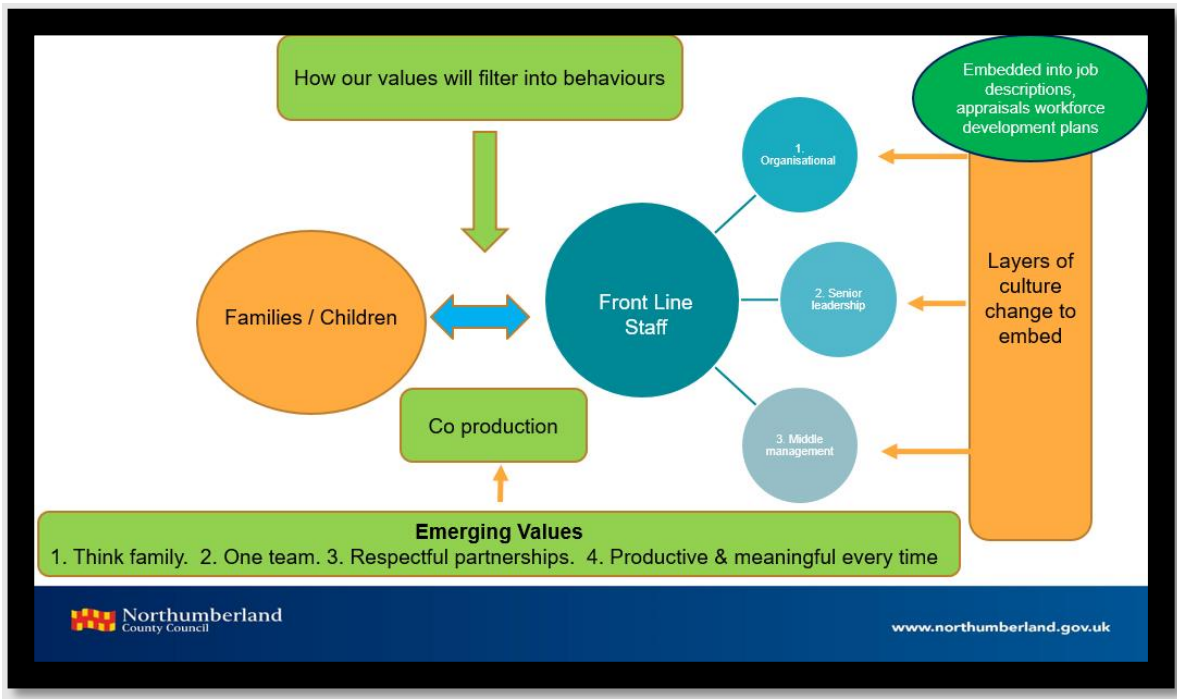
Collaborative maturity factors to consider include:

- Goals and values
- Leadership and governance
- Key business processes and pathways
- Innovation and continued improvement
- Risk management
- Collaborative culture
- Collaborative behaviour

- Skills and capabilities
- Staff motivation and satisfaction

This is all to be considered within the context of the population intervention triangle framework and the three questions referred to previously. For effective change to be born out, change must be made on the front line and felt by CYP and families. The culture and leadership programme of work must have breadth and depth to its reach.

Figure 4: chief officer to front line to families



Governance and organisational commitment

Currently the HFPB and the Family Hubs work reports into the CYPSP partnership and as such the transformational change proposed within this report will be incorporated into the workplan. Promoting the integration of health and care services is a statutory function of the Health and Wellbeing Board so the support of the Board is required to progress this piece of work.

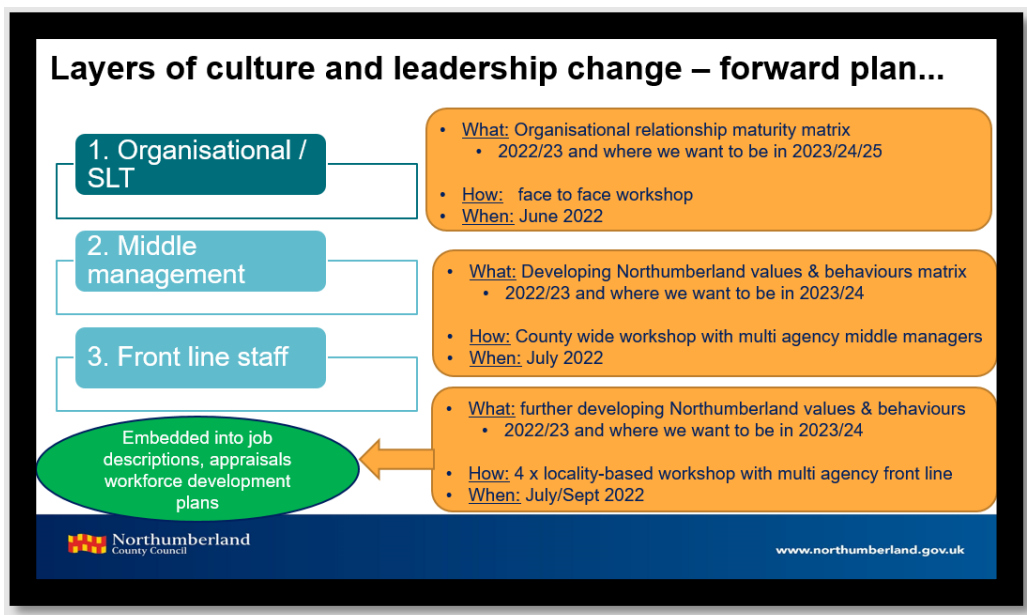
The intention is to progress CYP integration with core organisations but to take a pragmatic approach that is phased in its ambition. The proposal is that a formal group is formed merging elements of the Family Hubs and HFPB work programmes to take forward CYP integration which starts with the culture and leadership transformation. This group will report into the CYPSP. A small group of senior colleagues who can represent the partners involved and who can implement the changes required on behalf of their organisations have been invited to participate in an initial session to lay the foundations for effective service integration.

Follow on activity will include:

- Keeping the Northumberland inequalities plan and the community centred / place based approach central to what we do.

- External facilitators to deliver a series of workshops with chief officers to front line staff to develop the shared values and behaviours
 - To agree a shared understanding of what everyone wants and believes can be achieved from integration / collaborative working – systems leadership
 - To undertake a system level maturity matrix to determine where the system is now, where it wants to be in a year and in two years
 - To develop a shared set of values which reflect behaviours and how they are incorporated into job descriptions, appraisals and CPD.
 - To develop and agree a shared set of priorities for the next two years

Figure 5: Proposed forward plan



Implications

Policy	Integrating health and social care to provide joined-up support that delivers better health and wellbeing outcomes to individuals is a long-standing national and local policy objective. It is reflected in the Northumberland Joint Health and Wellbeing Strategy.
Finance and value for money	Integrated care does not necessarily reduce costs but when done well, can improve quality of life, access to services and identify unmet need. Any associated costs for the use of external facilitators will be funded through the PH ring-fenced grant and NHS partners. The costs are not expected to exceed the threshold for a procurement exercise. However, Procurement advice will be obtained to ensure that any commissioning or contractual arrangements entered in to are compliant.

Legal	The Health and Wellbeing Board has a statutory responsibility to promote the integration of health and social care. The main purpose of the Health and Care Act is to establish a legislative framework that supports collaboration and partnership-working to integrate services for patients.
Procurement	The Health and Social Care Act relaxes current procurement rules pertaining to health services. The costs of any external facilitation sought are not expected to exceed the threshold for a procurement. However, Procurement advice will be obtained to ensure that any commissioning or contractual arrangements entered in to are compliant.
Human Resources	None identified
Property	None identified
Equalities (Impact Assessment attached) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	An EIA has not been undertaken for the purposes of this report as health and social care integration is a national policy objective.
Risk Assessment	A formal risk assessment has not been undertaken for this work at this time.
Crime & Disorder	None identified
Customer Consideration	The purpose of integration is to improve the quality of care, patient/service user experience and access to services.
Carbon reduction	None identified
Wards	All

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
Service Director Finance & Deputy S151 Officer	Alison Elsdon
Relevant Executive Director	Liz Morgan
Chief Executive	Rick O'Farrell
Portfolio Holder(s)	Guy Renner-Thompson

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Northumberland
County Council

Children and Young People Integration Proposals

Health and Wellbeing Board
July 2022

Gill O'Neill Interim Deputy Director of Public Health

www.northumberland.gov.uk

Purpose of the report

To provide context for the approach Northumberland could take to progress a children and young people's (CYP) integrated system model and a proposed way forward.

Strong Foundations

Page 22
Joint Health & Wellbeing Strategy
Best Start in Life

Children and Young people's Strategic Partnership

Inequalities Plan
Community centred,
place-based approaches

Integrated Care System & creation of a Place Based Board

Family Hubs Model for Northumberland

Section 75 partnership agreement: NCC & HDFT 0 – 19 service

Introduction and aim

- **Aim** to improve life chances for the children growing up in Northumberland and aspire to close the unacceptable health, social and educational inequality gaps that exist currently.
- This is a **two year plus change journey** and it is building on significant strengths and assets that are evident in our communities and the interventions we currently offer.

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1. *What can families and our young people do for themselves?*
 2. *What do families and our young people need a little bit of help with?*
 3. *What is it that families and young people need agencies to do?*
- CYP system integration will develop a shared purpose to achieve this change through the pooling of resources and commitment to deliver the shared outcomes through a 'Think Family' approach – ***working better together.***

Why Integration?

1. Improve outcomes for children & families

- JSNA (data) – reduced inequalities gap and improve outcomes for all
- Evidence based practice
- Who is best placed to do what?
- **Think family** and have holistic support

2. Improve service user experience

- Reduce the need for repeated conversations or silo support
- Co production approach with families / CYP

3. Improve efficiency across organisations / services

- Structure and / or process
- Value for money (VFM) and reduction in duplication

4. National policy requirement

Evaluation & Evidence of Impact

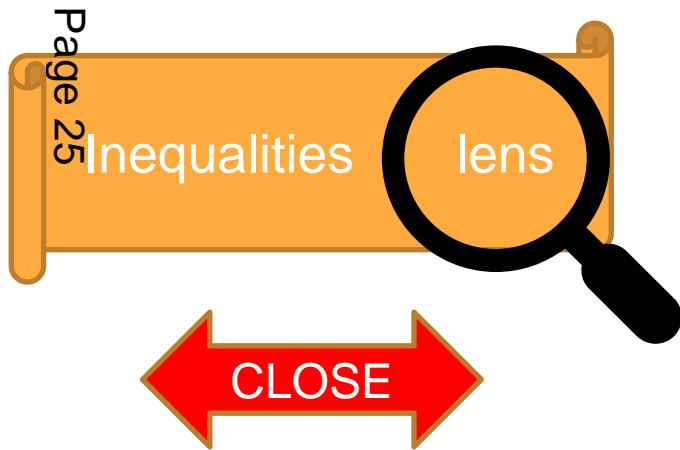
- Focus has been on older adults nationally
- Focus has been on health & social care not wider system eg links with education, libraries, housing
- Evidence tells us:
 - Relationships matter more than structures
 - Culture change takes time to embed
 - Enhances quality
 - This can enhance staff satisfaction

Northumberland evaluation

- Northumberland can lead change and add to the evidence base

Setting our aspirations high – new metrics...

- A child born in 2024 will....
- A child turning six in 2030 will...
- A child turning 16 in 2030 will...



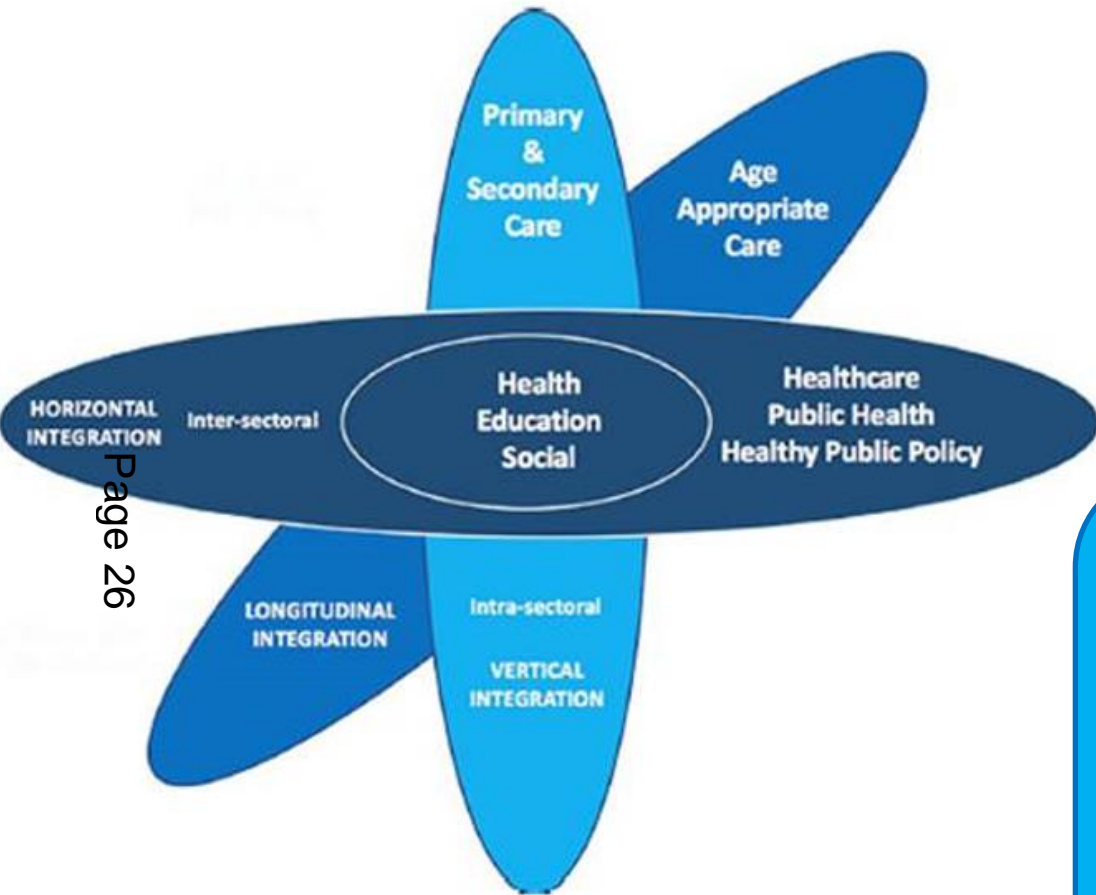


Fig. 1. Intra-sectoral and inter-sectoral integration for child health.

Degrees of integration

- Vertical intra-sectoral: pathways eg respiratory
- Horizontal inter-sectoral: mental health
- Longitudinal integration: Education Health Care Plans

Levels of integration:

1. When is effective signposting sufficient?
2. When is co-location of staff sufficient?
3. Service delivery to children/families (pathways)
4. Management of local services merged
5. **Whole system – Northumberland £ - commissioning & delivering differently with shared leadership, shared outcomes, shared risks with our CYP & families**

Interface with Inequalities Plan

1. Improve our data and insights sharing
2. Upscale community centred approaches as our core delivery model – three questions from Cormac
3. Align our organisations and resources (not just about funding)
4. **Look at everything through an inequalities lens**

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Participation
Not
Representation

At a neighbourhood level of thinking:

1. What can we do with civic leverage?
2. How can we enhance our services?
3. How can we ensure we think community 1st?



In scope

Interface with the emerging Inequalities Plan


Place?

- Virtual
- Digital
- Home
- **Family Hubs**
- Health Centres
- Schools
- Libraries
- Leisure Centres
- Community buildings

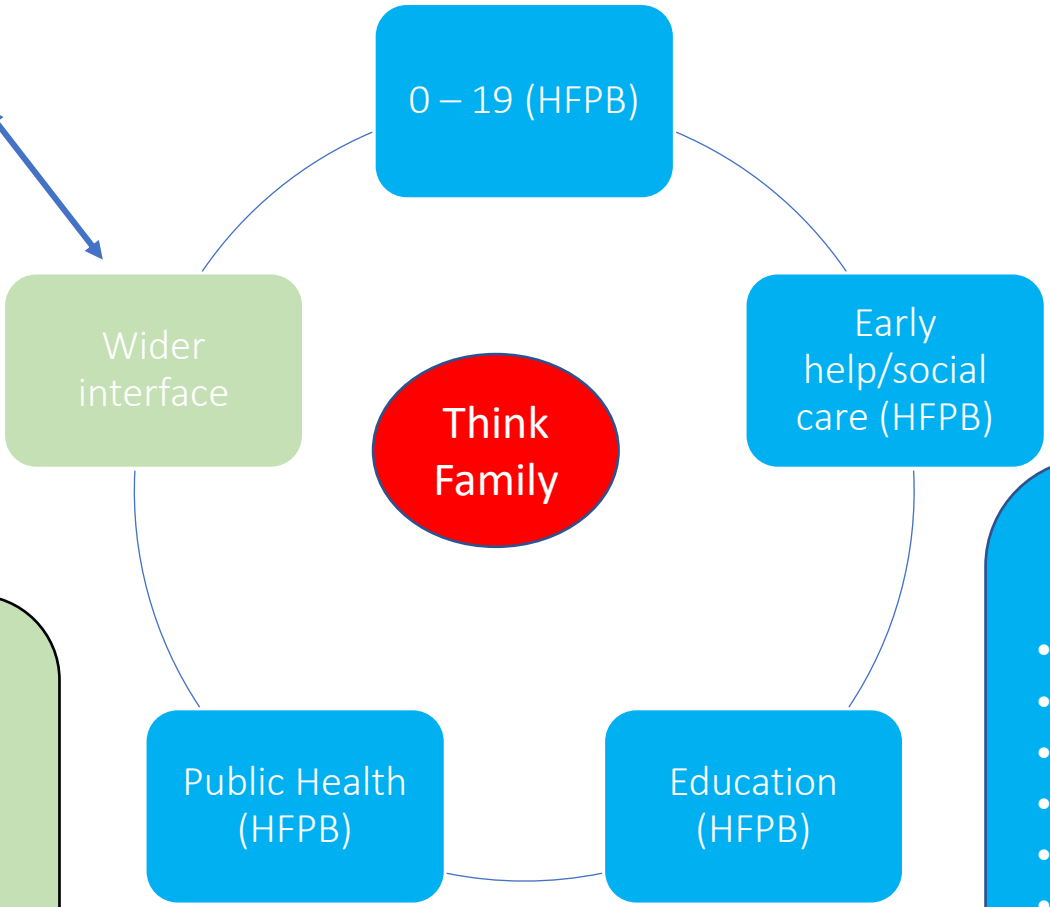


Wider system interface:

- ICS/ICB
- Health Watch
- PCNs
- CNTW
- NHCT (maternity, paediatrics)
- NCT
- VCS
- Welfare support
- Housing
- Youth service
- Police
- CJS



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Pathways which are part of partnership?

- Enhanced Health Visitor
- Drugs & alcohol
- Mental Health
- Domestic abuse
- Speech & language
- Unintentional injuries
- Special school nursing
- Continence
- Healthy weight



Strategic Boards:



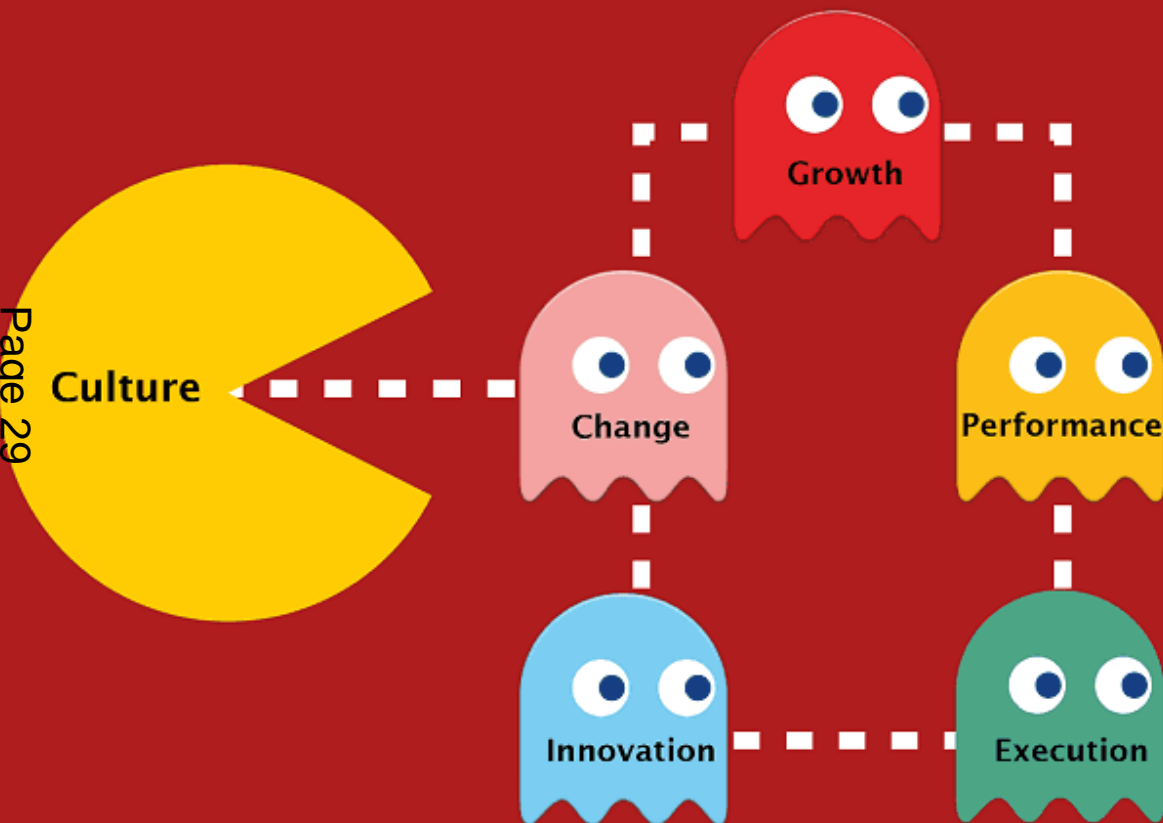
- Place based board (ICB)
- CYP Strategic Partnership
- Family Hubs implementation grp
- SEND strategic Board
- Safeguarding strategic board
- Multi agency joint integrated commissioning (MAJIC) group

Universal through to targeted based on need / vulnerability

Why start with culture and leadership?

Organizational culture eats strategy for breakfast, lunch and dinner

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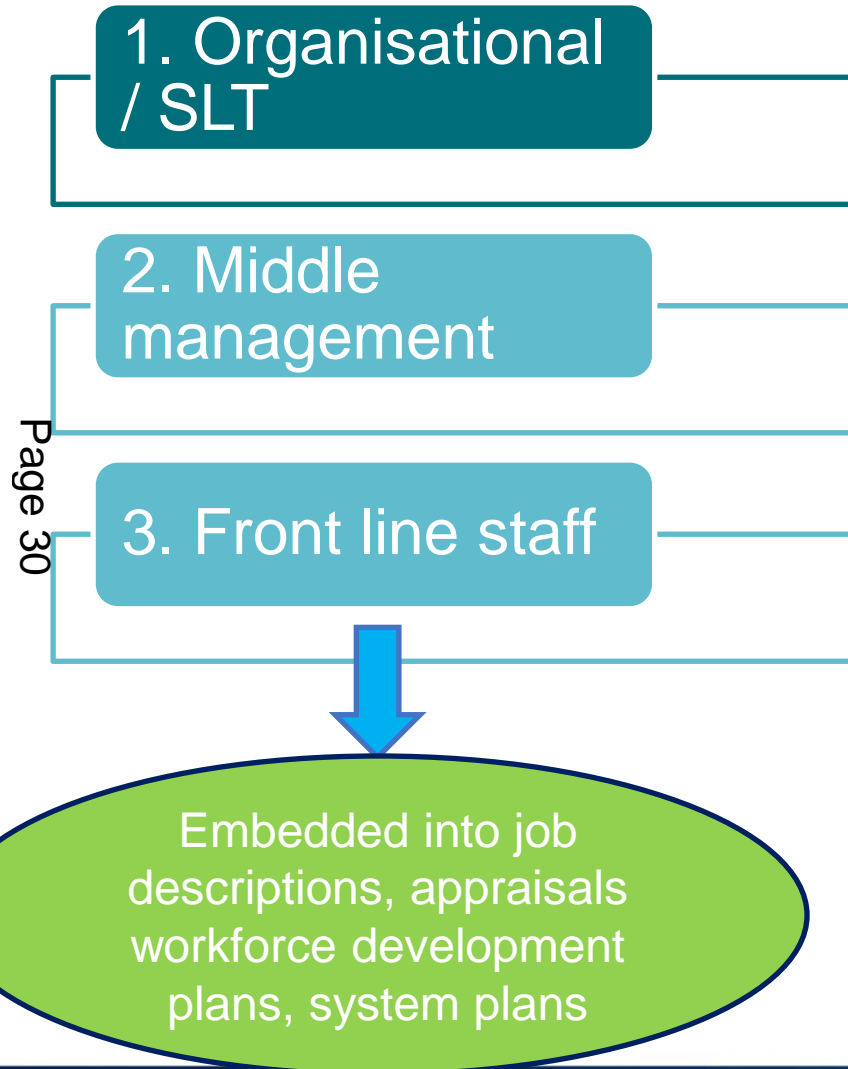


Torben Rick www.torbenrick.eu

We can have all the policies, strategies, action plans, training programmes, performance indicators we want to measure but if we don't have a shared culture and values which breed humanity, acceptance and trust we won't achieve the vision we aspire to...



Layers of culture and leadership change – forward plan...



Held first senior collaboration workshop:

1. What are our shared hopes and worries for integration?
2. What can integration achieve?
3. What are our shared values across our organisations?
4. How do we turn values into behaviours?
5. How will we measure success?

ACTIONS

- Organisational maturity (readiness) to do this?
- Develop our collaboration charter
- Work with middle managers and front-line staff to have locality conversations:
 - Shared values, beliefs and behaviours
 - Good practice to build on?
 - What works well now?
 - What can be improved and how?

Future state...to be determined as a collaboration

- Family Hubs as the core to build integration
- Governance - Refresh of the CYPSP
- Data – work towards a population health management approach
- Shared outcomes – single version of the truth
- Estate – co location as the norm
- Digital systems – as in harmony as possible
- Joint commissioning
- Joint risk sharing
- Joint leadership in all we do

Recommendations

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- To note the evidence for CYP integration and types of integration possible
- To agree the evolution / expansion of the Family Hubs model as the mechanism to drive forward CYP integration
- To agree the governance for CYP integration
- To discuss and agree the proposed approach to culture and leadership change and interface with community centred/place based approaches to tackle inequalities.



HEALTH AND WELLBEING BOARD

14TH JULY 2022

Ageing Well Service Review

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

Cabinet Member: Cllr Wendy Pattison, Adult Wellbeing

Purpose of report

To provide an update on healthy ageing activity; a refreshed consideration of the evaluation of the Ageing Well programme completed in January 2020; and propose next steps.

Recommendations

The Northumberland Health and Wellbeing Board is recommended to:

- Comment on the evaluation of the Ageing Well programme.
- Agree and support the refresh of a strategic Northumberland Healthy Ageing Board accountable to the Health and Wellbeing Board and
- The refreshed Northumberland Healthy Ageing Board will be chaired by the Director of Public Health
- Delegate to the Director of Public Health, in consultation with the portfolio holder for adult wellbeing, the decision to appoint an independent chair of the Healthy Ageing Board.

Link to Corporate Plan

This report is relevant to the overarching theme of 'Tackling inequalities within our communities, supporting our residents to be healthier and happier' in the NCC Corporate Plan 2021-2024 and the 'Living' and 'Learning' priorities.

Key issues

Northumberland's population overall is ageing, but this change is more marked in the rural population. In recent years, Northumberland's rural population has become disproportionately older than its urban one and overall, 25.1% of the population were estimated to be over 65 years in 2020 compared with the England average of 18.5%.



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A service review of the Ageing Well programme was undertaken in 2019 to support the future planning and commissioning of the programme. The overarching aim was to understand how the Ageing Well programme supported the needs of the residents in Northumberland, its impact on health, wellbeing, and inequalities, and to identify opportunities for development. The executive summary of the full review is at Appendix 1.

The main recommendations of the evaluation relate to refreshing and relaunching the Ageing Well Board with an option to identify an independent chair in the future.

Background

Population profile

Northumberland has a higher proportion of people aged 65+ (25.1%) compared to England (18.5%) and the Northeast (20.1%) according to the 2020 mid-year population estimates provided by ONS. This is seen across both the male and female population and a population profile is at Appendix 2.

Life Expectancy at Birth for men in Northumberland is 79.3 and 82.9 for women, a 3.6-year difference. This gap widens between areas and gender. Depending on where you live in Northumberland, you could expect to live from 73 years to 85 years for men (a 12-year gap) and 76 years to 92 years for women (a 16-year gap).

Ageing Well Review

At the time of the evaluation of the Ageing Well programme in 2019, the Ageing Well Partnership Board was in place to provide strategic leadership to the Ageing Well Programme. It was convened by the Ageing Well Programme and chaired by the Portfolio Member for Adult Wellbeing & Health. It did not report to other strategic groups within Northumberland, although it did have a link to the Health and Wellbeing Board through the Chair. In 2017/18 it approved an annual report and strategic action plan, which resulted in three work streams being developed but with no clear outcome measures to measure progress.

The delivery of the Ageing Well programme currently sits within the Integrated Wellbeing Service (IWS) team. The Board is no longer in operation although the Ageing Well Network continues to operate and has done so throughout the pandemic.

In 2019, responsibility for funding the Ageing Well Programme transferred to Public Health. Following this change in commissioning responsibility, a service review was undertaken to support the transition along with future planning and commissioning of the programme. The overarching aims were to understand how the Ageing Well Programme supported the needs of the residents in Northumberland; its impact on health, well-being, and inequalities; and to identify opportunities for development. To achieve these, the following objectives were set:



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- To review the structure and processes in place to describe the services delivered and increase understanding of challenges and opportunities faced.
- To review the outputs and outcomes of the service to see how effectively the needs of the population are met.
- To utilise administrative, quantitative and qualitative data in addition to evidence-based guidance and peer reviewed literature in answering the evaluation questions.
- To produce an evaluation report that supports the ongoing commissioning of services and interventions.

The review considered current policy and evidence-based practice. It considered routine administrative information generated by Ageing Well and collected primary information from stakeholders. Stakeholders contributed through meetings, a consultation session held at the annual Northumberland HealthWatch conference, and through interviews over the telephone. The review looked at the overarching programme, and key components of the service including the Ageing Well Partnership Board, network, events such as the roadshows, and training. This information was then analysed using two different quality frameworks.

Recommendations from the review

Several recommendations were made as part of the review, highlighted in Appendix 1.

- Overall, the Ageing Well Programme was found to be highly respected and valued by stakeholders. The Ageing Well team were seen as accessible, knowledgeable and consistent. The Network was found to enable collaboration and partnership work. Those involved shared how it enabled them to reach communities and deliver their own interventions.
- The review found that the Ageing Well Programme in Northumberland had developed over the previous 12 years. The programme aim is to focus on the strengths and assets of older people and communities and to support older people to feel “active, connected, and well”.
- Stakeholders consulted as part of the review felt it was important to have a strategic Board in place, though it could be more effective. It was felt the Board should have more influence; responsibilities of Board members needed to be clearer; and representation should include those from other sectors important to healthy ageing. Stakeholders were not always sure about the impact the programme was having, and outcome measures important to older people and communities were needed. Community participation was through third sector organisations on the Board. This could be improved by working with stakeholders and reviewing participation models.
- One of the key findings of the review demonstrated scope to increase the strategic influence and impact of the Programme by reviewing the current processes in place for delivery of the Partnership Board. The Board offers the opportunity to develop a systems leadership approach, through the involvement of a wide range of stakeholders. This would help influence determinants of healthy ageing across



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sectors. This finding is still relevant and increasingly so due to the impact of the Covid 19 pandemic.

Current situation

Governance. The Ageing Well review describes the Ageing Well Partnership Board which was in place to provide strategic leadership to the Ageing Well Programme. It was previously convened by the Ageing Well Programme and chaired by the Portfolio Member for Adult Wellbeing and Health. At the time of the review, it did not report to other strategic groups within Northumberland, though it did have a link to the Health and Wellbeing Board through the Chair. In 2017/18 it approved an Annual Report and Strategic Action Plan, which resulted in three work streams being developed. No outcome measures were set to understand progress against the Strategic Action Plan.

At the time of the review, the Board did not formally link to strategic forums delivered by NCC, the Clinical Commissioning Group, or the North of Tyne Combined Authority, though representation on some groups was maintained through the Ageing Well team. There was concern that processes used to deliver the Board meetings could result in duplication of the Network, with a focus on information sharing, rather than collaboration. It was felt that the Board should provide opportunities for development of partnership working when gaps and needs are identified.

The strategic partnership is not meeting now and the existing Ageing Well Network reports into the IWS management team. There is currently no governance arrangement for the strategic group.

Current membership of the strategic group and network. The current members of the Ageing Well Network and previous Ageing Well Board covered a wide range of partners from public, private, and voluntary sector organisations as well as volunteers and residents. It is recommended that membership of the strategic board is reviewed to ensure that all relevant partners are represented within the work of the programme.

The current Ageing Well network forum. Following the Covid 19 pandemic, the team were required to review how activity could continue to be delivered to reach service users. Use of digital technology meant that the network was able to continue, and numbers increased during this time, recognising the increasing need to support older residents during the pandemic, and providing a valuable resource to support residents across Northumberland. The network continues to be a valued resource with strong membership.

Staffing. In October 2021, the IWS service transferred from Northumbria Healthcare NHS Foundation Trust (NHFT) to Northumberland County Council. Previously, the Ageing Well team within NHCT worked closely with the Integrated Wellbeing Service (IWS), with staff from IWS supporting the programme and training delivered. From the start of the Covid 19 pandemic, work in respect of ageing well ceased within the NHCT team apart from two members of staff from the IWS team equating to 1.6 FTE.



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Following the transfer of the IWS team to NCC, current dedicated staffing for Ageing Well delivery remains at 1.6 FTE staff. Support is also given to service delivery by Health Trainers.

Work programme / delivery. Since the Covid 19 pandemic, activities continue to be delivered within the programme by the IWS team. This includes:

- Ongoing delivery of the Ageing Well training programme to support capacity building and the aims and objectives of the original strategic board (dementia awareness, falls awareness etc).
- Delivery of the Ageing Well Network, coordinating network meetings and support with partners with regular information updates via digital platforms
- Maximising intelligence from the Ageing Well network with the offer of smaller community engagement events to target resources to the most in need
- Supporting healthy active ageing and independence so older people can enjoy long and healthy lives, feeling safe at home and connected to their community
- Promote awareness of relevant national screening and immunisation campaigns
- Support a minimum of 2 health roadshows aimed at older people
- Align Ageing Well activity with community engagement
- Distribution of 'active at home' resources to residents across Northumberland
- Delivery of Ageing Well Allies programme; delivering training and support to professionals and volunteers across localities, with plans to deliver to older people/residents going forward.

Next steps

The recommendations of the report have been reviewed and are largely still relevant. The main recommendations to refresh this programme of work are:

- Re-establish the strategic board and review partners to include transport, housing, and communities and linked into the North of Tyne Combined Authority.
- Rename and relaunch the Board as the Northumberland Health Ageing Board to reflect the national and international narrative.
- Develop a strategy and workplan linking into the Northumberland Inequalities strategy, North of Tyne Combined Authority and academic partners.
- Setting outcome measures linking with the WHO Domains for an Age Friendly Communities framework (Appendix 3).
- Utilising support of the wider team through age friendly employers, MECC (Making Every Contact Count) and work in the community.
- Exploration of an increase of a creative digital presence and resources.

It is proposed that the new Board is chaired by the Director of Public Health but that in the future, an independent chair should be considered, that decision and the choice of



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incumbent being delegated to the Director of Public Health and the portfolio holder for Adult Wellbeing.

The new Board needs to consider the interface across other boards / partnerships / key work programmes which have older people as their focus e.g., Physical Activity Strategy Steering Group, the Northumberland Inequalities Plan, a new dementia strategy, the Council's Health in All Policies approach and other relevant workstreams. Consideration could also be given to WHO age friendly cities framework as a model to ensure that Ageing Well activity is looked at through an equity lens. The Population Intervention Triangle could also be considered as a framework for the new strategic plan for older people as this links to the emerging inequalities plan for Northumberland.

Several recommendations in the evaluation related to the commissioning arrangements for the Integrated Wellbeing Service but this now sits within Northumberland County Council Public Health Team following its transfer from Northumbria Healthcare Foundation Trust.

Summary

The COVID-19 pandemic interrupted the implementation of the recommendations of a review of the Ageing Well Board and programme. Whilst there have been some changes to the Ageing Well infrastructure, the recommendations remain largely unchanged. With a disproportionately ageing population, many of whom will have been adversely affected by the pandemic and will be impacted by the increasing cost of living, this is a priority area for action.

Implications

Policy	The NCC Corporate Plan 2021-24 has a commitment to help people stay active connected and well. This report and its recommendations links into other strategies and plans within the council such as the Northumberland Local Plan, Housing Strategy, and Extra Care and Supported Housing Strategy. The Equality Impact Assessment process should ensure that policies, practices and decisions are fair, meet the needs of residents and staff and that they are not inadvertently discriminating against any protected group including older people.
Finance and value for money	The Ageing Well programme is funded from the Public Health ring-fenced grant. Any additional funding requirements will be considered as part of the overall management of that grant.
Legal	The Health and Social Care Act 2012 and the National Health Service Act 2006 put a legal duty on the council to take appropriate steps to improve the health of their population.
Procurement	None identified as part of this report



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Human Resources	The refreshed Ageing Well Board will require support by various departments within the council through attendance and contribution to the development and delivery of an action plan.
Property	None identified as part of this report
Equalities (Impact Assessment attached) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	The work to be taken forward must consider healthy ageing through an inequalities and equality lens
Risk Assessment	No identified need for this report
Crime & Disorder	Fear of crime restricts older people's mobility and social capital.
Customer Consideration	The delivery of the Ageing Well programme will continue to benefit older residents across the county.
Carbon reduction	None identified
Health and Wellbeing	Improving the health and wellbeing of the county's disproportionately ageing population is a priority; will help to mitigate against future demands on services; and any future action plan will endeavour to support residents to live longer, healthier and productive lives.
Wards	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
--	----------------------



Northumberland

County Council

Monitoring Officer/Legal	Suki Binjal
Service Director Finance and Deputy Section 151 Officer	Alison Elsdon
Relevant Executive Director	Liz Morgan
Chief Executive	Rick O'Farrell
Portfolio Holder(s)	Cllr Wendy Pattison

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Ageing Well Service Review Executive Summary (2020)

Executive Summary

Fewer births, and longer life-expectancy have led to an increasingly older population in the UK. Gains in life-expectancy are a major public health success story. However, for some, quality of life can be limited by social isolation, poor health, and chronic conditions. Good health and gains in life expectancy are not experienced by all equally and those who face the most disadvantage, are more likely to live shorter lives and in poorer health. Older people contribute much to society; knowledge and skills, volunteering and often supporting others as unpaid carers. Yet the narrative that surrounds ageing can be negative, concerned with the burden and pressures on systems and resources, rather than focusing on the value older people bring.

In Northumberland, the Ageing Well Programme has developed over the last decade. It focuses on the strengths and assets of older people and communities and aims to support older people to feel “active, connected, and well”. In 2019, funding responsibility for the Ageing Well programme moved from Adult Social Care to Public Health at Northumberland County Council (NCC). To support this transition, a review of the Ageing Well Programme was conducted.

The review considered current policy and evidence-based practice. It took into account routine administrative information generated by Ageing Well and collected primary information from stakeholders. Stakeholders contributed through meetings, a consultation session held at the annual Northumberland HealthWatch conference, and through interviews over the telephone. This information was then analysed, utilising two evaluation frameworks, Donabedian’s Structure, Process, Outcome model and Maxwell’s Six Dimensions of Quality.

The review looked at the overarching programme, and key components of the service including the Ageing Well Partnership Board, Network, events such as the Roadshows, and training.

Findings

Currently the Ageing Well team work closely with the Integrated Wellbeing Service (IWS), with staff from IWS supporting the programme and training delivered. Resources are limited and funding mainly covers staffing costs. The Programme team are based at Northumbria Healthcare NHS Foundation Trust. Therefore, all policies and procedures adhered to are provided by this organisation. Currently there isn’t a contract management process in place between NCC and Ageing Well, though members of the NCC Public Health team have worked with Ageing Well for some time. No overarching performance indicators are in place for Ageing Well.



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Ageing Well Partnership Board

The Ageing Well Partnership Board is in place to provide strategic leadership to the Ageing Well Programme. It is convened by the Ageing Well Programme and chaired by the Portfolio Member for Adult Wellbeing & Health. It does not currently report to other strategic groups within Northumberland, though it does have a link to the Health and Wellbeing Board through the Chair. In 2017/18 it approved an Annual Report and Strategic Action Plan, which resulted in three work streams being developed. No outcome measures were set to understand progress against the Strategic Action Plan.

Stakeholders consulted felt it was important to have a strategic Board in place, though it could be more effective. It was felt the Board should have more influence, responsibilities of Board members needed to be clearer, and representation should include those from other sectors important to healthy ageing. Stakeholders were not always sure about the impact the programme was having, and outcome measures important to older people and communities, are needed. Current community participation is through third sector organisations on the Board. This could be increased by working with stakeholders and reviewing participation models.

The Board does not formally link to strategic forums delivered by NCC, the Clinical Commissioning Group, or the North of Tyne Combined Authority, though representation on some groups is maintained through the Ageing Well team. There was concern that processes used to deliver the Board meetings could result in duplication of the Network, with a focus on information sharing, rather than collaboration. It was felt that the Board should provide opportunities for development of partnership working when gaps and needs are identified.

Ageing Well Network

The Network is highly valued by stakeholders. It reports a large membership of over 200 individuals, with at least 10% of members attending meetings. Its core function involves sharing and disseminating information through emails and meetings. At meetings it is clear partnership work and collaboration takes place. At the meeting observed for this review, members agreed to work together on campaigns and events, and offered to share resources.

Network members discussed how being involved enabled them to be more effective in their own roles as they were able to identify and work with others more effectively. The Network also supported problem solving, and the Ageing Well team were viewed as a trusted and reliable team to work with. Outcomes such as these are not captured by the Programmes current processes. Stakeholders also suggested the need for a digital presence. There was concern that emails could be missed; a digital hub would be more sustainable and could support interaction from members.

Ageing Well Events

The Ageing Well Roadshows are delivered across the county. Local groups and volunteers are supported to deliver their own events. Attendance varies between areas, but current data collection prevents more detailed understanding of this. Evaluation surveys are completed at the time of the



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event and are used to inform future planning. These need to be separated for stall holders and participants to support analysis. There is currently no follow up to understand medium and long-term outcomes. Participants in the Network shared how events enabled them to reach communities more effectively, and that being associated with the Ageing Well brand provided them with better standing when working with communities for the first time.

The Ageing Well conferences are also evaluated at the time of the event. The conference format is now being revised by the Programme team to reach more isolated communities. The Events and Roadshows could be used to develop greater participation in Ageing Well with local communities.

Ageing Well Allies and training

Ageing Well Allies is a scheme that involves training practitioners and individuals from across Northumberland on the health and wellbeing needs of older people. Many topics are covered and over 200 Allies have been trained to date. Refresher training was offered for Allies, but uptake was poor. The number of Allies trained has declined in recent years. Allies are not followed up over time for evaluation, so the impact of the intervention is not known. Use of an evaluation framework such as RE-AIM, will increase understanding effectiveness.

Ageing Well training is delivered to individuals and organisations on topics such as Dementia Awareness and Falls Prevention. As with Allies, improved data collection and evaluation would support better understanding of the reach and impact of this intervention over time.

Conclusions

Overall, the Ageing Well Programme is highly respected and valued by stakeholders. The Ageing Well team are seen as accessible, knowledgeable and consistent. The Network enables collaboration and partnership work. Those involved shared how it enabled them to reach communities and deliver their own interventions.

There is scope to increase the strategic influence and impact of the Programme by reviewing the current processes in place for delivery of the Partnership Board. The Board offers the opportunity to develop a systems leadership approach, through the involvement of a wide range of stakeholders. This would help influence determinants of healthy ageing across sectors.

The community-asset based approach could be enhanced by increasing mechanisms for greater community participation in planning and evaluation, supporting community empowerment. Processes in place for evaluation and data collection need to be improved to help evidence the impact of this work and to support investment in effective interventions.

Recommendations

Commissioning



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- € Incorporate Ageing Well into the existing IWS and Public Health Partnership arrangement.
- € Reporting on how policies are adhered to, should be shared to support governance.
- € Overall outcomes measures should be identified in collaboration with communities. These should be included with the programme's own strategic action plan.
- € Processes should be established to enhance data capture and evaluation.
- € NICE standards QS148 should be included as a quality measure.
- € Cost-effectiveness should form part of evaluation.

Ageing Well Partnership Board

- € Responsibility for convening the Partnership Board should move to a strategic partner.
- € Introduce formal reporting to the Health and Wellbeing Board through their work plans.
- € Develop a formal link to the North of Tyne Combined Authority.
- € Link to wider strategic groups in Northumberland such as transport or forums within the CCG.
- € Continue to support the involvement of elected representatives.
- € Develop a systems leadership approach through review of the membership and systems mapping.
- € Ensure representation and participation of key organisations and communities.
- € Develop and agree on an Ageing Well Partnership Board work plan.
- € Review the strategy to include progress measures.
- € Introduce an outcomes framework to support monitoring and measurement of progress.
- € Present evidence of need to the Board to support planning at least annually.
- € Build in time and processes to support development of ideas and collaboration.
- € Review terms of reference to enable the recommendations implementation.

Ageing Well Network

- € Review the current digital presence and resources.
- € Consult current members on a digital profile.
- € Develop a strategic business case for a digital hub/profile.
- € Work with Network members to identify priority outcome measures.
- € Include network members in the development of an outcomes framework.
- € Capture outcomes of the Network linked to collaboration and partnership.
- € Agree a formal way of sharing intelligence gathered through the Network with the Board.
- € Agree a process that supports the wider Network to feed into strategic development.
- € Review and update the terms of reference.

Strategy Development

- € Strategic work should focus on priorities important to communities.
- € Strategic work should consider the impact of Ageism on healthy ageing.
- € Interventions should be considered through a life course perspective.



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- € Strategic work should also focus on the needs of those approaching older age and retirement.
- € Current activities with communities such as the conference and roadshows could provide a vehicle for greater community participation in strategy development and evaluation.
- € Strategies developed should answer the questions – “Where are we now? Where do we want to be? How are we getting there? How will we know we have got there?”

Interventions - Events and Training

- € Map and plan interventions against need, ensuring delivery is proportionate in areas of highest need, such as those experiencing deprivation and with higher numbers of older people living alone.
- € Agree indicators to measure the level of need in different areas to inform this work.
- € Extend evaluation to include short-, medium- and long-term outcomes.
- € Consider use of an evidence-based health improvement evaluation framework such as RE-AIM, to help understand reach, uptake and effectiveness.
- € Incorporate an evaluation process into planning and delivery, such as “plan, do, study, act”, to enable continuous learning to inform practice.
- € Standardise and improve data collection to support evaluation. Incorporate data on individuals with increased vulnerability and geographical areas, to increase understanding of reach.
- € Follow up over time to measure longer-term outcomes.



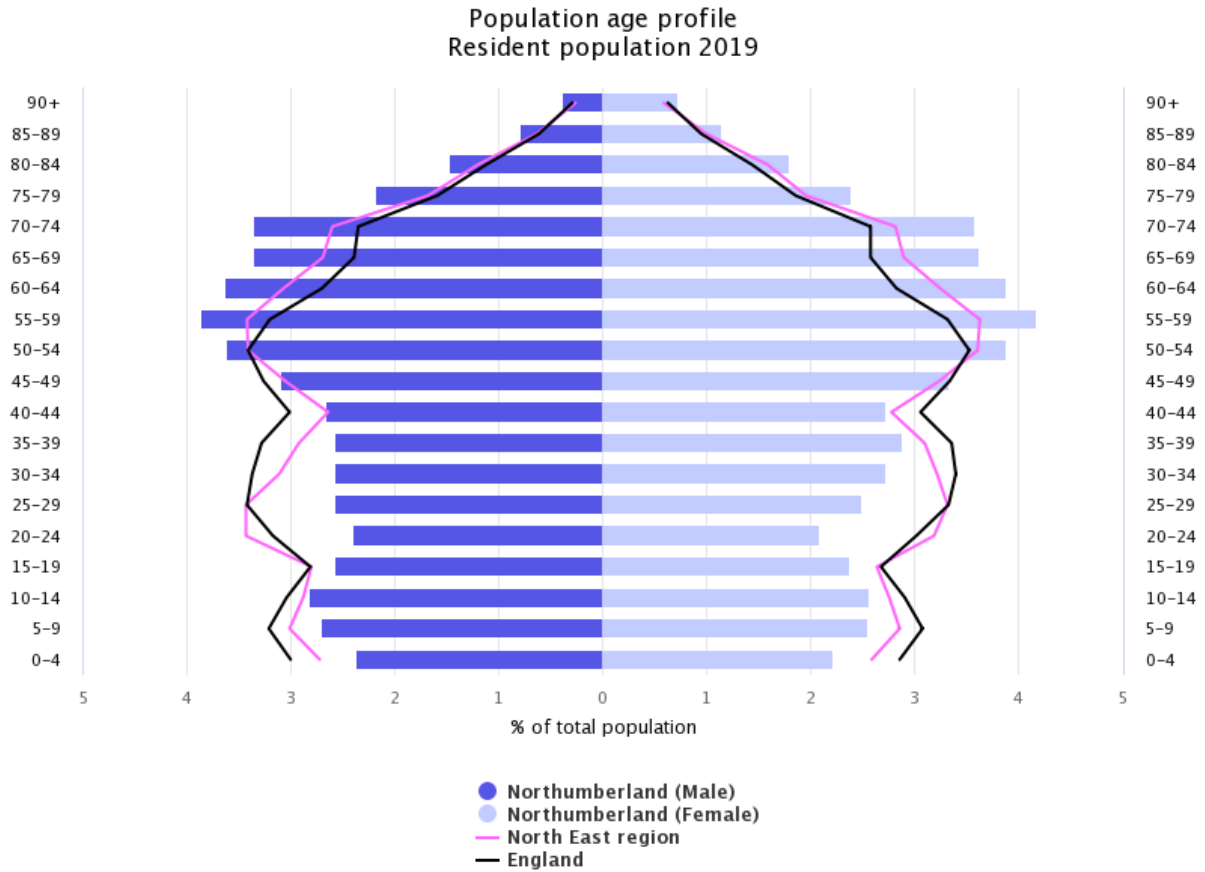
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Appendix 2

Northumberland Population Age Profile





The World Health Organization (WHO) Age Friendly Cities Model



NORTHUMBERLAND COUNTY COUNCIL

HEALTH & WELLBEING BOARD

FORWARD PLAN 2022 - 2023

Lesley Bennett, Senior Democratic Services Officer
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Updated : 1 July 2022

FORTHCOMING ITEMS

ISSUE	OFFICER CONTACT
14 July 2022	
<ul style="list-style-type: none"> • Living with Covid • Integrating Services Supporting Children and Young People • Aging Well Service Review • Informal Development Session 	Liz Morgan Liz Morgan Liz Morgan
11 August 2022	
<ul style="list-style-type: none"> • Living with Covid • Debt and Employment Advice • Healthwatch Annual Report • Population Health Management – Quarterly Update 	Liz Morgan Kathryn Bush David Thompson/Derry Nugent Siobhan Brown
15 September 2022	
<ul style="list-style-type: none"> • Living with Covid • Health Inequalities Action Plan • Physical Activity Strategy Update • Healthy Weight Declaration • Pharmaceutical Needs Assessment Update 	Liz Morgan Gill O'Neill Lee Sprud Liz Morgan Liz Morgan/Anne Everden

MEETING DATE TO BE CONFIRMED

<ul style="list-style-type: none"> ● ICS Update ● Impact of COVID pandemic on SEND services ● 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 	<p>Siobhan Brown/Mark Adams Nichola Taylor Liz Morgan</p> <p>Pam Travers Siobhan Brown Cath McEvoy-Carr</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 	<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>
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Updated : 1 July 2022

<ul style="list-style-type: none"> ● Safeguarding Adults Annual Report and Strategy Refresh ● Annual Health Protection Report ● Northumberland Cancer Strategy and Action Plan ● Child Death Overview Panel Annual Report 	Paula Mead (DEC) Liz Morgan (OCT) Robin Hudson (DEC/JAN) Paula Mead (FEB)
<p>2 Yearly Report</p> <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 2022-2023**

Ref	Date	Report	Decision	Outcome
1	10.5.22	Living with Covid	Receive Report	
2	10.5.22	Pharmaceutical Needs Assessment Update	(1) the draft plan be approved for progression to formal consultation (2) comms be produced in liaison with the Local Pharmaceutical Committee regarding pharmacy opening arrangements and pharmacist availability.	
3	10.5.22	Northumberland Oral Health Strategy Update	(1) the report be received. (2) the impact on dental and oral health action and delivery caused by the COVID-19 pandemic be acknowledged. (3) the extension to the strategy period from 2022/25 be approved	
4	10.5.22	Population Health Management – Quarterly Update	Receive Report	

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