NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

At the meeting of the **Health and Well-being Board** held at Council Chamber, County Hall, Morpeth on Thursday, 11 August 2022 at 10.00 am.

PRESENT

P Ezhilchelvan (Chair) (in the Chair)

BOARD MEMBERS

Blair, A.	Pattison, W.
Lamb, S.	Syers, G.
Lothian, J.	Travers, P.
Mead, P.	Young, M. (substitute)
Mitcheson, R.	Watson, J.
Morgan, L.	

OTHER COUNCILLORS

Jones, V.	

IN ATTENDANCE

L.M. Bennett	Senior Democratic Service Officer
S. Allen	Chief Executive (North East & North Cumbria ICB)
Dr. K. Bush	Public Health Registrar

76 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors H.G.H. Sanderson, E. Simpson and G. Reiter, D. Thompson.

77 MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 14 July 2022, as circulated, be confirmed as a true record and signed by the Chair.

78 ICS UPDATE

Members received a verbal update and presentation from Sam Allen, Chief Executive of the North East & North Cumbria Integrated Care Board.

Ch.'s Initials……

- Integrated Care System (ICS) included all organisations responsible for public health and wellbeing and worked through the following bodies
    - Integrated Care Board (ICB) – taking on responsibilities of eight CCGs and some NHS England functions. Working at 'place level' in 13 Local Authority areas.
    - Integrated Care Partnership (ICP) – joint committee of ICB including voluntary sector, patient fora and 13 Local Authorities. Responsible for developing Integrated Care Strategy.
- Strategic aims of ICBs set by Government
    - Improve outcomes in population health and health care
    - Tackle inequalities in outcomes, experience and access.
    - Enhance productivity and value for money
    - Help the NHS support broader social and economic development
- Challenges inherited by ICB – some of worst health outcomes in England, health inequalities, increasing demands on emergency care services, restoration of elective services after COVID, disparities in access to services across ICS area, and inconsistent staffing structures across the former CCGs.
- What will stay the same?
    - Statutory role of Local Authorities in improving health and wellbeing of local population.
    - Duty to collaborate between NHS organisations and Local Authorities.
    - Statutory duty of Health & Wellbeing Boards
    - Operational continuity and stability.
    - NHS representation at Health & Wellbeing Boards
    - Joint working between ICB teams and Local Authorities.
- What will change?
    - ICB will replace eight CCGs
    - Streamlined decision making
    - Statutory Integrated Care Partnership with Integrated Care Strategy.
    - Support for broader social and economic development in region.
    - Renewed focus on health inequalities
    - ICB functions discharged at regional level and place listed.
    - One ICS wide ICP built up from four locally focused ICPs, recognising existing partnerships will be created.
    - System side ICP – meet annually with membership comprising ICB and all thirteen Local Authorities (plus other partners).
    - Locally based ICPs – meet frequently with membership from ICB place teams, Local Authorities, Trusts and PCNs.

The following comments were made in response to questions from Members:-

- This review was different to those previously because it was the first time that there had been such a focus on, and statutory duty in legislation on, health inequalities, also the Health & Care Strategy over a five year period and a longer term financial settlement. This was a very challenging time for all public sector services and the wider community, particularly as it was anticipated that there would be an economic recession. There would be an opportunity to harness and address vacancies across the service and have more sustainable services.
- It was acknowledged that delivering health services in remote areas was

very different to delivering them in urban areas. There was an ideal opportunity to ensure this issue was visible as part of the Health & Care Strategy. This would also involve discussions with staff delivering care in those communities and reducing barriers.

- A good start in addressing longstanding inequalities had been made by holding the Health Inequalities Summit and bringing in experts, understanding the data, and asking communities. The solutions were out in the community and could only be solved by working together. Issues were related to environment, availability of resources, legacy of industry and the wider social determinants such as housing, affordability and breaking some deeply entrenched cycles. The North East was the leading area for the proportion of children living in poverty. There was a need now for concerted action rather than more reports.
- It was acknowledged that there were limited numbers of staff and clinicians in the more remote areas and Primary Care was beginning to struggle. These assets would be treated in the best way possible. The Board would be open and honest.
- The close working relationship between the Adult and Children's Safeguarding Boards and the former CCG would remain in place and a 'place' based response to safeguarding would be maintained. There would also be an opportunity to look at strategic themes across the North East and North Cumbria.
- It was stressed that although the NHS had an important role to play in addressing inequalities, it was vital that it was a shared endeavour with other organisations. The NHS could not solve everything.
- The Care Quality Commission would be inspecting services in the future and assess how they were being delivered and the outcomes.
- It was acknowledged that change to systems could take place before the outcomes of previous change had come to fruition. Some areas could take many years before the outcome was clear whereas others could be addressed more quickly. It was not possible to deal with all inequalities immediately, but those that could have the biggest impact would be prioritised.
- Areas where inequalities should be prioritised included children and young people, respiratory illness, drug related deaths. Northumberland needed to be very clear about which of the inequalities would be tackled, how it would be measured, and how to know what progress was being made against each.

RESOLVED that the presentation and comments be noted.

79 A HEALTH NEEDS ASSESSMENT OF BENEFITS AND DEBT ADVICE FOR NORTHUMBERLAND

Members received the findings and recommendations of the recently completed health needs assessment of benefits and debt advice for Northumberland and to seek their views on the recommendations and next steps. The report was presented by Dr Kathryn Bush.

Dr. Bush raised the following key issues:-

- The assessment was carried out in late 2021 and considered the type of

Ch.'s Initials……

needs, unmet needs and implications.

- **Normative Need** (published evidence and expert opinion)
    - The Marmot Reviews highlighted the links between income and health. People living in the most deprived areas lived shorter lives and a longer proportion of their lives in poor health compared to those in less deprived areas.
    - Welfare benefits and debt advice could improve health through increased income to buy food, providing heating and indirectly to lower stress, improve mental health, and generally engage more with health services.
    - There was a two way relationship between debt and health.
    - The Department for Work and Pensions estimated at approximately £7.1 billion, was unclaimed each year (pension credit, housing benefit, income support/employment and support allowance.) Unclaimed benefits in Northumberland could be £31.8 million per year.
    - Increase in inflation and overall cost of living – those with the lowest incomes are most severely affected by rising costs.
- **Comparative Need** (how we compare with other places)
    - Northumberland presented unique problems due to its geography and widespread rural population.
    - Healthy life expectancy was lower than national average and decreasing.
    - Suicide rates higher than national and North East average.
    - North East of England had lowest median weekly earnings in the country
    - Northumberland had higher number of children living in poverty in working families than in non-working families.
- **Felt Need** (What people say they need)
    - 2015 Residents' Survey Findings
    - Adequate income top factor contributing to health and wellbeing
    - 14% faced difficulties paying fuel and energy bills
    - 9% had difficulties buying food and 2% were reliant on high interest money lenders
    - 19% did not use the internet.
- **2022 Survey Results**
    - Citizens Advice Bureau – most commonly named source for benefits and debt advice
    - Some people needed advice but did not access it
    - 8% did not know where to get it
    - 6% were concerned about confidentiality
    - Others had difficulty accessing advice or were too embarrassed.
- **Expressed Need** (which services people were currently using)
    - Many organisations provided basic budgeting and financial advice but referred on for benefits advice or debt management.
    - Citizen's Advice Northumberland was signposted by other agencies
    - Northumberland Communities together provided advice and discretionary grants to residents.
    - Northumberland County Council's Welfare Rights Team provided training and support to care managers and social workers.
    - Citizens Advice Northumberland gave advice to 22,582 clients in 2019-20 and covered benefits and debt advice

Ch.'s Initials……

- **Potential Unmet Needs Identified**
  - Between February 2019 and January 2020 51% calls to Citizens Advice were unanswered. The pandemic resulted in an overall increase in numbers requiring and accessing advice services.
  - Families who had previously been 'just about managing' were now facing financial problems.
  - Challenge of meeting needs of rural populations and residents with low income highlighted.
- **Report Implications**
  - Advice services in Northumberland not currently meeting the increasing needs of population.
  - Increase core service funding
  - Invest in wider capacity building over the next three years.
  - Increase planned investment from £420,000 per annum to £520,000 per annum.

The following comments were made:

- The Northumbria Healthcare NHS Foundation Trust offered debt advice to all staff and so it was important to recognise the support offered by organisations to their staff.
- It should also be acknowledged that there was a lot of social prescribing activity within Primary Care related to debt management and help in accessing debt services.
- There may be a role for Northumberland Communities Together in improving access to the internet for the 19% (2015) of residents reported to have no access. There was often a view that everyone could access digital technology, but this was not the case. It was important to find ways to help people to access the internet without having to pay.
- The issue was wider than just people's finances and often also related to housing problems.
- The principle of 'Making Every Contact Count' was valuable and it was hoped that it would be possible to improve the ability of workers to recognise where help was needed and signpost a patient to appropriate services.
- Comparison figures were obtained by looking at neighbouring Local Authority areas and areas where the cost of living was similar to Northumberland. It was clear that workers in the North East were earning less. Lower income was also a contributing factor in health outcomes.
- Many people needing help to fill in forms or seek advice found it difficult to access advice services by telephone or face to face. The survey had revealed that sometimes the opening times of town centre hubs did not fit in with public transport. Citizens Advice had made the decision in 2017 to increase its service by telephone and digital means.
- Job roles should be created which would address rurality problems and allowed proper targeting to ensure that the right people got the right message. There needed to be a consistent approach to ensure that these staff were properly trained and ensure that they were regularly updated.
- Provision of welfare and benefit advice within NHS partner organisations was an issue that could be picked up through the ICS Strategy to ensure a consistent approach.

Ch.'s Initials……

RESOLVED that

(1) Members' comments on the evidence in the report and Advice Services Health Needs Assessment Summary be noted.

(2) The importance of the role that advice services have in reducing inequalities be acknowledged.

(3) The role of advice services with Northumberland's system-wide Inequalities Action Plan be noted; and

(4) The contribution of partners to support access to welfare and benefits advice for their staff, patients, and residents, be agreed.

80 **LIVING WITH COVID**

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

Liz Morgan highlighted the following key areas:-

- The current wave of COVID infections appeared to be falling off and ONS data estimated prevalence had fallen from 1:20 to 1:25 for week ending 26 July 2022. This was true of all regions and age groups.
- Hospital admissions and bed occupancy relating to COVID was also falling.
- No emerging new variants currently.
- Key messages to the public remained wearing face coverings in busy places, isolate if unwell, handwashing, good respiratory hygiene and getting vaccinated.

Rachel Mitcheson updated Members on the current position with the vaccination programme as follows:-

- 87% uptake within the eligible population which was comparable with the first booster uptake.
- In the over 75s and immunosuppressed, the uptake was above average whereas in care homes it was slightly below average. The offer had been made to all patients.
- The evergreen offer remained open across all cohorts along with second doses for 5 – 11 year olds.
- A COVID booster would be offered to all aged over 50 and those 16+ and at risk and frontline health and social care workers.
- The flu vaccination programme had been extended to the same cohorts.
- All but four GP practices had opted in to delivering the autumn programme. The community pharmacy expression of interest process was still ongoing.
- At least one GP led vaccination site in each PCN with additional coverage provided by community pharmacies and/or pop up/roving clinics.
- The estimated start date was 12 September 2022 for cohorts 1 and 2. With remaining cohorts being staggered.
- It was expected that a modified, bivalent, vaccine would be used for the COVID programme and further information was awaited.
- Vaccination would be available 91 days after the most recent booster

Ch.'s Initials……

injection. Supply would be based on national 'demand profiles'.
- PCNs would prioritise vaccination of care home and housebound residents.
- There was a desire to co administer but the different arrangements for delivery would make this difficult.

RESOLVED that the verbal update be received.

81 **BOARD DEVELOPMENT SESSION - REVIEW**

Members received a verbal update and presentation from Graham Syers, Vice-Chair, arising from the development session which followed the July meeting.

The following key points were made:-

- The Session had considered
  - Whether the Joint Health and Wellbeing Strategy was still fit for purpose post COVID?
  - The relationship between the Health & Wellbeing Board and Scrutiny
  - The emerging relationship between the Health & Wellbeing Board and the STB/ICB?
- A small task and finish group be set up to take forward the following plan of action:-
  - Review of Board membership to reflect the four themes of the strategic plan and send invitations to join the Board. (September 2022)
  - The Inequalities Plan would be discussed at the September Board meeting.
  - To consider if any existing groups could take ownership of a thematic area of the plan or if a new group required establishment. (October 2022)
  - To have an executive sponsor for each themed area to chair the sub group cutting across the STB and Health and Wellbeing Board. (October 2022)
  - To request a metrics update for 2021/22, four years into the plan and have another development session exploring if the metrics remain the best ones (January 2023)

RESOLVED that

(1) the update be received and noted.

(2) Liz Morgan and Rachel Mitcheson to discuss development of the task and finish group.

82 **HEALTH AND WELLBEING BOARD – FORWARD PLAN**

Members received the latest version of the Forward Plan. An update to the Joint Strategic Needs Assessment to be added to the October 2022 meeting. In response to a request an NHS England representative would be invited to a forthcoming meeting to discuss plans for dental services.

RESOLVED that the Forward Plan be noted.

Ch.'s Initials……

83 **DATE OF NEXT MEETING**

The next meeting will be held on Thursday, 8 September 2022, at 10.00 a.m. in County Hall, Morpeth.

CHAIR……..

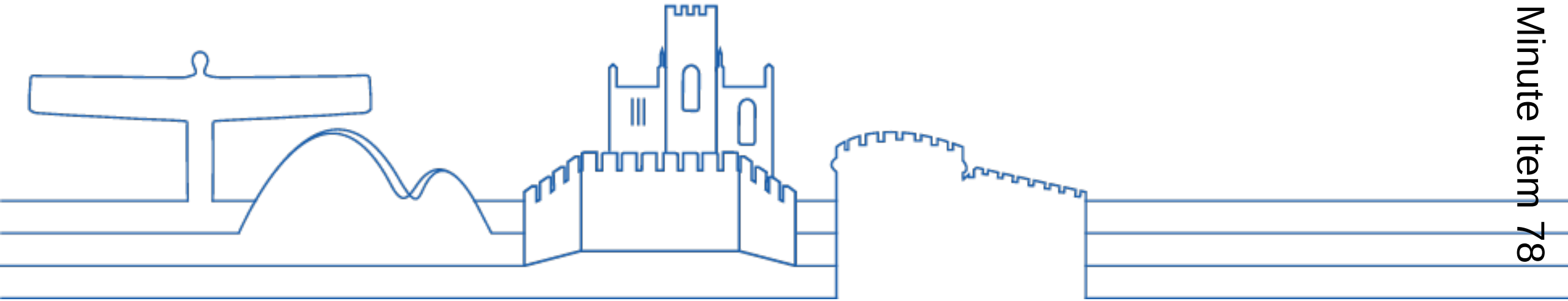
DATE…….

Ch.'s Initials……

North East & North Cumbria

Integrated Care Board Update

Briefing for Health and Wellbeing Boards



What's an ICS, ICB and ICP?

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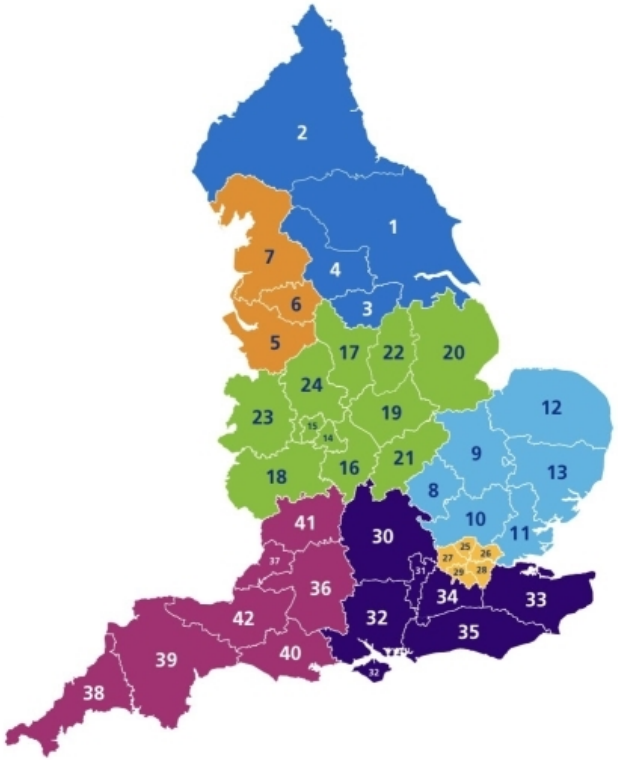
North East & North Cumbria

Integrated Care System (ICS) – includes all of the organisations responsible for public health and wellbeing working together to plan and deliver services for our communities. It is not a organisation but works through the following bodies:

- **Integrated Care Board (ICB)** – our new statutory NHS organisation that will take on the responsibilities of the eight CCGs and some of the functions held by NHS England. The ICB will also work at 'place level' in each of our 13 local authority areas with a range of partners.
- **Integrated Care Partnership (ICP)** – a joint committee of the ICB, voluntary sector, patient fora and the 13 local authorities responsible for developing an **integrated care strategy** for the region



42 Integrated Care Boards established across England from 1 July 2022 – replacing the former CCGs

This is about:

- Building on current services and health and wellbeing strategies
- Being ambitious for our population health and outcomes
- Making faster progress on tackling health inequalities
- Only doing things ICS wide when this adds value
- Focusing on the big challenges to health and well being- e.g. cancer, pandemic disease, mental health
- Working with partners to improve health outcomes using all of the tools available such as, economic regeneration, housing and sustainability.

Strategic aims of ICBs set by government

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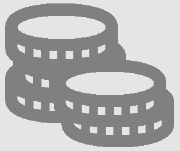
1 Improve outcomes in population health and healthcare

Continue to raise standards so services are high quality and delivered effectively making sure everyone has access to safe quality care whether in the community or in another setting.

2 Tackle inequalities in outcomes, experience and access

Maximise the use of evidence-based tools, research, digital solutions and techniques to support our ambition to deliver better health and wellbeing outcomes in a way that meets the different needs of local people.



3 Enhance productivity and value for money

Working with partners in NHS, Social Care, and Voluntary and Community Sector organisations at scale on key strategic initiatives where it makes sense to do so. Harnessing our collective resources and expertise to invest wisely and make faster progress on improving health outcomes.

4 Help the NHS support broader social and economic development

Focus on improving population health and well-being through tackling the wider socio-economic determinants of health that have an impact on the communities we serve.

The challenges that the new ICB has inherited

- Some of the worst public health outcomes in England
- Persistent health inequalities within and between our communities
- Consistently increasing demands on emergency care services
- The challenge of restoring elective services after covid
- Disparities in access to services across the ICS area
- Inconsistent staffing structures across the former CCGs

Continuity and change

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North East & North Cumbria

What will stay the same?

- The continued **statutory role of local authorities in improving the health and wellbeing of their local population**, and providing local public health and social care services.
- **The 'duty to collaborate' between NHS organisations and local authorities** to promote joint working across healthcare, public health, and social care
- The continu**ed statutory role of Health and Wellbeing Boards**, in preparing Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies
- Former CCG teams are now part of the ICB and will continue to work in each of our local authority 'places' as now, ensuring **operational continuity and stability**
- Continued **NHS representation at Health and Wellbeing Boards** through our new ICB teams.
- **Joint working between ICB teams and local authorities** on issues such as health and social care integration, continuing healthcare and local safeguarding

What will change?

- **One Integrated Care Board** has replaced eight CCGs, inheriting their budgets and responsibilities (but delegating much of these powers back to 'place level').
- **Streamlined decision-making** via the ICB on key strategic issues (such as the commissioning of hospital services, investment decision, or workforce planning)
- The creation of a **statutory Integrated Care Partnership** of the ICB and our 13 local authorities setting joint system priorities in an Integrated Care Strategy
- The ICB and each local authority must have regard to the **Integrated Care Strategy** when making decisions. The strategy will inform and be informed by the joint health and wellbeing strategies at a local level.
- A new procurement commitment from the ICB to help the NHS **support broader social and economic development** in our region
- Greater alignment and pooling of budgets to promote the key determinants of good health, **with a renewed focus on health inequalities**

Our leadership team

- Chair – **Sir Liam Donaldson**
- Chief Executive – **Samantha Allen**

Partner Members

- **Tom Hall** (South Tyneside), **Ann Workman** (Stockton-on-Tees), **Cath McEvoy-Carr** (Newcastle),
- Primary Care: **Dr Saira Malik** (Sunderland), **Dr Mike Smith** (County Durham)
- NHS Foundation Trusts: **Ken Bremner MBE** (NHS South Tyneside and Sunderland Foundation Trust), **Dr Rajesh Nadkarni** (NHS Cumbria, Northumberland and Tyne & Wear Foundation Trust)

Non Executive Directors

- **Dr Hannah Bows**
- **Prof Eileen Kaner**
- **Jon Rush**
- **David Stout OBE**

Participants

- ICS HealthWatch Network: **David Thompson** (Northumberland HealthWatch)
- ICS Voluntary Sector Partnership: **Jane Hartley**

Executive Directors

- Executive Medical Director – **Dr Neil O'Brien**
- Executive Finance Director – **Jon Connolly**
- Executive Chief Nurse – **David Purdue**
- Executive Director of People – **Annie Laverty**
- Executive Chief Digital and Information Officer – **Professor Graham Evans**
- Executive Director of Corporate Governance, Communications and Involvement – **Claire Riley**
- Executive Director of Innovation – **Aejaz Zahid**
- Executive Director of Strategy and System Oversight – **Jacqueline Myers**
- Executive Director of Placed Based Partnerships (Central and Tees Valley) – **Dave Gallagher**
- Executive Director of Placed Based Partnerships (North and North Cumbria) – **Mark Adams**

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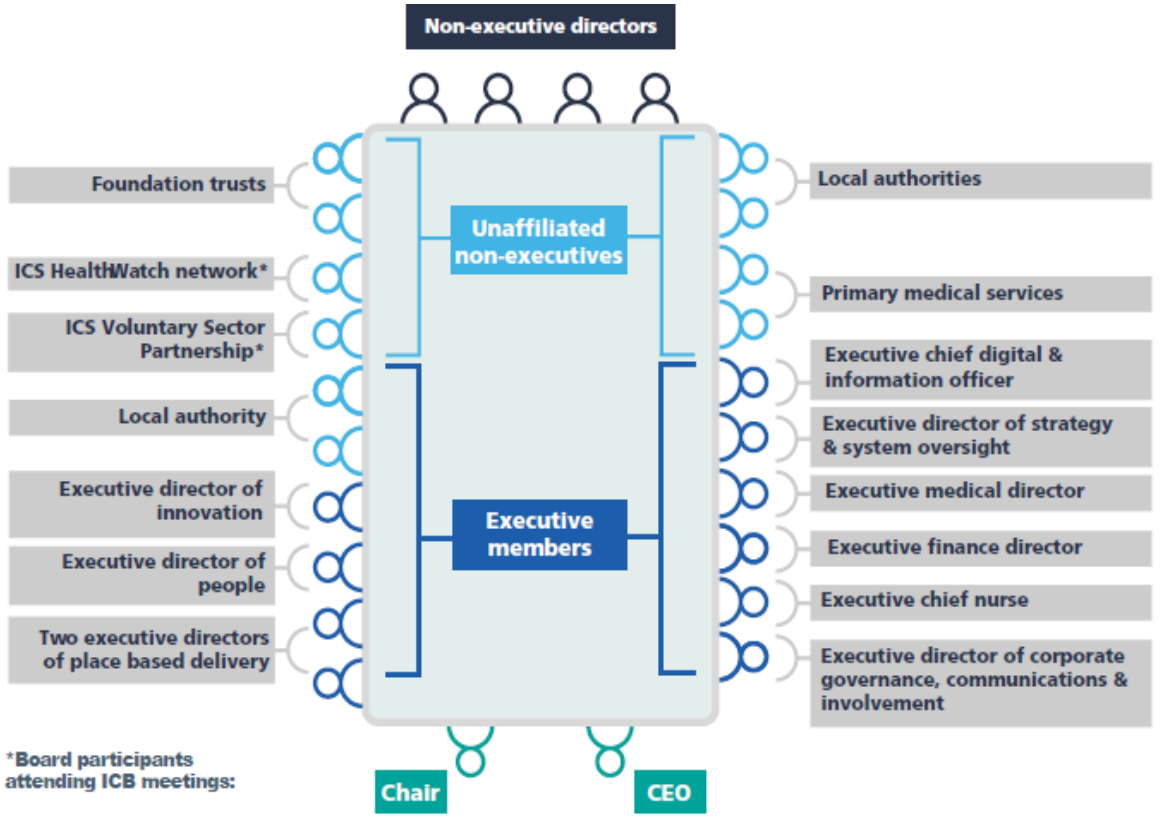

ICB functions and where they're discharged

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ICB functions discharged at regional level

- Setting strategy
- Managing overall resources, performance and financial risk
- Planning and commissioning specialised, in-hospital, ambulance and core general practice services
- Improvement programmes for quality and patient safety (including safeguarding)
- Workforce planning
- Horizon scanning and futures
- Harnessing innovation
- Building research strategy and fostering a research ecosystem
- Driving digital and advanced analytics as enablers
- Health emergency planning and resilience
- Improving population health and wellbeing and reducing health inequalities
- Strategic communications and engagement
- Statutory functions which cannot be delegated e.g. annual ICB financial plan, system quality assurance, ICB annual report and accounts

ICB functions discharged at place

- Building strong relationships with communities
- Fostering service development and delivery with a focus on neighbourhoods and communities
- Informing the joint commissioning of local integrated community-based services for children and adults
- Local Primary care commissioning (excluding nationally negotiated GP contracts) – building the capacity of local Primary Care Networks and supporting their clinical leadership role.
- Local Clinical Leadership including clinical pathway redesign and helping shape the commissioning of acute services
- Ensuring and informing the quality of local health and care services – including support to community services
- Forging strong working relationships with the wider local system including HealthWatch, the Voluntary Sector, and other local public services.

Our Integrated Care Partnerships

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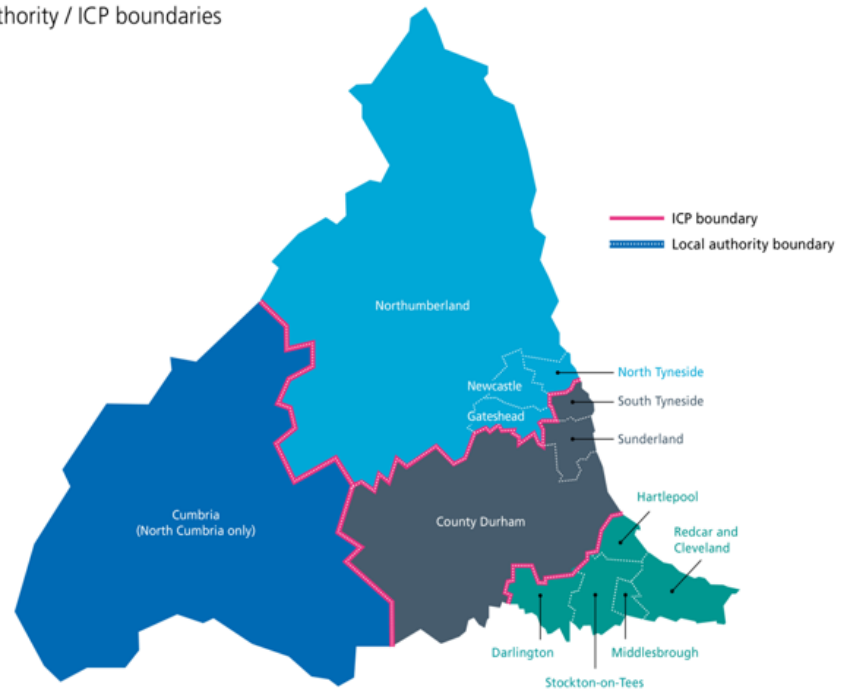
North East and North Cumbria
Local Authority / ICP boundaries



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

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

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

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

Following feedback from our local authority partners, our system will include one ICS-wide ICP built up from four locally-focused ICPs, recognising existing partnerships

Role of our Integrated Care Partnerships

NHS North East & North Cumbria

1 System-wide ICP	4 locally-focused ICPs
• Would meet as an annual or biannual strategic forum • Membership comprising the ICB and all thirteen local authorities (plus other partners to be determined)	• Based on existing geographical groupings • Would meet frequently • Membership from ICB place teams, LAs, FTs, PCNs
• Main role to sign off the ICS-wide **Integrated Care Strategy** • This strategy will **build on the analysis of need** from the four component ICPs – plus other system-wide groups such as the Directors of Public Health Network • Will promote a **multi agency approach to improving population health & wellbeing** and the social and economic determinants of health for the 3M people in our ICS • Will also **consider health inequalities**, experiences and access to health services at this same population level • Will champion initiatives involving the **NHS's contribution to large scale social and economic development**	• Key role in **analysing & responding to need from each of its constituent places** (using the HWBB-led JSNA process) • **Sharing intelligence** & removing duplication to ensure the evolving needs of the local population are widely understood • **A forum to agree shared objectives** and joint challenges • **Developing relationships** between professional, clinical, political and community leaders • Evaluating the **effectiveness and accessibility** of local care pathways

- **We will continue to work with local authorities to shape how the ICPs will operate.**
- **The statutory members of the ICP – the ICB and the 13 local authorities – will meet for the first time on 20 September to agree chairing, membership, governance and vision.**

Place based governance within the ICS

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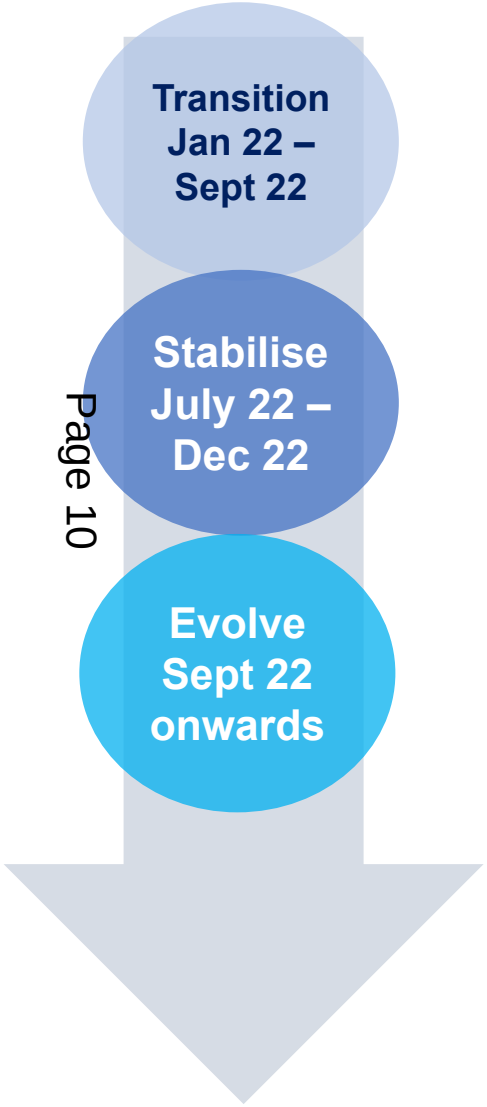

- The ICB has delegated responsibility for the delivery of its place-based functions, including relevant budgets, through two **Executive Directors of Place Based Delivery**.
- Those two Directors will delegate authority to other senior leaders and place-based ICB staff to manage the operational delivery of the ICB's functions at place level.
- Business continuity will be vital and our teams with be working closely with your officers throughout this transition period to avoid disruption.
- The government's Integration White Paper 'Joining Up Care for People, Places and Populations' has set out further expectations for place-based working by 2023. This includes strengthening local joint governance arrangements between ICBs and local authorities, and introducing a single person accountable for delivery of a shared plan
- Place-based governance structures will need to enable how we agree shared outcomes, manage risk and resolve disagreements – and these should make use of existing structures and processes, including Health & Wellbeing Boards, the Better Care Fund and pooled budgets.
- Our Exec Directors of Place-based delivery will work with local authorities to confirm place-based governance by April 2023, building on what works

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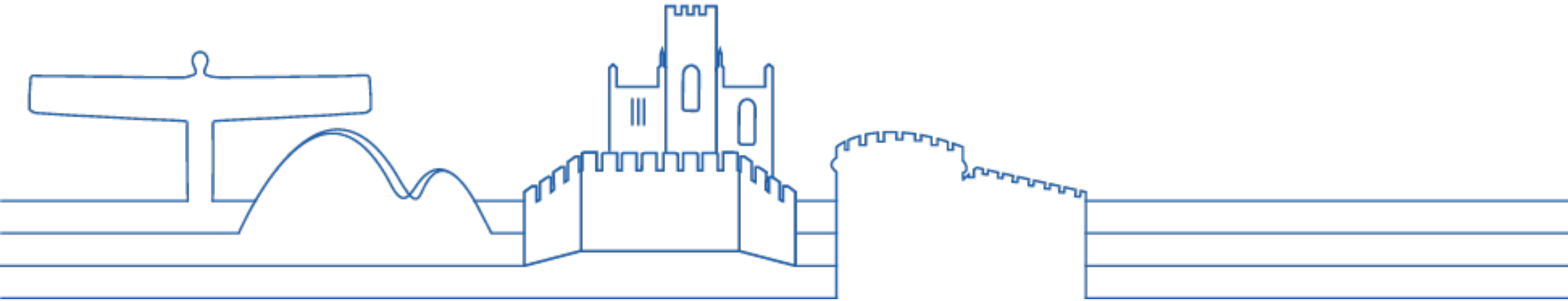
Questions and feedback



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Northumberland
County Council

A Health Needs Assessment of Benefits and Debt Advice for Northumberland

Dr Kathryn Bush
Public Health Registrar
11/8/2022

Health Needs Assessment

- Carried out in October-December 2021 of benefits and debt advice in Northumberland.
- A systematic method for identifying and reviewing the health issues of a specified population.
- The Public Health team at Northumberland County Council (NCC) provides funding for the core generalist advice service and specialist benefits advice at Citizens Advice Northumberland.

Summary of Key Findings

- Types of needs identified
- Un-met needs identified
- Report Implications

Normative Need (Published evidence and expert opinion)

- The Marmot Reviews highlighted the links between income and health.
    - The 2020 report highlighted that the North-East is the only place in the country where life expectancy for women is falling .
    - Welfare advice can improve health:
        - Lowers stress and anxiety, improve mental health, better sleeping patterns, more effective use of medications, smoking cessation, and improved diet and physical activity.
        - Increased income also reduces the harmful hormonal and physiological effects of socioeconomic disadvantage.

Normative Need (Published evidence and expert opinion)

- There is a two-way relationship between debt and health:
    - Debt problems can lead to deteriorations in mental and physical health, and health problems can be a trigger for increasing debt.

Normative Need (Published evidence and expert opinion)

- The Department for Work and Pensions published data on unclaimed benefits from 2017-2018.
    - In 2020 it estimated that around £7.1 billion went unclaimed each year, although this estimate only included pension credit, housing benefit, and income support/employment and support allowance.
    - **Our estimates show that if we apply these same estimates to our residents, the value of unclaimed benefits in Northumberland could be as much as £31.8 million per year.**

- Increase in inflation and the overall cost of living
    - Previous economic crises have demonstrated that people with the lowest incomes are most severely affected by rising costs.

Comparative Need (How we compare to other places)

- Northumberland's geography and widespread rural population presents unique challenges.
- Healthy life expectancy is lower than the national average and is decreasing.
- Suicide rates higher than the national and North-East average.
- The North-East of England has the lowest median weekly earnings in the country.
- Northumberland has a higher number of children living in poverty in working families, than in non-working families.

Felt Need (What people say they need)

- Findings from 2015 Residents' Survey Results (Northumberland County Council Ipso-Mori Survey)
    - 'Adequate income/ financial stability/ no financial worries' was one of the top factors contributing to the health and wellbeing of Northumberland families.
    - 14% of people faced difficulties paying fuel and energy bills
    - 9% faced difficulties buying food.
    - 2% reliant on high interest money lenders
    - 19% of the community did not use the internet at all – and these people were most likely to be older, social tenants, disabled, or living in the South-East of the county.

2022 Survey Results (New Data from the HNA)

- Citizens Advice was the most commonly named source/potential source of advice.
- The health benefits of good advice were highlighted by residents, as were the potential harms to health from inadequate advice.
- Benefits and Debt advice were two of the top four reasons that people contacted Advice Services.
- Some people needed advice but did not access it:
    - Some people needed advice and did not know where to get it (8%);
    - or were concerned about confidentiality (6%);
    - others had difficulty accessing a service, or were put off by embarrassment.

Expressed Need (Which services people are currently using)

- Mapping of advice services: Many organisations provide basic budgeting and financial advice but would refer onwards for benefits advice or debt management.
- Some organisations provide information to specific groups e.g. carers.
    - Citizens Advice Northumberland is signposted to by other agencies and people in Northumberland and by national websites.
    - ‘Northumberland Communities Together’ was set up as an emergency response to the Covid-19 pandemic and continues to provide advice and discretionary grants to residents.
    - Northumberland County Council’s Welfare Rights Team is a small team that mainly provides training and support to care managers and social workers.

- During the 2019-2020 financial year, Citizens Advice Northumberland gave advice to **22,582 clients**, helping with 53,729 individual issues.
- Citizens Advice Northumberland provides the only universal service which covers benefits and debt advice to the Northumberland population.
- Citizens Advice Northumberland estimate that for every £1 on their service the gain is:
    - £2.66 in fiscal benefits (Financial savings to local and national government)
    - £18.21 in public value (Including increased financial productivity and the value of the volunteer run service)
    - and £11.35 in value to the residents of Northumberland.
    - This includes helping to secure £4.5 million in welfare benefit gains and compensation and a further £2.7 million in debt write-off and managed repayments.

Potential Unmet Needs Identified

- Between February 2019 and January 2020, on average 51% of calls to Citizens Advice Northumberland went unanswered.
- The pandemic has resulted in an overall increase in the number of people requiring and accessing advice services.
- Local services report that the pandemic has resulted in an increase in contact from working families that were ‘just about managing’ pre-pandemic, who are now facing financial difficulties.
- The challenge of meeting the needs of our rural populations and our residents working on low income are highlighted.

Report Implications

- Advice services in Northumberland are not currently meeting the needs of the population, and the need is currently increasing.
    - It is vital that we provide adequate Advice Services, in order that people can get the help that they need, to access an income which is adequate for them to thrive.

As a results of this Health Needs Assessment, the decision has been made to:

- Increase the core service funding; and
- Invest in wider capacity building over the next 3 years.
- Planned investment will increase from £420k per annum in 21/22 to £520k per annum.

Report Implications

- It is therefore recommended that the Board:
    - Considers whether further support should be provided to advice services within the broader inequalities' strategy, and
    - Discusses the contribution of partners to supporting access to welfare and benefits advice for their staff, patients, and residents.