

Public Document Pack



Northumberland County Council

Your ref:

Our ref:

Enquiries to: Lesley Bennett

Email: Lesley.Bennett@northumberland.gov.uk

Tel direct: 01670 622613

Date: 2 August 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, 11 AUGUST 2022** at **10.00 AM**.

Yours faithfully

Rick O'Farrell
Interim Chief Executive

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

J Boyack, N Bradley, C Briggs, J Daniel, P Ezhilchelvan (Chair), S Lamb, J Lothian, J Mackey, P Mead, R Mitcheson, L Morgan, R O'Farrell, W Pattison, G Reiter, G Renner-Thompson, G Sanderson, E Simpson, G Syers (Vice-Chair), D Thompson, P Travers, C Wardlaw and J Watson



Rick O'Farrell, Interim Chief Executive
County Hall, Morpeth, Northumberland, NE61 2EF
T: 0345 600 6400
www.northumberland.gov.uk



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
- 6)

Minutes of the meetings of the Health and Wellbeing Board held on Thursday, 14 July 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. ICS UPDATE

To receive a verbal update and presentation from Sam Allen, ICB Chief Executive North East & North Cumbria Integrated Care Board.

5. A HEALTH NEEDS ASSESSMENT OF BENEFITS AND DEBT ADVICE FOR NORTHUMBERLAND

(Pages 7 - 20)

To share with the Board 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.

6. LIVING WITH COVID

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

7. BOARD DEVELOPMENT SESSION - REVIEW

(Pages 21 - 26)

To discuss the findings and next steps arising from the Board Development Session.

8. HEALTH AND WELLBEING BOARD – FORWARD PLAN

(Pages 27 - 34)

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

9. 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.

10. DATE OF NEXT MEETING

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

IF YOU HAVE AN INTEREST AT THIS MEETING, PLEASE:

- Declare it and give details of its nature before the matter is 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.

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Wellbeing Board** held in County Hall, Morpeth on Thursday, 14 July 2022 at 10.00 a.m.

PRESENT

Councillor P. Ezhilchelvan
(Chair, in the Chair)

BOARD MEMBERS

Anderson, E. (substitute)	Pattison, W.
Blair, A.	Sanderson, H.G.H.
Boyack, J.	Simpson, E.
Brown, S.	Syers, G.
Lothian, J.	Thompson, D.
Mead, P.	Travers, P.
O'Neill, G. (substitute)	

ALSO PRESENT

Jones, V.	Chair of Health & Wellbeing OSC
-----------	---------------------------------

IN ATTENDANCE

C. Angus	Scrutiny Officer
L.M. Bennett	Senior Democratic Service Officer
D. Nugent	Healthwatch
C. Wheatley	Northumbria Police

69. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors G. Renner-Thompson, J. Watson and S. Lamb, E. Morgan, R. O'Farrell, and G. Reiter.

70. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 12 May 2022, as circulated, be confirmed as a true record and signed by the Chair.

71. INTEGRATING SERVICES SUPPORTING CHILDREN AND YOUNG PEOPLE

Members received a report seeking support for the approach Northumberland was planning to take to progress a children and young people's (CYP) model for integrated system working.

Gill O'Neill, Interim Deputy Director of Public Health, made the following key points:-

- This was an early thinking report for discussion and to provide a context for the approach that could be taken and building on work already happening including:-
 - Evolution of the Family Hubs Model and
 - Healthy Family Partnership Board
- It was aimed to improve life chances for children growing up in Northumberland and aspiring to close the health, social and educational inequality gap. This would be a two year journey building on the significant strengths and assets in local communities and the interventions currently offered:-
 - Integration could improve
 - Outcomes for children and families
 - Service user experience
 - Efficiency across organisations/services
 - National policy requirement
- A number of metrics were already in place in the Joint Health & Wellbeing Strategy. The aspirations were set high for a child born in 2024 and was in relation to how the today's gaps from an inequality aspect were closed.
- How far do we take integration? Was it looking at the whole system and Northumberland £ - commissioning and delivering differently with shared leadership, outcomes and risks with our CYP and families.
- Interface with Inequalities Plan – the interface was critical, and it was important to improve sharing of data and insights, upscale community centred approaches, align organisations and resources and looking through an inequalities lens.
- At neighbourhood level – what could be done with civic leverage, how could services be enhanced and how to ensure to think community first?
- Children's integration was a complex picture. It was important to move beyond the health and social care system. Collaborative work was ongoing with a wider system interface including Strategic Boards. Virtual interaction was emphasised along with place-based offers such as community centres and leisure centres.
- Starting with a culture and leadership perspective – without these shared values and behaviours it would not be possible to achieve the vision aspired to.
- Layers of culture and leadership change – a first senior collaboration workshop had been held to identify actions including working with middle managers and front-line staff and having locality conversations.
- Future state...to be determined as a collaboration
- Working with Family Hubs, refreshing the CYPSP, having a population health management approach, shared outcomes, digital systems in harmony, joint commissioning, risk sharing and join leadership in everything we do.

The following comments were made:-

Ch.'s Initials.....

Health & Wellbeing Board, 14 July 2022

- For a child born in 2024, there were key measures such as school readiness and there was national standardised data on physical literacy, speech and language. There was a lot of variety across Northumberland. If the position of families was better understood there could be work to close that gap. It was hoped to see whether a difference had been made in 2030 when the child born in 2024 would be six years old.
- A workshop had taking place to look at the Health and Care White Paper and what that meant for 'Place' and all the points raised had been echoed there. Membership included the System Transformation Board and other key people including the new Chief Executive of the Integrated Care Board. It was exciting to consider what could be done around inequalities going forward.
- This would be closely linked with the Joint Health & Wellbeing Strategy and the 'Best Start in Life', which had already been referred to, was a key pillar of that Strategy along with a resilient communities component and this work would traverse across those areas. It was also important to look at other metrics which could be pulled out to focus on collectively.
- The work of the Safeguarding Partnership was acknowledged, and it was suggested that reference to it be strengthened in the document.
- Although structures were changing due to the ICS, place based discussions could still take place.
- The report was not about setting in place new structures but more about working collectively to build on what was already in existence.

RESOLVED that

- (1) the comments of the Board be noted.
- (2) The evolution/expansion of the Family Hubs model as the mechanism to drive forward CYP integration and the governance process be approved;
- (3) The proposed approach to culture and leadership change and interface with community centred/place-based approaches to tackle inequalities be supported.

72. AGING WELL SERVICE REVIEW

Gill O'Neill, Interim Deputy Director of Public Health, presented an update on healthy aging activity; a refreshed consideration of the evaluation of the Ageing Well Programme completed in January 2020; and the proposed next steps.

The following comments were made:-

- Northumberland's population was ageing, and this was most evident in the rural population. 25.1% of the population was estimated to be aged 65+ in 2020 compared to the England average of 18.5%.

- A service review of the Ageing Well Programme was undertaken in 2019 and the Ageing Well Partnership Board was in place to provide strategic leadership.
- The programme had been very well received along with the vibrant network it produced. The Board was felt to need broader system representation and greater accountability and to work towards clearer outcomes and metrics.
- The programme was now being looked at again and the original recommendations were felt to still be appropriate and robust. The next steps were
 - Refresh the Board with broader, system wide membership reaching out into housing, North of Tyne etc.
 - Rename it the Health Ageing Board.
 - Develop a strategy and work plan which would interface with other work taking place such as the developing Dementia Strategy and Physical Activity Strategy and Inequalities Plan.
 - Director of Public Health to chair the Board as an interim measure while an independent Chair was sought.

Members made the following comments:-

- A recent Ageing Well event had been held at Powburn which had been a very good event and also well attended.
- It was suggested that more should be done to encourage and enlist the support of volunteers in the community. This would be added to the considerations during the refresh of the Ageing Well Strategy.

RESOLVED that

- (1) the comments of the Board be noted.
- (2) the refresh of a strategic Northumberland Healthy Ageing Board accountable to the Health and Wellbeing Board be supported.
- (3) Inclusion of the importance of volunteering to be considered during the refresh.
- (4) The refreshed Northumberland Health Ageing Board be chaired by the Director of Public Health.
- (5) the decision to appoint an independent chair of the Health Ageing Board be delegated to the Director of Public Health in consultation with the portfolio holder for Adult Wellbeing.

73. LIVING WITH COVID

Members received a verbal update from Gill O'Neill, Interim Deputy Director for Public Health.

Ch.'s Initials.....

Health & Wellbeing Board, 14 July 2022

Gill O'Neill highlighted the following key areas:-

- Week ending 29 June 2022, ONS survey figures estimated that 1:25 people in England were infected. This was an increase over all areas but particularly in London, South West, and the North East and over all age groups with the highest prevalence in secondary school and working age adults.
- It was estimated that the BA.4 and BA.5 Omicron variants were now responsible for 60% of cases.
- Hospital admissions with COVID had increased since the end of May with 15 per day in Northumberland and 70 in hospital. However, most were not in hospital because of COVID but were discovered to be positive on testing. Numbers on mechanical ventilation remained low.
- Staff absences remained the biggest issue.
- Northumberland had one of the highest rates of vaccination uptake. Spring booster uptake was approximately 85%. Interim advice had been issued about the autumn booster programme and would include residents in care homes (older adults and staff), front line health and social care staff, 65+ years old, and adults 16-64 years old.
- Nationally comms regarding combined flu and COVID was being looked at.
- A new 'Listen to Liz' video was to be made emphasising the need for people to stay at home if ill, to be vaccinated and wear a mask if in close proximity to vulnerable people.

The following comments were made:-

- The main issue for the Northumbria Health Trust was currently staffing issues were having a significant impact in both primary and secondary care. Although there were not high numbers of people who were very ill with COVID, more people may still attend A&E. Patients testing positive could lead to cancellation of surgery at short notice.
- It was suggested that an interactive session be held around 'Place' to look at how well the County Council and its partners were working together and at any issues particularly relating to Northumberland. It was noted that the Board was having an informal development session immediately following the meeting and that issues such as this could be considered.

RESOLVED that the verbal update be received.

74. HEALTH AND WELLBEING BOARD FORWARD PLAN

Members received the latest version of the Forward Plan. The Chair reported that the Living with COVID item would be less prominent on the agenda in future.

RESOLVED that the Forward Plan be noted.

75. DATE OF NEXT MEETING

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

CHAIR _____

DATE _____



Northumberland County Council

HEALTH AND WELLBEING BOARD

11TH AUGUST 2022

A Health Needs Assessment of Benefits and Debt Advice for Northumberland

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

Cabinet Member: Cllr Wendy Pattison, Adults' Wellbeing

Purpose of report

To share with the Board 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.

Recommendations

The Board is recommended to:

- Consider and comment on the evidence in this report and the Advice Services Health Needs Assessment Summary (Appendix 1);
- Acknowledge the importance of the role that advice services have in reducing inequalities;
- Consider the role of advice services within Northumberland's system-wide Inequalities' Action Plan; and
- Discuss and agree the contribution of partners to supporting access to welfare and benefits advice for their staff, patients, and residents.

Link to Corporate Plan

This report is directly relevant to the two overarching themes of the NCC Corporate Plan 2021-2024:

- Ensuring the Council does all it can to support economic recovery and growth across the county; and
- Tackling inequalities within our communities, supporting our residents to be healthier and happier.

Key findings

- A health needs assessment (HNA) was carried out in October-December 2021 of benefits and debt advice in Northumberland. A summary of this report can be found in Appendix 1.
- The council, through the Public Health ring fenced grant, funds Citizens Advice Northumberland to provide a generalist advice service and specialist benefits advice service. It is the only organisation in Northumberland providing a free and universal service, which covers specialist benefits advice and debt advice.
- Citizens Advice Northumberland is well known amongst residents and signposted to from many organisations within our community. During 2019/2020 advice was given to 22,582 clients in Northumberland, helping with 53,729 individual issues - demonstrating the need for this service from our residents.
- Each month around 50% of calls to Citizens Advice Northumberland go unanswered, as increasing demand outstrips the service that is provided. This suggests that we are not currently adequately meeting the advice needs of our residents. The Covid-19 pandemic and the current rise in the cost of living, including food, fuel and energy bills, have led to an increase in the need for the services provided by Citizens Advice. This increased need is expected to continue to rise.
- Accessing advice services has benefits to both individuals and the wider Northumberland economy. Citizens Advice Northumberland estimate that in 2019-2020 for every £1 spent 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.
- In 2020 the Department for Work and Pensions (DWP) published its data on unclaimed benefits from 2017-2018. Using these figures our estimates show that the value of unclaimed benefits in Northumberland could be as much as £31.8 million per year. If people in Northumberland do not claim the benefits that they are legally entitled to, it is likely that they are living on a lower income, which will be more harmful to their health and worsen health inequalities within the region.
- Considering all of the evidence in the HNA, the decision has been made to increase funding of the core advice service and invest in county-wide capacity building; planned investment will increase from £420k per annum in 21/22 (£390K core funding from the Public Health Grant plus £30k from the Contain Outbreak Management Fund) to £520k per annum for the period of a new contract anticipated to start 1 Oct 22, again from the Public Health Grant. Given the demonstrated population need and the expectation that this need will increase further, it is possible that there will still be unmet need without further investment from other sources. Close monitoring of demand on the service in the first year of the contract should determine whether that is the case and the extent of any additional funding required.

Background

A health needs assessment (HNA) is a systematic method for identifying and reviewing the health issues of a specified population. Its aim is to improve health and reduce inequalities, through agreeing priorities and making recommendations around service improvements or development.(1)

This HNA focused upon the benefits and debt advice needs of adults in Northumberland and was undertaken by the Public Health team at Northumberland County Council (NCC).

How Benefits and Debt Advice are Linked to Health

The primary role of benefits advice services is to ensure that the correct benefits are applied for and received, ensuring that individual income is maximised according to what is legally entitled. The Marmot Reviews (3,4) have highlighted the links between income and health, with worse health being associated with a lower income. These differences in health according to income are health inequalities.

The North East of England has the lowest median weekly earnings in the country. Women in Northumberland are at particular risk of in-work poverty due to their lower earnings. Northumberland has a higher number of children living in poverty in working families than in non-working families. In October 2021, 41.8% of people in Northumberland claiming Universal Credit were in employment. (9,10,11)

The 2020 Marmot report highlighted that the North-East is the only place in the country where life expectancy for women is falling which means that some people in Northumberland are dying years younger than they should.

Benefits advice can improve health both directly and indirectly. It has been shown to lower stress and anxiety, improve mental health, and lead to 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 socio-economic disadvantage.

Suicide rates in Northumberland are higher than both national and North-East averages.(7) There is an association between financial debt and suicide, with particular risk associated with cumulative debt issues.(8) These findings highlight the importance of accurate and timely debt advice.

Post Pandemic Impact

During the pandemic, local teams reported that they were seeing an increase in families who were in financial distress for the first time. The impact of furlough and redundancies moved families who were previously 'just about managing' into financial difficulties. As with the whole country, we are also now currently seeing a significant increase in inflation and the overall cost of living for people living in Northumberland, including a rise in the cost of food, fuel and transport. Previous economic crises have demonstrated that people with the lowest incomes are most severely affected by rising costs. The current financial

situation has the potential to widen existing or create new health inequalities within the region.

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 (£390K core funding from the Public Health Grant plus £30k from the Contain Outbreak management Fund) to £520k per annum for the period of a new contract anticipated to start 1 Oct 22, again from the Public Health Grant.

However, it is possible the service will still not meet the advice needs of our whole population. 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.

Close monitoring of demand on the service in the first year of the contract should determine whether there is still unmet need and the extent of any additional funding required.

Appendix

1. Summary of benefits and debt advice health needs assessment (HNA) in Northumberland.

Implications

Policy	There is a range of benefits available to individuals and households as part of government arrangements to provide social security. Many residents will not be accessing benefits to which they are entitled leading to lowered income. Financial insecurity and low income are a significant feature of inequalities across the county; the Northumberland Corporate Plan 2021-2024 identifies addressing inequalities as one of two overarching priorities.
---------------	---

Finance and value for money	Citizens Advice Northumberland estimate that in 2019-2020 for every £1 spent 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. The current service is funded from the ring-fenced Public Health Grant.
Legal	The Advice Services Health Needs Assessment will contribute to the Northumberland Joint Strategic Needs Assessment (JSNA). JSNAs were introduced by the Department of Health in April 2008 to strengthen joint working between the NHS and local authorities. The Health and Social Care Act 2012 awarded the responsibility for the JSNA and developing a Joint Health and Wellbeing Strategy to Health and Wellbeing Boards, with the purpose of reducing inequalities and improving the health and wellbeing of the whole community.
Procurement	Procurement advice will be obtained to ensure that any commissioning or contractual arrangements entered into 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"/>	There is no impact assessment although the whole report highlights inequalities.
Risk Assessment	There is a risk that if this service is not adequately supported, some income related inequalities will not be addressed
Crime & Disorder	The link between crime and disorder and poverty is well documented.
Customer Consideration	This report considers the impact of having a high quality, comprehensive and responsive welfare advice service available for Northumberland residents.
Carbon reduction	None identified
Health and Wellbeing	Financial strain acts as a health-related stressor and can lead to a stress response that may eventually harm physiological health

	as well as causing mental ill-health. High levels of repayments can reduce the income available for health-promoting goods and activities. Problem debt can be associated with health-harming behaviours, including suicidal ideation, smoking and drug use.
Wards	All

Background papers:

References (for report)

1. National Institute for Clinical Excellence. Health Needs Assessment. A Practical Guide. 2005. https://ihub.scot/media/1841/health_needs_assessment_a_practical_guide.pdf [Accessed 13/1/22]
2. Department for Work and Pensions. Fraud and Error in the Benefit System for financial year ending 2021. 13th May 2021.
3. Marmot M, Bell R. Fair society, healthy lives. Public health. 2012 Sep 1;126:S4-10.
4. Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J. Health Equity in England: The Marmot Review 10 Years On. 2020.
5. Advice Services Alliance, The Low Commission. The Role of Advice Services in Health Outcomes. Evidence Review and Mapping Study. 2015. <https://www.thelegaleducationfoundation.org/wp-content/uploads/2015/06/Role-of-Advice-Services-in-Health-Outcomes.pdf>
6. Royal College of Psychiatrists. Debt and Mental Health.2017. <https://www.rcpsych.ac.uk/mental-health/problems-disorders/debt-and-mental-health>
7. Office for Health Improvement and Disparities. Public health profiles. 2022 <https://fingertips.phe.org.uk> © Crown copyright 2022. [Accessed 13/01/2022]
8. Regional Suicide Prevention Sector Led Improvement Programme. Improving the evidence base between financial debt and suicide. Research conducted by MMC Research & Marketing on behalf of the Association of Directors of Public Health North East November 2020.
9. Nomis. Official labour market statistics. Labour Market Profile – Northumberland. 2021. <https://www.nomisweb.co.uk/reports/lmp/la/1946157061/report.aspx?town=northumberland> [Accessed 13/01/2022]
10. Office for National Statistics. SOC 2010. 2016. <https://www.ons.gov.uk/methodology/classificationsandstandards/standardoccupationalclassification/soc/soc2010> [Accessed 13/01/2022]
11. UK Parliament. House of Commons Library. Research Briefing: Average Earning by Age and Region. (2021) <https://commonslibrary.parliament.uk/research-briefings/cbp-8456/> [Accessed 13/01/2022]

Report sign off.

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

	Full Name of Officer
Monitoring Officer/Legal	Suki Binjal
Executive Director of Finance & S151 Officer	Jan Willis
Relevant Executive Director	Liz Morgan
Chief Executive	Rick O'Farrell
Portfolio Holder(s)	Cllr Wendy Pattison

Author and Contact Details

Dr Kathryn Bush Public Health Registrar.

This work was produced under the supervision of:

Pam Lee Public Health Consultant: pam.lee@northumberland.gov.uk

Dr Jim Brown Public Health Consultant: jim.brown@northumberland.gov.uk

Benefits and Debt Advice Health Needs Assessment Summary

Background

A health needs assessment (HNA) is a systematic method for identifying and reviewing the health issues of a specified population. Its aim is to improve health and reduce inequalities, through agreeing priorities and making recommendations around service improvements or development.(1)

This HNA is focused upon the benefits and debt advice needs of adults in Northumberland and has been undertaken on behalf of the Public Health team at Northumberland County Council (NCC) as part of the commissioning cycle for the re-procurement of advice services in Northumberland.

The Public Health team at Northumberland County Council (NCC) currently provides funding for the core generalist advice service and specialist benefits advice at Citizens Advice Northumberland. Core funding from NCC has remained unchanged since 2009.

Citizens Advice Northumberland is a registered charity, run by paid staff and trained volunteers. It is authorised and regulated by the Financial Conduct Authority. Residents can access the service via multiple methods including website, webchat, email, telephone, and face to face. Service user feedback shows that there are high levels of satisfaction with the way that queries are handled, and the information received.

Advice is given on: benefits, work (rights, discrimination, injuries), debt management, housing, family (finance, separation, child arrangements), law and courts, immigration, healthcare (discrimination, complaints, and access), consumer rights, pension guidance and supporting witnesses in court. Over half (52%) of people contacting the service had a disability or long-term health condition.

Specific projects linked to Northumberland Citizens Advice include: the Money Advice Service (debt); the Bridge Project (access to work and education); Macmillan (Cancer) Northumberland Benefits Service; the Energy Project (fuel poverty); and Help to Claim (universal credit). Citizens Advice Northumberland is also the lead organisation providing voluntary and community sector (VCS) infrastructure support in Northumberland.

Recent developments include the establishment of Frontline, an external facing website to transfer referrals between services and the 'Community Advice Model' which trains people working in other roles/services to give quality assured advice.

During the 2019-2020 financial year, advice was given to 22,582 clients, helping with 53,729 individual issues. Using the 2019-2020 data, **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 include 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.

Key findings and issues from the Health Needs Assessment

Needs Identified by the Health Needs Assessment:

Normative Need (Published evidence and expert opinion)

In 2020 the Department for Work and Pensions (DWP) published its data on unclaimed benefits from 2017-2018. It estimated that around £7.1 billion went unclaimed, although this estimate only included pension credit, housing benefit, and income support/employment and support allowance.(2) **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.**

The Marmot Reviews (3,4) have 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 which means that some people in Northumberland are dying years younger than they should. Welfare advice can improve health in numerous ways, both directly and indirectly. It has been shown to lower stress and anxiety, improve mental health, and lead to 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 socio-economic disadvantage associated with worse health, and helps to prevent further disadvantage such as homelessness, that has additional negative health effects.

The Low Commission (5) suggests that if Public Health fund advice services, data should be collected about health outcomes and provides evidence that the commissioning of advice services in health specific contexts may be useful.

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. Therefore, maximising income is an important building block of a healthy society.(6)

Pandemic Impact: During the pandemic there was a change in the proportion of issues with which people were presenting, with the most significant issues being: Universal Credit, employment, and financial services and capability. Several of the 'usual' issues (debt and benefits and tax credits) became less prominent, which was felt to be due to the temporary Covid-19 holding measures including furlough and a halt to Personal Independence Payment [PIP] assessments. There is a regional concern that the 'usual' issues will resurface as pandemic recovery begins, but that this work will be *in addition* to the newer problems including housing and financial services.

As with the whole country, we are currently seeing a significant increase in inflation and the overall cost of living for people living in Northumberland, including a rise in the cost of

food, fuel and transport. 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 present a unique challenge in ensuring equity of access to services across the county. There is a particular challenge of providing equity of advice services to those people living in poverty but surrounded by people who are not.

Healthy life expectancy is lower than the national average in Northumberland and is decreasing; this means that some people in Northumberland are living in poor health for longer than they should (7). It is likely that this will result in more people who are unable to work due to ill health prior to retirement age - and who are likely to require benefits from the government.

Suicide rates in Northumberland are higher than the national and North-East average (7). There is an association between financial debt and suicide, with particular risk associated with cumulative debt issues (8).

The North-East of England has the lowest median weekly earnings in the country. Women in Northumberland are at particular risk of in-work poverty, due to their lower earnings. Northumberland has a higher number of children living in poverty in working families, than in non-working families. In Northumberland, 15.5% of people facing homelessness are in full time employment, compared to 12.1% nationally. In October 2021 41.8% of people in

Northumberland claiming Universal Credit were in employment, compared to 37.7% in the Northeast and 40.2% in the whole of England (9,10,11).

There were 14,682 children living in relative low income in Northumberland in 2019-20. A total of 10,415 of the children were living in 'working families'. Northumberland has a

higher number of children living in poverty in working families, than in non-working families. This is true overall and for each individual ward within the region.

Felt Need (What people say they need)

2015 Residents' Survey Results (Northumberland County Council Ipsos-Mori Survey)

'Adequate income/ financial stability/ no financial worries' was one of the top factors contributing to the health and wellbeing of Northumberland families in the Northumberland County Council Ipsos-Mori Survey, factors mentioned by 22% of respondents.

Around 14% of people faced difficulties paying fuel and energy bills and 9% faced difficulties buying food. People reliant on high interest money lenders made up 2% of the population surveyed.

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. 41% of people said that they did not use the internet as they did not have access to a computer.

2022 Residents Survey Results (New Data from the HNA)

Citizens Advice was the most commonly named source/potential source of advice, suggesting that the service is well known within our community. The health benefits of good advice were highlighted, 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. Energy Bills also featured – reflecting potential fuel poverty and a potential route into debt.

The main reasons for not having accessed an advice survey in the last 12 months was not needing any advice (81%). However, 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 and their use in Northumberland

Many organisations within the region provide basic budgeting and financial advice but would refer onwards for benefits advice or debt management. Citizens Advice Northumberland is signposted to by other agencies and people in Northumberland and by national websites, suggesting that it is well-known and respected in the community.

'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 (core advice service funded by NCC Public Health) currently provides the only universal service which covers benefits and debt advice to the Northumberland population. Other groups provide advice to specific groups of people, e.g. people who are retired, carers, or those with specific diseases or health problems.

Potential Unmet Needs Identified

- Between February 2019 and January 2020, the proportion of calls per month to Citizens Advice Northumberland that went unanswered ranged from 46% - 56%, with **an average of 51% of calls going unanswered**. This is due to the high volume of calls received in relation to the number of staff and volunteers. A total of 11% of people contacting the service found it 'A bit difficult' or 'Very difficult' to access the service.
- 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.
- There have been no formal referral pathways between health services (including mental health services) or charities (e.g., Samaritans) and Citizens Advice Northumberland until the recent introduction of the Frontline service.
- The challenge of meeting the needs of our rural populations and our residents working on low income are highlighted.

Recommendations of the health needs assessment

Service Provision:

1. The Public Health Team at Northumberland County Council should continue to fund a service, which provides quality assured generalist and welfare advice in Northumberland.
2. The Public Health Team at Northumberland County Council should consider whether there is scope for an increase in core funding, given that funding levels have remained static since 2009 and population needs are not currently being met.
3. Consideration should be given by our partners in the wider local authority, CCG (now ICB) and Primary Care Networks as to whether they should include the funding of Advice Services as part of their wider health and inequalities strategies.

Equity of Provision and Targeting Inequalities:

4. The Advice Service provided needs to be adaptable to the changing needs of the population and recognise that there is no 'one size fits all' approach which will meet our diverse population needs.
5. Work should continue to identify specific 'high risk' population groups within Northumberland, which may require targeted interventions around debt or benefits advice, or outreach services, to reduce inequalities in access to services.
6. The Public Health team should work in partnership with employers across Northumberland to promote and facilitate workforce development on financial wellbeing, both internally and externally.
7. Citizens Advice Northumberland should continue to consider ways to improve access and equity of access to services. Further development of the Community Advice Model could increase service capacity and provide an avenue of increasing the service's reach across our communities.

How the Health & Wellbeing Impact Could Be Measured:

8. The Public Health Team at Northumberland County Council should consider including a measurement of health and wellbeing in the commissioning of advice services.

Measures to Reduce the Need for (Reactive) Advice Services in The Northumberland Population:

9. The Public Health Team should continue to work in partnership with our communities and partners (wider local authority, CCG, Primary Care, Schools and

Education) to develop strategies or policies that target the community's primary prevention needs.

10. The Public Health Team should continue to work in partnership with our communities and partners (wider local authority, CCG, Primary Care, Schools and Education) to develop strategies or policies that target the community's secondary prevention needs.

References (for HNA summary)

1. National Institute for Clinical Excellence. Health Needs Assessment. A Practical Guide. 2005. https://ihub.scot/media/1841/health_needs_assessment_a_practical_guide.pdf [Accessed 13/1/22]
2. Department for Work and Pensions. Fraud and Error in the Benefit System for financial year ending 2021. 13th May 2021.
3. Marmot M, Bell R. Fair society, healthy lives. Public health. 2012 Sep 1;126:S4-10.
4. Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J. Health Equity in England: The Marmot Review 10 Years On. 2020.
5. Advice Services Alliance, The Low Commission. The Role of Advice Services in Health Outcomes. Evidence Review and Mapping Study. 2015. <https://www.thelegaleducationfoundation.org/wp-content/uploads/2015/06/Role-of-Advice-Services-in-Health-Outcomes.pdf>
6. Royal College of Psychiatrists. Debt and Mental Health. 2017. <https://www.rcpsych.ac.uk/mental-health/problems-disorders/debt-and-mental-health>
7. Office for Health Improvement and Disparities. Public health profiles. 2022 <https://fingertips.phe.org.uk> © Crown copyright 2022. [Accessed 13/01/2022]
8. Regional Suicide Prevention Sector Led Improvement Programme. Improving the evidence base between financial debt and suicide. Research conducted by MMC Research & Marketing on behalf of the Association of Directors of Public Health North East November 2020.
9. Nomis. Official labour market statistics. Labour Market Profile – Northumberland. 2021. <https://www.nomisweb.co.uk/reports/lmp/la/1946157061/report.aspx?town=northumberland> [Accessed 13/01/2022]
10. Office for National Statistics. SOC 2010. 2016. <https://www.ons.gov.uk/methodology/classificationsandstandards/standardoccupationalclassification/soc2010> [Accessed 13/01/2022]
11. UK Parliament. House of Commons Library. Research Briefing: Average Earning by Age and Region. (2021) <https://commonslibrary.parliament.uk/research-briefings/cbp-8456/> [Accessed 13/01/2022]



Northumberland
County Council

Health and Wellbeing Board Development Session Feedback

Health and Wellbeing Board
August 2022

www.northumberland.gov.uk

Q1. Is the Joint Health and Wellbeing Strategy still fit for purpose post Covid?

Key points

- Strategy remains fit for purpose and strong
- Four themes are the right themes
- Membership of the board requires review to reflect four themes
- Attendance requires review to ensure system wide participation
- Appoint executive lead and member lead for each of the four themes
- Determine which of the objectives will have a spotlight on them as part of inequalities plan
- Refresh metrics with trend data since 2017/18 to provide a current picture
- Where possible include closing the gap inequalities indicators
- Raise profile of the board as the main strategic influencing group

Q2. Discuss and agree the relationship between H&WB Board and Scrutiny

Key points

- Chris Angus scrutiny officer and Cllr Veronica Jones chair of H&WB OSC were in attendance
- Chris gave a presentation of the terms of reference of the two groups and their differences
- To be noted that OSC can call any topic in to be scrutinised as part of their work plan
- There is an overview role which can be proactive in nature and holding to account retrospectively
- In relation to H&WB Board OSC could seek assurance that the board is delivering to the strategy and what progress it has made
- OSC to request an annual report

Q3. Discuss the emerging relationship between H&WB Board and the STB / ICB

Key Points

- Discussed the emerging nature of this world and so there needs to be some bedding in time
- Discussed the H&WB Board being the strategic oversight and renewed STB to be more the operational delivery arm

Since then:

[Guidance on the preparation of integrated care strategies dated 29th Jul 22](#)

- H&WBs 'will be required to consider revising the joint local health and wellbeing strategy on receiving a new integrated care strategy'.
- ICB strategies should 'identify where needs could be better addressed at integrated care system level and bring learning from across places and the system to drive improvement and innovation'.
- ICPs should ensure that the integrated care strategy facilitates subsidiarity in decision making, ensuring that it only addresses priorities that are best managed at system-level, and not replace or supersede the priorities that are best done locally through the joint local health and wellbeing strategies.

Next steps for discussion as a board

- Develop a small task and finish group to take forward the plan of action:
 - Review membership to reflect the four themes of the strategic plan and send formal invitations to join the board (Sept H&WB Board)
 - Inequalities high level plan shared at board and demonstrates the interface with the JHWBS (Sept H&WB Board)
 - To consider if there are existing groups that could take ownership of a thematic area of the plan or if a new group requires establishment (Oct H&WB Board)
 - To have an executive sponsor for each themed area to chair the sub group that likely cuts across STB and H&WB Board (Oct H&WB Board)
 - To request a metrics update for 2021/22 4 years into the plan and have another development session exploring if the metrics remain the best ones (January 2023 H&WB Board)

This page is intentionally left blank

NORTHUMBERLAND COUNTY COUNCIL

HEALTH & WELLBEING BOARD

FORWARD PLAN 2022 - 2023

Lesley Bennett, Senior Democratic Services Officer
Tel: 01670 622613
E-mail Lesley.Bennett@northumberland.gov.uk

Updated : 27 July 2022

FORTHCOMING ITEMS

ISSUE	OFFICER CONTACT
11 August 2022	
<ul style="list-style-type: none"> • ICS Update • Debt and Employment Advice • Board Development Session - Discussion • Living with Covid 	Sam Allen Liz Morgan Liz Morgan Liz Morgan
8 September 2022	
<ul style="list-style-type: none"> • Health Inequalities Action Plan • Healthy Weight Declaration • Pharmaceutical Needs Assessment Update • Healthwatch Annual Report • Living with Covid 	Gill O'Neill Liz Morgan Liz Morgan/Anne Everden David Thompson/Derry Nugent Liz Morgan
13 October 2022	
<ul style="list-style-type: none"> • Population Health Management – Quarterly Report • Annual Health Protection Report • Living with Covid 	Liz Morgan Liz Morgan
10 November 2022	
<ul style="list-style-type: none"> • Living with Covid 	Liz Morgan
8 December 2022	
<ul style="list-style-type: none"> • Safeguarding Adults Annual Report and Strategy Refresh 	Paula Mead

<ul style="list-style-type: none"> • Living with Covid 	Liz Morgan
12 January 2022	
<ul style="list-style-type: none"> • Northumberland Safeguarding Children Board (NSCB) Annual Report and Update of Issues Identified • Living with Covid 	Paula Mead Liz Morgan

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>
--	---

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 ?? Siobhan Brown</p> <p>Liz Morgan (APR) Paula Mead/Alison Johnson (APR) ??? (MAY) David Thompson/Derry Nugent (JULY) Paula Mead (JAN)</p>
--	--

Updated : 27 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	
5	14.7.22	Integrating Services Supporting Children and Young People	(1) the comments of the Board be noted.	

Updated : 27 July 2022

			<p>(2) The evolution/expansion of the Family Hubs model as the mechanism to drive forward CYP integration and the governance process be approved;</p> <p>(3) The proposed approach to culture and leadership change and interface with community centred/place-based approaches to tackle inequalities be supported.</p>	
6	14.7.22	Ageing Well Service Review	<p>(1) the comments of the Board be noted.</p> <p>(2) the refresh of a strategic Northumberland Healthy Ageing Board accountable to the Health and Wellbeing Board be supported.</p> <p>(3) Inclusion of the importance of volunteering to be considered during the refresh.</p> <p>(4) The refreshed Northumberland Health Ageing Board be chaired by the Director of Public Health.</p> <p>(5) the decision to appoint an independent chair of the</p>	

			Health Ageing Board be delegated to the Director of Public Health in consultation with the portfolio holder for Adult Wellbeing.	