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Northumberland
County Council

Your ref:
Our ref:
Enquiries to: Lesley Bennett
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Tel direct: 01670 622613
Date: 4 October 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, 13 OCTOBER 2022** at **10.00 AM**.

Yours faithfully

Rick O'Farrell
Interim Chief Executive

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

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

AGENDA

PART I

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

1. APOLOGIES FOR ABSENCE

2. MINUTES (Pages 1 - 8)

Minutes of the meetings of the Health and Wellbeing Board held on Thursday, 8 September 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. NORTHUMBERLAND HEALTHY WEIGHT DECLARATION (Pages 9 - 14)

Members are asked to consider adoption of the Health Weight Declaration (HWD) and how it can contribute towards ongoing work within Northumberland using Whole Systems approach to support healthy weight.

5. NORTHUMBERLAND JOINT STRATEGIC NEEDS ASSESSMENT (Pages 15 - 40)

To inform Members of the proposed process to refresh the Joint Strategic Needs Assessment (JSNA) and provide an update on progress.

6. POPULATION HEALTH MANAGEMENT UPDATE (Pages 41 - 66)

To receive a Population Health Management update from David Cummings and Alan Bell, NENC ICB Northumberland Place.

7. LIVING WITH COVID

To receive a verbal update by Liz Morgan, Interim Executive Director for Public Health and Community Services and vaccination scheme update from Rachel Mitcheson, Director of Place and Integrated Services – Northumberland North East and North Cumbria Integrated Care Board.

8. DEVELOPMENT SESSION DISCUSSION

To discuss the appointment of nominated Executive Leads, Member sponsors and Public Health support arising from the Development Session on 14 July 2022.

9. HEALTH AND WELLBEING BOARD – FORWARD PLAN (Pages 67 - 74)

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

10. 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.

11. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 10 November 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 - ☐ No - ☐

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.

Table 1: Disclosable Pecuniary Interests

This table sets out the explanation of Disclosable Pecuniary Interests as set out in the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012.

Subject	Description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain. [Any unpaid directorship.]
Sponsorship	Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract made between the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or a body that such person has a beneficial interest in the securities of*) and the council — (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land and Property	Any beneficial interest in land which is within the area of the council. 'Land' excludes an easement, servitude, interest or right in or over land which does not give the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners (alone or jointly with another) a right to occupy or to receive income.
Licenses	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer
Corporate tenancies	Any tenancy where (to the councillor's knowledge)— (a) the landlord is the council; and

	(b) the tenant is a body that the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners is a partner of or a director* of or has a beneficial interest in the securities* of.
Securities	Any beneficial interest in securities* of a body where— (a) that body (to the councillor's knowledge) has a place of business or land in the area of the council; and (b) either— i. the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or ii. if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/ her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

* 'director' includes a member of the committee of management of an industrial and provident society.

* 'securities' means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

Table 2: Other Registrable Interests

You have a personal interest in any business of your authority where it relates to or is likely to affect: a) any body of which you are in general control or management and to which you are nominated or appointed by your authority b) any body i. exercising functions of a public nature

ii. any body directed to charitable purposes or
iii. one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union)

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NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Wellbeing Board** held in County Hall, Morpeth on Thursday, 8 September 2022 at 10.00 a.m.

PRESENT

Councillor P. Ezhilchelvan
(Chair, in the Chair)

BOARD MEMBERS

Anderson, E. (substitute)	Pattison, W.
Bailey, M.	Reiter, G.
Blair, A.	Sanderson, H.G.H.
Bradley, N.	Syers, G.
Lothian, J.	Taylor, M.
Mitcheson, R.	Travers, P.
O'Neill, G. (substitute)	Watson, J.

IN ATTENDANCE

L.M. Bennett	Senior Democratic Service Officer
A. Everden	Public Health Pharmacy Adviser
P. Lee	Public Health
D. Nugent	Healthwatch Project Co-ordinator

84. APOLOGIES FOR ABSENCE

Apologies for absence were received from S. Lamb, P. Mead, L. Morgan, D. Thompson and Councillor G. Renner-Thompson.

85. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 11 August 2022, as circulated, be confirmed as a true record and signed by the Chair.

86. NORTHUMBERLAND INEQUALITIES PLAN 2022-23

Members received the draft Northumberland Inequalities Plan 2022-32 and considered the proposals for system development and enablers, focused areas of action and short, medium and long-term indicators of progress.

Gill O'Neill, Interim Deputy Director of Public Health, gave a presentation and raised the following key points:-

- The journey towards the development of the plan, including the Inequalities Summit in March 2022 and the 12 locality events during June-July 2022.
- The Inequalities Summit and discussions which took place facilitated by Prof. Chris Bentley and the keynote speaker Cormac Russell. Delegates from across the system sharing examples of best practice.
- Key messages and priorities from the Summit
    - Improve our data and insights sharing
    - Upscale community centred approaches as our core delivery model
    - Align our organisations and resources (not just about funding.)
    - Look at everything through an inequalities lens
- Three questions from Cormac Russell asking what communities do best, what help do they require and what do communities need outside agencies do for them?
- Twelve Locality Conversations including understanding inequalities to be: inclusion groups, socio-economic factors, geographical areas as well as protected characteristics.
- Over 400 stakeholders were involved covering many areas including parish councils, fire & rescue, general practice, housing, VCSE, faith sector and volunteers.
- Information had been collated and analysed to inform the plan and the next steps. Each locality would have a newsletter. A webinar of the event was created as a knowledge resource. There was overwhelmingly positive feedback although it was noted that it would be building on existing good practice.
- Northumberland Community Centred Approach to closing the inequalities gap would be based around five principles
    - Looking at everything through an inequalities lens.
    - Voice of residents and better data sharing.
    - Communities' strengths are considered first.
    - Enhancing our services to ensure equity in access to opportunity.
    - Maximising our civic statutory level responsibilities
- Detailed lists of challenges, key statistics, approach, actions, inputs, outputs & outcomes 2022-32 and indicators to measure success were provided.
- All partners were requested to
    - take the plan into their own organisations and refresh their internal plans to incorporate the five themes of a three-year action plan.
    - Present to the Health & Wellbeing Board on an annual basis their continued commitment to the inequalities plan
    - Actively participate in the overview and scrutiny process on an annual basis to demonstrate progress against the inequalities plan.

Members welcomed the report and a number of comments were made:-

- It was noted that further references to the involvement of the VCSE sector should be made in the report and this would be discussed outside the meeting.
- It was planned to widen the membership of the Health & Wellbeing Board to include other organisations that were not necessarily health care related – eg business / private sector.
- It was important the Board Members and their respective organisations committed to the Inequalities Plan.
- It was hoped that life expectancy of Northumberland residents would increase as a result of the Inequalities Plan.
- How would this work be followed up and built on to ensure there was meaningful activity for General Practice and community pharmacies? The Public Health Team would be happy to work alongside practice to ensure the plan's actions were real and tangible.
- There would be different starting points for communities as they all had differing needs. Neighbourhood communities would be built on over the next few years.

RESOLVED

(1) the proposals for the shorter term supporting and enabling actions be agreed.

(2) The proposed short, medium and long term indicators be agreed.

(3) The levels of ambition and Board members' contribution to the plan be agreed.

(4) The mechanism to continue to the next stage and development the long term plan be agreed

(5) Board partners will present the plan at a strategic level within their ow organisation for endorsement and agreement on their contribution,

87. PHARMACEUTICAL NEEDS ASSESSMENT (PNA) CONSULTATION REPORT

Members received an update on the consultation process and were asked to approve the final Pharmacy Needs Assessment (PNA) which had been updated as a result of comments received during the consultation.

Anne Everden, Public Health Pharmacy Adviser, updated Members as follows:-

- A formal consultation process had taken place with 12 written responses being received. Healthwatch had carried out a public engagement exercise which attracted 665 responses, providing a good overview of what the public's views were.
- Healthwatch had concentrated its efforts in areas where there had been a decrease in the number of pharmacies, for example, Alnwick, Hexham,

Morpeth, and Blyth. Responses had been received from all over Northumberland.

- Concerns expressed by the public were busier pharmacies, longer queues, shortage of medicines, inconvenient opening hours.
- An issue had been identified at Alnwick, where there was no pharmacist on duty over the lunchtime period which caused issues for rural communities which were dependent on bus services to come to the town. This issue had been investigated further and Senior Managers at Boots had now agreed to recruit more pharmacists to prevent this issue happening again.
- Following the responses to the official consultation, several factual inaccuracies in the draft had been corrected. Every comment made had been taken into account

The following comments were made:-

- There was concern about the use of online pharmacies which could undermine local pharmacies. There was the added risk to patients who would not be able to seek advice on taking their medicines and also not be able to get their prescriptions quickly.
- It appeared that, despite the pandemic, there had not been a general move towards use of online pharmacies and that people valued their local pharmacies. There were still many pressures on community pharmacies and it was expected that there would be closures in the future. Consolidations of pharmacy services had to come to the Health & Wellbeing Board to be approved. If a pharmacy went out of business, the Health & Wellbeing Board could declare a gap in service and be reviewed on how to resolve.
- There was an issue with some Tesco stores closing their pharmacies on a temporary basis. This could cause a problem in some rural areas where there was a need for this out of hours service – to keep an eye on the situation.
- The PNA must be a living document and work was already under way to address the needs of the change to the GP contract which required them to provide services over a longer period.

RESOLVED that the updated Northumberland Pharmacy Needs Assessment be approved.

88. FAMILY HUB DEVELOPMENT

Members received an update in relation to DfE funding for Family Hub developments in Northumberland.

Graham Reiter, Service Director Children's Social Care and Interim DCS, updated Members as follows:-

- There was a clear link with the Inequalities Plan

- The development of Family Hubs arose from the national Best Start in Life initiative. Northumberland benefited from a strong early help offer which had been developed over the years and was based around existing children's centres. This work had been going on for some time and provided a strong basis to develop a partnership with the Family Hub offer.
- Significant funding had been obtained for the next three years to support and enhance the development of the Family Hubs.
- Developments were being based around the existing Children's Centres and were integrating partnership working across the county. Co-locating partner agencies in existing children's centres and where these estates did not exist, virtual, coordinated and co-location links being made to enable a comprehensive offer over the county to develop partnerships in a consistent way.
- It was aimed to identify needs as early as possible and provide whatever support was needed and to prevent escalating to statutory or higher level services unnecessarily.
- There was a need to sign up promptly. Strategic governance would be through the Director of Public Health supported by the Director of Children's Services. Agreement from political leaders had already been sought and agreed.
- Other activities included integrating adults and children's safeguarding partnership work, and children and young people strategic partnership work, and trying to map governance arrangements to avoid duplication.
- Family Hubs would be overseen by the Children and Young Peoples' Partnership with a formal link into the Health & Wellbeing Board.
- There had to be evidence of how services were being enhanced and not just replacing services that already existed and show impact and improvement.

RESOLVED

(1) to proceed with the funding for the Family Hub offer.

(2) the development of the governance and wider processes to underpin this be supported.

89. HEALTHWATCH ANNUAL REPORT 2021-22

Members received the Healthwatch Annual Report 2021-22 and a presentation from Derry Nugent, Project Co-ordinator of Healthwatch.

- All Local Authorities were required to have a Healthwatch function and Northumberland County Council was very committed to the Healthwatch function.
- Although the focus was always Northumberland, Healthwatch would also work with friends and partnership outside the county.
- The focus of Healthwatch's work had been 'championing what matters to you', with you being someone who lived and worked in Northumberland.

Healthwatch actively listened to patients and service users, checked what they had said, and then reported onwards.

- It was necessary for services to take a step back and look at the bigger picture. Healthwatch had been able to bring the public's experiences to services and trying to create empathy by providing a deeper understanding than by using data alone. For example, the data showed that there was a pharmacy in Alnwick but did not show that it was not open at lunch time and so was not convenient for the user.
- Change took time and this was one of the biggest challenges for Healthwatch. It hoped to be able to influence the decision makers partnerships and other bodies.
- Healthwatch would always pass on the information and feedback.
- In the last year Healthwatch had looked at a number of areas including end of life, impact of Covid on health inequalities, dental services, the new Integrated Care System, primary care and people being cared for at home.
- A list of outcomes of each project were listed.
- Forthcoming work included:-
    - Reports were due to be published in autumn 2022 on family experiences to autism and mental health services and experiences of people with sight loss.
    - There would be no annual survey but instead Healthwatch would do more focus group work aimed at hearing from people who were 'less often heard'.
    - Discussion of new ways of delivering social care and outpatient services.
- The Annual General Meeting would be held on 19 October 2022 at Northumberland College. All Members of the Health & Wellbeing Board had been invited to attend. Keynote speakers would be Rachel Mitcheson and Neil Bradley. In addition, students from the college who were studying health and social care would attend and be explaining why they had made a positive choice to pursue this career.

The Chair thanked Derry Nugent for the interesting and informative report and presentation.

RESOLVED that the report and presentation be received.

90. HEALTH AND WELLBEING BOARD FORWARD PLAN

Gill O'Neill, Interim Deputy Director of Public Health, referred to the Board Development session where the strategy was reviewed and identification of Executive Sponsors for each of the four thematic groups was underway as well as the Member sponsors. This would be reported on at the October meeting along with how all four themes would be brought into the Forward Plan.

RESOLVED that the Forward Plan be noted with the addition of the above item.

91. URGENT BUSINESS

The Chair reported that he had been made aware of the following two items and agreed that they be raised as items of urgent business.

Membership and Vice-Chair of the Health & Wellbeing Board

The Chair reported that following the feedback from the Development Session it was suggested that the membership of the Health & Wellbeing Board be broadened to include a representative of both Northumbria Police and the Fire & Rescue Service.

The Vice-Chair of the Health & Wellbeing Board was required to be the Clinical Chair of the CCG. However, this post no longer existed following the recent restructuring. In order to maintain stability, it was proposed that Dr. Graham Syers remain as Vice-Chair for the foreseeable future as a Northumberland clinical leader.

RESOLVED

(1) that Northumbria Police and the Fire & Rescue Service be invited to each send a representative to join the Health & Wellbeing Board.

(2) Dr. Graham Syers remain as Vice-Chair of the Health & Wellbeing Board until further notice.

92. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 13 October 2022, at 10.00 a.m. in County Hall, Morpeth.

CHAIR _____

DATE _____

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Northumberland
County Council

HEALTH AND WELLBEING BOARD

13th October 2022

NORTHUMBERLAND HEALTHY WEIGHT DECLARATION

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

Cabinet Member: **Cllr Wendy Pattison Adult Wellbeing**

Purpose of Report

- The purpose of this report is to introduce Food Actives, Healthy Weight Declaration (HWD) for Local Authorities and the 16 commitments which form the HWD.
- To highlight how the HWD can contribute towards ongoing work within Northumberland using Whole Systems Approach (WSA) to support healthy weight.
- To propose Health and Wellbeing Board adopt the HWD on behalf of Northumberland County Council (NCC).

Recommendations

- It is recommended that the board adopt the HWD (and it's 16 commitments for action) for Northumberland County Council. North Tyneside Council have also adopted the HWD for Local Authorities and Northumbria Healthcare NHS Foundation Trust are in the process of adopting the HWD designed to support NHS organisations.
- Support a joint launch of the HWD between Northumberland County Council, North Tyneside Council and Northumbria Healthcare NHS Foundation Trust. If support is gained, the joint launch is likely to be early 2023.

Link to Corporate Plan

It is likely that this report will support the overarching theme below, identified in the NCC Corporate Plan 2021-2024:

- Tackling inequalities within our communities, supporting our residents to be healthier and happier.

Background

The causes of Obesity are complex and exist in the places where we live, work and play. This was recognised pre-pandemic by Northumberland County Council's Public Health Team who used Public Health England's (PHE) Whole Systems Approach (WSA) to Obesity, a tool developed to support creation of environments conducive to achieving and maintaining healthy weight. The PHE guidance aims to enable local stakeholders to become engaged in the healthy weight agenda. Work to develop 'whole systems' has continued nationally throughout the pandemic and Food Active, a charitable organisation, has adapted their Healthy Weight Declaration (HWD) to work in tandem with WSA to Obesity.

Locally, Northumberland's Joint Health and Wellbeing Board Strategy[1] identifies four cross-cutting themes to support our residents to maximise their health and wellbeing while looking to reduce inequalities. The HWD supports all four themes, encouraging a systems wide approach to obesity as part of Local Authorities' long-term plans to prioritise prevention and health promotion.

Decisions taken, when considering adoption of the HWD should also consider the current cost of living crisis. Local actions to support the creation of a healthy weight environment (of which food will be an integral component), should be sustainable, achievable and consider the rising cost of food and fuel. It is anticipated that the HWD will support the councils' inequalities plan and emerging poverty and hardship plan. From a resource perspective, it will be important to understand where our residents and businesses may need support with things such as healthy eating and physical activity and where we can look to local communities and organisations to support actions within the HWD themselves and be the lead for some of the commitments outlined below.

Local Authority Healthy Weight Declaration

The aim of the declaration is to achieve a local authority commitment to promoting healthy weight across all policy areas with a view to improving the health and well-being of the local population. The Declaration includes 16 standard commitments (see table 1 below) with the opportunity for NCC to add its own local commitments relevant to Northumberland's specific health needs. The Declaration will provide a mechanism for NCC to take leadership at strategic level on the promoting of healthy weight, influencing the thinking and commitment of departments and agencies outside of public health who can make a direct impact and support Northumberland's vision to support residents to achieve and maintain a healthy weight.

Table 1: Local Authority, Healthy Weight Declaration: 16 Commitments

Healthy Weight Declaration Commitments	
	1. Implement the Local Authority HWD as part of a long term, term 'systems wide approach' to obesity.
	2. Advocate plans that promote a preventative approach to encouraging a healthier weight with local partners, identified as part of a 'place based system' (e.g., Integrated Care System).

[1] Northumberland Joint Health and Wellbeing Strategy. 2018-2028

Strategic / System Leadership	3. Support action at national level to help local authorities promote healthy weight and reduce health inequalities in our communities (this includes preventing weight stigma and weight bias).
	4. Invest in the health literacy of local citizens to make informed healthier choices ensuring clear and comprehensive healthy eating and physical activity messages are consistent with government guidelines.
	5. Local authorities who have completed adoption of the HWD are encouraged to review and strengthen the initial action plans they have developed by consulting Public Health England's Whole Systems Approach to Obesity, including its tools, techniques and materials.
Commercial Determinants	6. Engage with the local food and drink sector (manufacturers, caterers, out of home settings) where appropriate to consider responsible retailing such as, offering and promoting healthier food and drink options, and reformulating and reducing the portion sizes of high fat, sugar, and salt (products).
	7. Consider how commercial partnerships with the food and drink industry may impact on the messages communicated around healthy weight to our local communities Such funding may be offered to support research, discretionary services (such as sport and recreation and events) and town centre promotions.
	8. Protect our children from inappropriate marketing by the food and drink industry such as advertising and marketing in close proximity to schools, and promotions within schools at events on local authority-controlled sites.
Health Promoting Infrastructures/ Environments	9. Consider supplementary guidance for hot food takeaways, specifically in areas around schools, parks and where access to healthier alternatives are limited.
	10. Review how strategies, plans and infrastructures for regeneration and town planning positively impact on physical activity, active travel, the food environment and food security (consider an agreed process for local plan development between public health and planning authorities).
	11. Where Climate Emergency Declarations are in place, consider how the HWD can support carbon reduction plans and strategies, address land use policy, transport policy, circular economy waste policies, food procurement, air quality etc.
Organisational Change / Cultural Shift	12. Review contracts and provision at public events, in all public buildings, facilities and providers to make healthier foods and drinks more available, convenient and affordable and limit access to high calorie, low nutrient foods and drinks (this should be applied to public institutions scrutiny given to any new contracts for food drink provision, where possible).
	13. Increase public access to fresh drinking water on local authority-controlled sites; (keeping single use plastics to a minimum) and encouraging re-useable bottle refills.
	14. Develop an organisational approach to enable and promote active travel for staff, patients, visitors, whilst providing staff with opportunities to be physically active where possible (e.g.,

	promoting stair use, standing desks, cycle to work/school schemes).
	15. Promote the health and well-being of local authority staff by creating a culture and ethos that promotes understanding of healthy weight, supporting staff to eat well and move more.
Monitoring & Evaluation	16. Monitor the progress of our action plan against the commitments, report on and publish the results annually.

Why a Declaration for Healthy Weight is needed in Northumberland

Unhealthy Weight (being overweight or obese) is a serious public health issue that increases disability, disease, and deaths and has substantial long term economic, wellbeing and social costs. The proportion of the population affected by unhealthy weight continues to rise.

In Northumberland:

- Two thirds of adults over the age of 18 are overweight or obese*

Our National Child Measurement Programme (NCMP) informs us[2]:

- One in five children in Reception are overweight** (including obesity).
- One in three children in Year 6 are overweight** (including obesity).

***** Adults are defined as overweight (including obese) if their body mass index (BMI) is greater than or equal to 25kg/m2.

** Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.

The Marmot review[3] highlights factors such as income and social deprivation having an important impact on the likelihood of becoming obese, with a strong relationship between deprivation and childhood obesity. The burden of obesity falls hardest on children from low-income areas. In Reception, children living in IMD decile 1 (the most deprived decile) were 61% more likely to be an unhealthy weight when compared to children living in IMD decile 10 (the least deprived). By Year 6, this gap widens to 76%.

In summary, nearly a third of children aged 2 to 15 are overweight or obese and younger generations are becoming obese at earlier ages and staying obese for longer. Without action across the system, obesity could overtake tobacco smoking as the biggest cause of preventable death.[4]

The Impact of COVID-19 on Healthy Weight

COVID-19 has brought the importance and urgency of addressing overweight and obesity to the fore. As outlined, Northumberland residents living in areas of greatest deprivation, are at an increased risk of experiencing higher levels of overweight and obesity. In addition, unhealthy weight has been associated with increased risk of complications from COVID-19. Insights from new evidence suggest that two thirds of

[2] https://fingertips.phe.org.uk/search/obese
[3] Marmot, M., 2013. Fair society, healthy lives. *Fair society, healthy lives*.
[4] Public Health England. 2017. Health Matters: Obesity and the Food Environment.

people who have fallen seriously ill from contracting COVID 19 were overweight or had obesity.[5]

In addition to the above, local and national rates of obesity are storing up future problems for individuals, communities and our healthcare system. A recent PHE report[6] highlights that people who are overweight or obese who contract COVID-19 are more likely to be admitted to hospital, intensive care units and sadly die from the virus compared to those of a healthy weight.

In response, the government published the National Obesity Strategy in July 2020 and, in March 2021, allocated local authorities additional funding to expand weight management services. It is therefore important to bolster this with local action such as the Local Authority Healthy Weight Declaration to create healthier places and reducing health inequalities as part of the wider prevention agenda.

Implications

Policy	Adoption of the Healthy Weight Declaration will support key policy priorities and themes within the County Council Corporate Plan. It will also support the North East and North Cumbria (NENC) Integrated Care System workstream; health and prevention.
Finance and value for money	The cost of working with Food Active to support Northumberland County Councils HWD is £1950 + VAT. Funding for a Local Authority approach will come from the Public Health ringfenced grant. Within this 'fee', Food Active will support Northumberland with access to HWD PR, ongoing support within the Food Active team (which includes nutritionists), access to the HWD support pack, use of artwork and logo upon successful adoption and support with monitoring and evaluation.
Legal	There are no immediate legal implications arising from the recommendations of this report.
Procurement	The HWD encourages the review of contracts and provision at public events, in all public buildings, facilities and 'providers to make healthier foods and drinks more available, convenient and affordable and limit access to high calorie, low nutrient foods and drinks (this should be applied to the council and partner organisations with scrutiny given to any new contracts for food drink provision, where possible).
Human Resources	
Property	No specific implications for property
Equalities (Impact Assessment attached)	All of this work will be through inequalities lens

[5] Intensive care national audit and research centre, 2020 Patients critically ill with COVID-19.

[6] Public Health England. (2020) Excess weight and COVID-19: insights from new evidence

Yes ☐ No ☐ N/A x	
Risk Assessment	23 other local authorities have adopted this nationally as a robust process to consider healthy weight and as such presents no direct risks to NCC. However, there is a risk to the implementation of HWD 16 commitments within the context of the cost-of-living crisis which will be monitored closely over the first year.
Crime & Disorder	NA
Customer Consideration	Voice of customers will be actively sought as we progress implementation
Carbon reduction	It is anticipated that the Healthy Weight Declaration will support the councils carbon reduction plans. Alongside our Whole Systems Approach to Healthy Weight, the HWD looks to address and support methods of non-motorised transport and public transport while also considering food procurement (locally sourced food is likely to have a positive impact upon 'food mileage' and carbon reduction).
Health and Wellbeing	Adoption of the HWD as part of the joint health and wellbeing strategy action plan
Wards	All

Background papers

- Local Authority Declaration on Healthy Weight. Why a local authority declaration on healthy weight is needed. 2020, Health Inequalities Group evidence briefing.
- Whole systems approach to Obesity: A Guide to support local approaches to promoting a healthy weight. Public Health England. 2019.
- Fair Society, Healthy Lives. The Marmot Review. 2010

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
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Northumberland
County Council

HEALTH AND WELLBEING BOARD

13TH OCTOBER 2022

Northumberland Joint Strategic Needs Assessment

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

Cabinet Member: **Cllr Wendy Pattison Adult Wellbeing**

Purpose of report

This paper is intended to inform the Health and Wellbeing Board (HWB) of the proposed process to refresh the Joint Strategic Needs Assessment (JSNA) and provide an update on progress

Recommendations

It is recommended that the Health and Wellbeing Board:

1. Agree that the JSNA should include both needs and assets to reflect the Northumberland Inequalities Plan 2022-32.
2. Agree to the establishment of a JSNA Steering Group to co-ordinate current work attached at appendix 5.
3. Agree the priorities and timelines as attached at appendix 5.

Key points

- JSNAs are assessments of the current and future health and social care needs of the local community. They are unique to each area and are intended to cover not just services that can be delivered by LAs, the ICS or NHSE but to also consider the wider determinants of health and local assets that can help to improve outcomes and reduce inequalities.
- The council and the ICB (assuming this function of the CCG has transferred to the ICB) have equal and joint duties to prepare JSNAs through the H&WB.
- A number of needs assessment thematic areas have been completed. The completion of these has been based on either that they have been considered as priority areas, or that a health needs assessment has been required to inform the commissioning of services e.g. welfare and benefits advice, sexual health, drug and alcohol services.
- The proposal is that a multi-agency steering group is established to prioritise, develop and establish ownership of each JSNA theme so that areas of unmet need are considered and addressed.
- The intention is that all information on the JSNA themes will be available on a dedicated part of the council's website. This is in development.

Background

A JSNA provides population health intelligence to understand the needs of the population, as well as smaller population groups within it. It assesses current and future health, care and wellbeing needs of the local community to inform local decision making. This includes wider social factors that have an impact on people's health and wellbeing, such as housing, poverty, and employment as well as a focus on behaviours which affect health such as smoking, diet and exercise. It provides a common view of health and care needs for the local community; identifies health inequalities; and provides evidence of effectiveness for different health and care interventions. It can also identify gaps in health and care services, document unmet needs and identify priority areas or key challenges for different areas. More recently, JSNAs have also become an assessment of assets, reflecting the shift to strength based approaches to improving health and wellbeing.

Information from both national and local sources including a range of organisations such as the Council, local and regional health partners is collected and collated to inform the JSNA. A key factor in its production is that all organisations and sectors engage in its production to ensure that the evidence base is used to improve the health and wellbeing and outcomes of Northumberland's residents. The main audience for the JSNA is health and social care commissioners, who use it to plan services. It can also be used as source of evidence to support funding bids and business cases, for educational projects, and by local voluntary and community groups, or members of the public who wish to get a better understanding of their local area, or a group of interest, or want to understand the local prevalence of an issue, or health condition. In keeping with the Northumberland Inequalities Plan, the intention is that this should also be developed to include an assessment of community assets.

Producing, publishing, and maintaining a JSNA is a statutory responsibility of the H&WB. The Local Authority and ICB are statutory partners in this process however, all partners should contribute, including police, fire and rescue, education, social services, NHS providers, voluntary organisations and others. The JSNA should inform and align all policies/plans and commissioning intentions across the system such as NHS commissioning intentions, the Children and Young People's Plan and investment decisions for third sector and charitable organisations.

Producing a JSNA is an iterative process, the resource should be refreshed regularly e.g. when new data or evidence is published and/or when national guidance changes. As each topic is completed, a review date will be agreed with the lead author including a commitment to update dependant documents e.g. the Pharmaceutical Needs Assessment

The intention is that Northumberland's JSNA will be an interactive tool, published on the council's website using a visual analytics platform to help people see and understand the data. A shorter-term solution to making completed JSNA themes publicly accessible is in progress.

Progress

Best Start in Life

NCC started to refresh the JSNA in 2019, with a workshop focussed on the Best Start in Life (BSiL). The workshop was well attended and evaluated well. BSiL was the first theme chosen because:

- BSiL was identified as the top priority by Marmot (2010) as having the biggest impact on reducing health inequalities

- Opportunistically, there was a regional Sector Led Improvement initiative which provided an opportunity to engage partners and provided a structure for the workshop
- As a partner, in this process, the CCG (as it was then) had identified BSiL as a priority for the Population Health Management (PHM) workstream.

Inclusive Economy – Health and Work

The Crisis Care, Suicide Prevention and Mental Health Strategic Partnership and Inclusive Economy Lead identified health and employment as a priority and a JSNA Chapter was initiated. This work has involved the partnership and the newly formed Northumberland Employment Partnership. Recommendations include:

- Using our role as Anchor Institutions as employers and commissioners and procurers to increase opportunities for residents furthest from work.
- Support people with long term health conditions through the development of integrated employment programmes where health and employment needs are addressed together.
- Adopt inclusive recruitment and retention practices as employers and commissioners.
- Work with North of Tyne Combined Authority, NHS NENC Integrated care Board, Local Authorities and Joint Health and Work Unit to develop a strategic approach to employment and health.

The Employment and Health JSNA Chapter is provided at Appendix 1

Fuel Poverty

Developed through a fuel poverty working group, the main recommendations of the fuel poverty JSNA are:

- Collaborate with local health services colleagues to identify people with health conditions vulnerable to fuel poverty and ensure that they are supported to access adequate heating, particularly during the winter months.
- Work towards a single point of contact for self-referral and for those who come into contact with vulnerable households to refer into appropriate services.
- Develop targeted pathways to co-ordinate support from Council teams and VCSE organisations in addressing identified needs of individual households.
- Ensure there is a just transition to Net Zero and that our actions to reduce the use of carbon to heat homes does not inadvertently impact those on the lowest income and with the poorest health, therefore increasing health inequalities.

The fuel poverty JSNA Chapter is provided at Appendix 2.

Armed Forces Veterans and Military Families

Completed in June 2022, this heeds assessment has been presented to the Northumberland Armed Forces Network which will now assume responsibility for responding to the recommendations (in more detail at Appendix 3). These included:

- Improve local data/ information gathering on veterans. Accurate and up to date records of veterans and families of military personnel need to be maintained to understand the needs of this population and inform the commissioning, design and delivery of services. This health needs assessment has identified gaps in such information.
- Ensure veteran housing data is in line with advice from the Department for Levelling Up, Housing and Communities (DLUHC). A key theme in the UK Government's Strategy For Our Veterans, 2018 is that veterans have a secure place to live either through buying, renting or social housing. This health needs assessment identifies housing need for local veterans through anecdotal reports from the Armed Forces Outreach Service, SSAFA beneficiary data and experiences of GPs at Seaton Park Veteran Friendly GP Practice.
- Explore opportunities for activities where veteran and military families can increase levels of physical activity. To improve both physical and mental health of veteran and military families, health improvement activities within peer groups could be promoted.
- Support existing community/ peer groups within military families. Local community groups run by welfare support workers are a key asset for military families however many activities are organised during working hours. This excludes working spouses/ family members who may feel disconnected as a result of not being able to attend events.
- Use existing links with local employers to understand if opportunities for employment of service leavers was impacted by COVID-19. Nationally, the employment rate for 2019/20 service leavers (84%) was slightly lower than for 2018/19 service leavers (86%). On examination of quarterly trends, the MOD concluded that this was likely due to the economic effects of COVID-19 and the reduction in employment availability, in particular for those aged under 25. There is no local data available on the impact of the COVID-19 pandemic on local employers of veterans. This requires further exploration by the Armed Forces Forum.
- Explore potential unmet need for dental support for military spouses and children. There are reports of long waiting lists for dental practices near to bases which may impact the ability for military families/ children to receive appropriate dental care. This is likely an issue experienced by the wider population of Northumberland and not an issue exclusive to military families.
- Work with primary schools close to RAF Boulmer and Albemarle Barracks to explore upskilling teaching staff to support with separation anxiety. Younger children of primary school age seem to receive very little support to process separation anxiety associated with military parents' deployment. This recommendation to further explore possible options with schools aligns with two key themes of the UK Armed Forces Families Strategy 2022-32.
- Seek to address isolation & rurality of military families through improved access to public transport. This health needs assessment reports on the rurality of both military bases in Northumberland and the isolation felt by military families as a result of limited public transport links. The Council should consider the impact of isolation on military families and explore opportunities to improve the availability of public transport services.

Progress to date on other themes is outlined in Appendix 4.

Priorities

It is proposed to establish a JSNA Steering Group including representatives from public health, ICB, education and skills, housing, leisure and tourism, regeneration, transport, planning, climate change and NHS Trust partners to co-ordinate current needs analysis and agree priorities for 22/23 - 24/25. Draft Terms of Reference are at Appendix 5.

Implications

Policy	The JSNA should inform the development of commissioning and procurement proposals to ensure that unmet need is addressed through those processes. the policy intention is for H&WBs to also consider wider factors that impact on their communities' health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities
Finance and value for money	The aim of the JSNA is to strategy is to assess current and future health, care and wellbeing needs of the local community to inform local decision making, improve health and wellbeing and reduce inequalities. Prioritising unmet need across various programmes should lead to a more sustainable health and social care system, improve health and wellbeing and improve economic output. There are no direct implications from the development of the JSNA itself.
Legal	The development of a JSNA is a statutory output of the H&WB. The Local Authorities (Functions and Responsibilities) (England) Regulations 2000 confirm that the matters within this report are not functions reserved to Full Council
Procurement	The JSNA should inform the development of commissioning and procurement proposals to ensure that unmet need is addressed through those processes but has no direct impact on any procurement activities.
Human Resources	There will be workforce implications relating to education and training
Property	Some council buildings may feature as part of the assessment of assets contributing to health and wellbeing.
Equalities (Impact Assessment attached)	Reducing inequalities is a core element of the JSNA

Yes ☐ No ☐ N/A ☐x	
Risk Assessment	N/A
Crime & Disorder	Work focusing on areas such as inclusive employment and giving children the best start in life is likely to have a longer term impact on reducing crime.
Customer Consideration	Where appropriate, needs assessments will include an element of service user and resident experience to identify gaps in services.
Carbon reduction	NA
Health and Wellbeing	The JSNA is a source of information that should be used by all health and care commissioners and providers to ensure that services meet the needs of residents and contribute to improved health and wellbeing.
Wards	All

Report sign off.

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

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Monitoring Officer/Legal	Suki Binjal
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Relevant Executive Director	Liz Morgan
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Northumberland
County Council

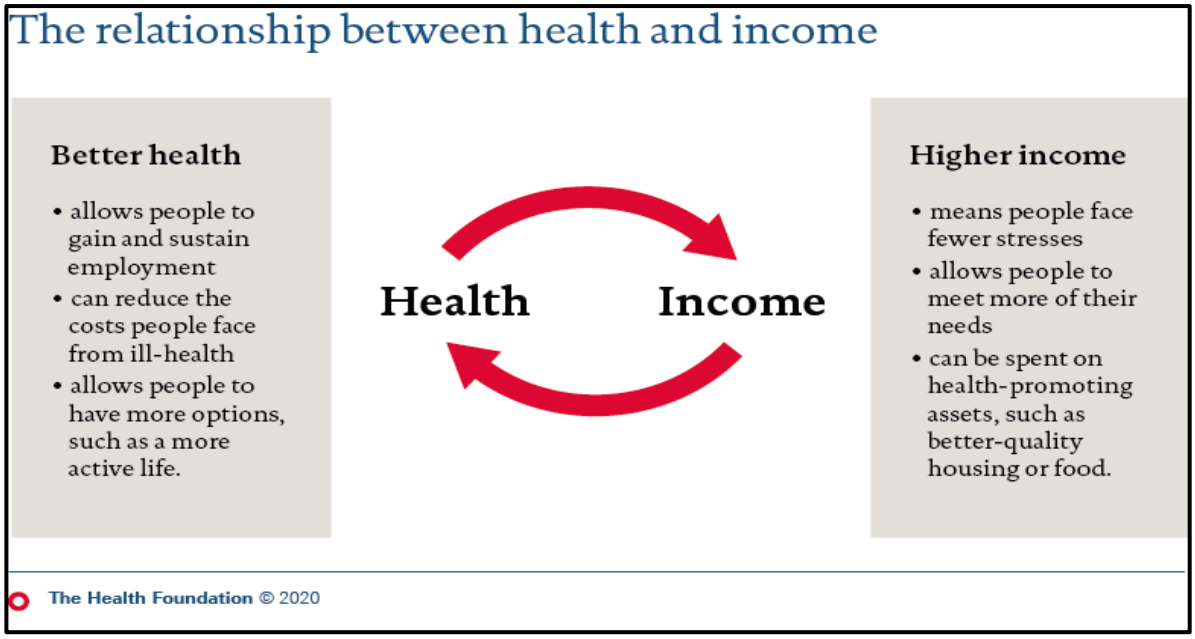
NORTHUMBERLAND JOINT STRATEGIC NEEDS ASSESSMENT

INCLUSIVE ECONOMY: HEALTH AND WORK

1. Introduction: The relationship between employment and health

Northumberland aspires to have an ***Inclusive Economy*** where economic growth and jobs and training opportunities are open to all residents. An Inclusive Economy with good quality employment is one of the key building blocks for a healthy society, so the extent to which our residents have a share in the economy has a significant impact on their social and economic wellbeing, and how long and well people live.

The relationship between physical and mental health and income is bi-directional, as illustrated below;



There is a compelling body of evidence that being in inadequate quality work, being unemployed or economically inactive[1] adversely impacts both mental wellbeing and physical health and shortens the lives of many of our residents. Low pay and high demands create chronic stress on the body which can lead to higher blood pressure, increased blood sugar and an impaired immune system, it can also lead to health-harming behaviours which all increase the risk of many life shortening diseases such as heart disease and cancer. Long term unemployment or economic inactivity can cause depression, anxiety and lowers self-esteem.

[1] Using economic development to improve health and reduce health inequalities, The Health Foundation (2020)

Conversely, poor physical and mental health and disability excludes many people from employment and training. A higher percentage of working-age people in Northumberland are economically inactive (neither employed or on unemployment benefit) than national averages, with long-term sickness being one of the main reasons. Mental health conditions and musculoskeletal disorders are the most common illnesses associated with unemployment and inactivity. Without specialist support, those out of work and with health conditions are more likely to become long-term unemployed or inactive and see their health further deteriorate. This limits the pool of labour available to local employers and can adversely impact local economies.

Therefore, health and employment cannot be separated, and this interrelationship needs to be reflected in both policy and services delivered.

The distinction must be made between '***Good Work***', defined as employment of high quality, that is secure, well-paid, provides both good physical and psychological working conditions, autonomy, social support, and opportunities for progression, and 'any' work, which can include employment which is precarious, low paid, with poor working conditions and low levels of choice and control. It has been posited that an insecure job can be more harmful for certain health outcomes than unemployment[2].

An Inclusive Economy offers all residents opportunities to secure and maintain Good Work, thereby positively impacting the health and wellbeing of individuals and communities and will prevent lives from getting shorter.

As a constituent local authority, Northumberland shares the Inclusive Economy ambitions of the North of Tyne Combined Authority (NTCA) in relation to:

- Closing the gap on average earnings (increasing earnings, qualification levels and progression routes to ensure residents have access to new higher skilled jobs in future).
- Closing the unemployment gap (removing the barriers which make it difficult for people to take up employment and training opportunities).
- Closing the skills and education gap (making sure our young people have the skills, experience and qualifications to take up quality training and jobs through good schools and colleges).
- Closing the aspiration and ambition gap (providing opportunities that enable local people to own their own economic future and all young people to have high aspirations and confidence, with support that allows them to make good choices).

2. Why is this important in Northumberland?

Social, economic, and health inequalities exist within Northumberland's communities and between Northumberland and the rest of England as evidenced by a range of data:

[2] **Is an insecure job better for health than having no job at all? A systematic review of studies investigating the health-related risks of both job insecurity and unemployment (BMC Public Health 2015)**

- Residents from our poorest neighbourhoods in Northumberland are dying 17 years earlier than those from more affluent areas and are living 19 years longer in poor health than our wealthier areas.
- 42.3% of working age residents with disabilities or long-term health conditions are in employment, against 70.9% of those without. This gives a disability – employment gap of 28.6% (ONS April 2021 – March 2022).
- 2.3% of working days in Northumberland are lost due to sickness absence (1.4% North East, 1% England, ONS 2017/19)

Health inequalities are mirrored by disparities in employment and unemployment rates between Northumberland and national averages. Office of National Statistics (ONS) labour market data show:

- An unemployment rate of 5.2% of the working age population, against an England average of 4.3% (Apr 2021-Mar 2022).
- An unemployment claimant count of 3.1%, amounting to 5,975 people (July 2022).
- 7.6% of the working-age population have no qualifications, against a Great Britain average of 6.6% (Jan – Dec 2021).
- An economic inactivity rate of 25.2% (45,700 residents) against an England average of 21.2%. 10,000 of these are inactive due to long-term sickness from work. 8,500 are economically inactive but say they want to work (Apr 2021-Mar 2022).
- 19.2% of households are workless (19,300 in total) against an England average of 13% (Jan-Dec 2020).
- Mental health conditions are predominant and resident support needs are in high demand. Claimants of the main health related unemployment benefit, Employment Support Allowance (ESA) show that almost half (48%) claim for 'mental and behavioural disorders' (ONS, Feb 2022).

Inequalities also exist within areas of Northumberland:

- Average household income is £17,000 in our most deprived areas and over £67,000 in our least deprived areas (2022).
- The unemployment claimant count in the Hexham constituency is just 1.6% but is 4.3% in Blyth Valley (July 2022).
- Similarly, the Northumberland economic inactivity rate of 25.2% varies between 22.2% in Hexham parliamentary constituency and 29% in Wansbeck (amongst the lowest to one of the highest in the Northeast) (Apr 2021-Mar 2022).

3. Who is at risk and why?

Certain groups in Northumberland tend to be under-represented in the labour market and be more disadvantaged economically, including:

- Young people aged 18-24
- People aged 50 and over
- People with disabilities and long-term health conditions

- People in disadvantaged areas of south-east Northumberland, deep rural areas, and coastal areas.

People in these groups often have lower skill levels and additional barriers to work which need more specialist and intensive support. Recent trends show that economic inactivity is on the increase post-Covid, particularly among people who are 50+ and people leaving the labour market because of poor health. The disability – employment gap (the proportion of people in work with a disability against those in work without a disability) is widening. These are long-standing issues which may have been exacerbated by the Covid pandemic for which specialist support is needed to address.

Covid pandemic impacts

Many of the issues impacting health and inequalities impacting Northumberland pre-date the Covid pandemic, but evidence suggests the pandemic and consequences of lockdowns widened some existing inequalities. Other new impacts can be identified that have emerged post-pandemic.

Data show that:

- 28% of adults saw finances deteriorate and the poorest saw debt levels increase
- Long-term unemployment and economic inactivity trends have increased since the pandemic.
- Young people tend to be disproportionately impacted by economic downturns. Though the claimant count for 18–24-year-olds is relatively low and vacancy opportunities have recovered, the pandemic disrupted the education of young people and their transitions to the labour market, which can have a longer-term 'scarring' impact on future labour market prospects.
- The pandemic also had a disproportionate impact on people with disabilities and existing health conditions. 71% of disabled people have had their work impacted by the pandemic, compared to 61% of non-disabled people. Disabled people are more likely to be working in sectors that closed during the pandemic, more likely to be at risk of redundancy, and more likely to be working reduced hours than non-disabled people.
- The unemployment claimant count for people aged 50 and over rose sharply during the pandemic but stabilised and is relatively low. However, data show that much of the increase in economic inactivity is in this age cohort. There has been an increase in people aged 50+ and people with health conditions leaving the labour market and becoming economically inactive. This has resulted in a reduced pool of labour and fewer people job searching or participating in employment support programmes.
- Though the labour market recovered and generated relatively high vacancy rates, many employers report hard-to-fill vacancies and staff shortages. This demonstrates a mismatch of labour demand and supply, and a need for better employment and skills support for residents.
- There is potential that recovery will be stunted by a significant rise in the cost-of-living and a potential economic downturn, further disproportionately

impacting those who are unemployed and/or economically inactive and with poor health.

4. Key issues

The following key priorities have been identified:

1. Increase the employment rate and reduce the unemployment and economically inactive rate, closing;
   - employment / unemployment / economic inactivity gaps between Northumberland and other areas
   - employment / unemployment / economic inactivity gaps within Northumberland.
2. Improve the number of good jobs available to residents, paying the living wage and offering flexible conditions and progression opportunities. While already a priority this will be critically important to address rises in the cost-of-living and a potential economic recession.
3. Support more people who are economically inactive to participate in the labour market
4. Reach people in cohorts which are underrepresented in the labour market (including over 50's, people with disabilities and long-term health conditions, residents of disadvantaged neighbourhoods) to make labour market participation more inclusive.
5. Ensure good quality advice and guidance is available to all residents.
6. Better understand data about the impact of health inequalities on the economy, and employment as a key determinant of health.

5. What assets do we have in Northumberland?

Employment and skills support services are available for a wide range of Northumberland residents, from short-term jobseekers moving in the labour market to those with more complex barriers to work who need more specialist and intensive support. These services include:

- Northumberland County Council (NCC) delivers a good range of support across the county though Northumberland Skills, in partnership with DWP and other providers.
- As a constituent of the North of Tyne Combined Authority (NTCA), Northumberland benefits from working in partnership across the area and from investment through devolved funding. This includes devolved Adult Education Budget and Shared Prosperity Fund. The North of Tyne Employability Strategy (*Strengthening our Labour Market, Aug 2022)* commits NTCA and constituent local authorities to work together and with partner organisations to deliver better skills and employment support and identifies areas for investment.
- The skills infrastructure and the devolved (to North of Tyne level) Adult Education Budget ensures a good range of training and skills development is funded and available to residents and can be responsive to employer demand and changes in the labour market.

- Northumberland has a thriving Voluntary and Community Sector with a good reach into communities and understanding of the needs of residents, including those who are unemployed or economically inactive.
- NCC acts as Lead Accountable Body for support projects delivered in partnership which have a specific focus on residents who are economically inactive (including those with health barriers to work) and a Work and Health programme.
- NCC is active in promoting the North of Tyne Good Work Pledge (which includes the Better Health at Work criteria) to help increase the pool of jobs which pay the Living Wage and have good working conditions with progression opportunities and is supporting implementation of the North of Tyne Wellbeing Framework.
- The Northeast Better Health at Work Award recognises efforts of employers in addressing health issues in the workplace.
- NCC's wholly owned regeneration company Advance Northumberland has a key role in driving growth and investment into the County. Working together NCC and Advance are able to ensure residents benefits from new business and jobs growth activities. Using NCC Procurement services and section 106 agreements secures social value for Northumberland and its residents including training and job opportunities.
- Anchor Institutions such as the NHS and council have made commitments to addressing the wider factors that drive health inequalities. Examples of these include Northumbria NHS Foundation Trust's Community Promise which seeks to address the six pillars of poverty, employment, education, economy, environment and wellbeing, CNTWs Individual Placement Support Service which supports service users to find employment and the Council's Social Value Procurement Statement
- The emerging Northumberland Inequalities Plan where partners have made a commitment to look at everything through an inequalities lens, listen to the voice of residents, share data, ensure community strengths are considered first, ensure our services are equitable and maximise our civic and statutory level responsibilities.

The labour market currently has a relatively high rate of job vacancies for a smaller pool of jobseekers. However, vacancies are not always a good match for jobseekers or are spread evenly across areas, and employers report hard-to-fill vacancies and skills shortages for their jobs. The Council and its partners aim to deliver support to both businesses and residents to help increase the jobs and opportunities available and provide a good match to meet both the needs of residents and the needs of local labour markets.

6. What do people say?

As part of the consultation by North of Tyne Combined Authority on the Wellbeing Framework, survey respondents highlighted the importance of good or decent jobs with opportunities for progression with predictable hours. They highlighted the impact of worrying about income as causing elevated levels of anxiety and stress.

In the Northumberland Youth Parliament 'Make Your Mark' (2022) report, 5,428 young people aged 11-18 identified the most important issues of concern as Health and Wellbeing (1,211) and Jobs, Money, Homes and Opportunities (1,067).

Evidence from the Government's mainstream employment support programmes for people who are long-term unemployed or have additional support needs (Work and Health Programme and Restart - delivered in Northumberland by Reed in Partnership and NCC) shows that health is a significant barrier to work. 21% of Restart participants in Northumberland cited health as a barrier to finding a job. More than one-third of these stated a need for a mental health referral (Reed in Partnership, Aug 2022).

Feedback from participants in the Bridge Northumberland programme, a partnership of VCS organisations which helps people overcome barriers to work cited stress and anxiety, lack of self-esteem, and unsupportive working conditions as barriers to finding and sustaining employment.

7. Conclusions and Priorities for Action

The Inclusive Economy: Health and Work JSNA providers an assessment of the inter-relationship between health and economic inequalities affecting Northumberland residents. Available data and intelligence identify a number of key issues, many of those pre-existing but exacerbated by the Covid pandemic, that are essential to address to deliver a more equal and inclusive economy in Northumberland. Working in partnership with commissioners, deliverers and employers across all sectors will be essential to achieving this.

Northumberland County Council commits to working with all partner organisations to:

- Use all available data and intelligence to build a thorough understanding of local issues relating to the economic impacts of health inequalities in order to find solutions to addressing them.
- Continue to build the vision of an Inclusive Economy across a wider network of partners by building alliances and levering in the local assets and powers of Anchor Institutions.
- Work with commissioners and funders and partner organisations (including NTCA, Northeast and Cumbria Integrated Care System and NHS Integrated Care Board, Government's Work and Health Unit and the VCSE) to develop services that meet the health and economic needs of Northumberland residents and communities.
- Delivering the North of Tyne Employability Strategy key priorities to (1) provide employment support for the most disadvantaged (2) deliver local community-led and place-based approaches (3) Support people with long-term health conditions, through the development of integrated programmes (with health and employment support services working together) and (4) create good quality jobs.
- Work with commissioners and providers to reduce the disability – employment gap (the gap between the proportion of people with disabilities and long-term

health conditions who are in work against those in work who do not have disabilities or long-term health conditions).
- Work with local employers and businesses to help deliver their recruitment and skills needs, and develop ways to support more residents to access jobs and progression opportunities as a key wider determinant of health
- Continue to actively promote standards of good work and best practice in relation to employment and health at work policies.
- Explore opportunities for co-investment, co-design, and co-commissioning to better integrate health and employment support services.

September 2022

Prepared by:

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- Liz Robinson, Senior Public Health Manager (Wider Determinants), Public Health Service, Northumberland County Council, Contact: liz.robinson@northumberland.gov.uk

References and links to services

Northumberland County Council Employment and Skills Support Services

CNTW NHS Individual Placement and Support employment service

North East Better Health at Work Award

Advance Northumberland

Together Northumberland Community Promise

Work and Pensions Committee, UK Parliament July 2021

North of Tyne

North of Tyne Employability Strategy: Strengthening our Labour Market (August 2022)

North of Tyne Good Work Pledge

North of Tyne Wellbeing Framework Report-Jan-22.pdf

North of Tyne Skills Plan

Data Sources

https://www.nomisweb.co.uk/reports/lmp/la/1946157061/report.aspx

https://stat-xplore.dwp.gov.uk/webapi/jsf/login.xhtml

https://fingertips.phe.org.uk/

https://fingertips.phe.org.uk/profile/health-profiles/area-search-results/E06000057?place_name=Northumberland&search_type=parent-area

Annual Population Survey

Claimant Count

Paycheck - CACI

Appendix 2

Joint Strategic Needs Assessment: Fuel Poverty

1. What is fuel poverty?

Fuel poverty or 'fuel poor' households are terms referring to households that must spend a large proportion of their household income to heat their home to a reasonable temperature. Fuel poverty is avoidable, and it contributes to social and health inequalities.
The following figure from the Department for Business, Energy & Industrial Strategy[1] highlights the three drivers which contribute to fuel poverty.

Households are considered to be in fuel poverty if:

I. The household has an energy efficiency rating below the recommended rating:
   - Target for 2020 - Band E
   - Target for 2025 - Band D
   - Target for 2030 - Band C

and,

II. When accounting for fuel costs, households are left with a residual income below the official poverty line.

2. What are the health effects of fuel poverty?

There is clear evidence[2] for excess winter deaths and health conditions which are associated with cold temperatures. In particular, there is an increased risk of cardiovascular issues such as heart attack or stroke, respiratory illness, flu, and hypothermia.

Indirect effects can include the impact on mental health, through the financial stress that fuel poverty causes to households as well as falls, and the risk of carbon monoxide poisoning if boilers and heating appliances are poorly maintained or in areas of low ventilation.
Furthermore, the social impact of living in a cold home is significant. Research has found an association between cold homes and poor educational performance among children, partly due to higher rates of sickness and absence from school. Children living in cold homes were found to be more likely to lack an adequate and quiet environment to carry out homework[3].

3. Who is at risk and why?

Certain people may be vulnerable to the cold weather due to a medical condition or disability which prevents them from moving around to keep warm, or due to personal circumstances such as being unable to afford to keep warm.
These at risk groups include:

- People with cardiovascular conditions
- People with respiratory conditions (in particular, chronic obstructive pulmonary disease and childhood asthma)
- People with mental health conditions
- Young people and adolescents whose mental health can be significantly impacted by living in a cold home
- People with disabilities
- Older people (65 and older)
- Households with young children (from new-born to school age)
- Pregnant women

Many of the most vulnerable members of society may spend longer in the home than most, and therefore require the heating on all day.

As well as certain medical conditions, people on a lower income (and likely to be living in more deprived areas) and those living in households with a poor energy efficiency are also at an increased risk of fuel poverty.

More recently, these individuals may be pushed into fuel poverty as a consequence of rising energy bills and cost of living.

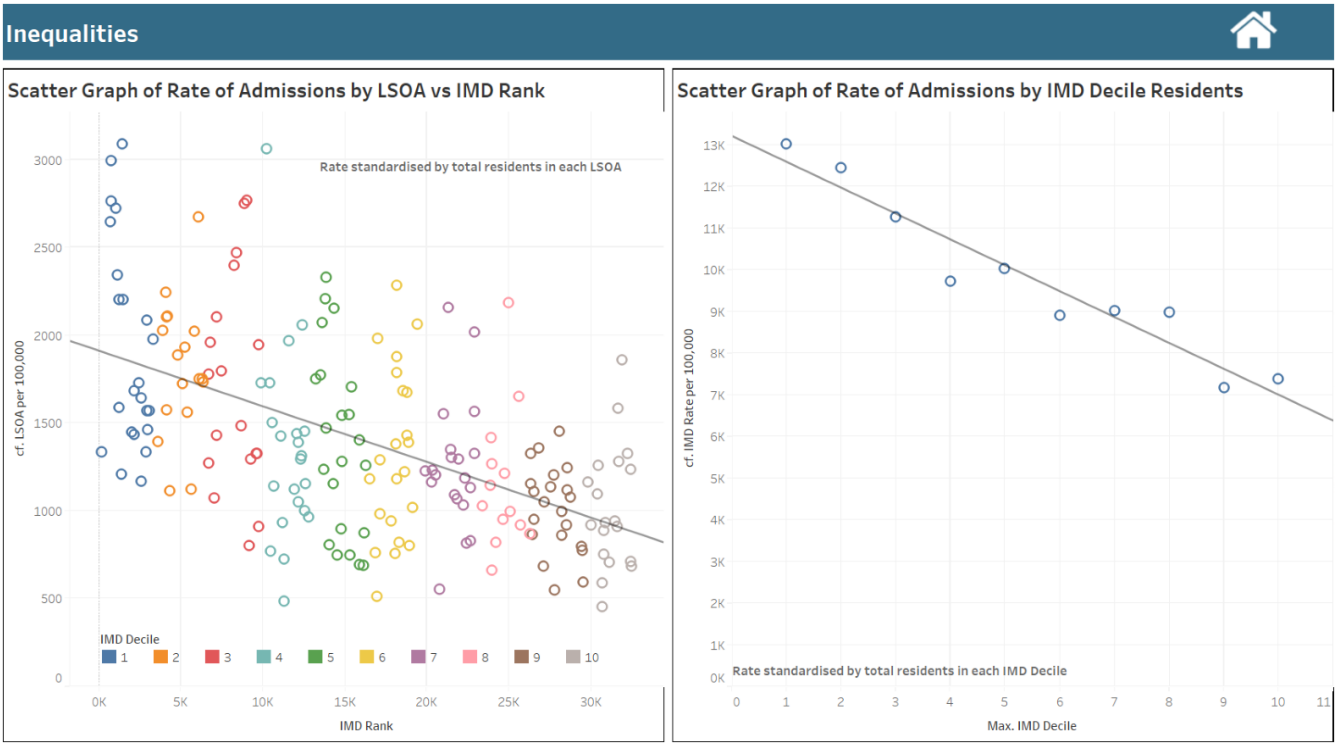
4. Why is this important in Northumberland?

I. Local deprivation and hospital admissions exacerbated by the cold

The Index of Multiple Deprivation[4] is a relative measure of deprivation measured across seven distinct domains: income, health & disability, employment, education, skills & training, barriers to housing & services, crime, and living environment. In Northumberland, approximately 38,178 people live in areas classed as the most deprived 10% of the country.

Hospital admissions data shows that Northumberland hospital admissions for conditions exacerbated by cold homes such as acute bronchitis, asthma, COPD, pneumonia, acute respiratory tract infections in 2021 was greater in areas of deprivation (see below):

Figure shows hospital admissions rate by IMD (indices of multiple deprivation) deciles in Northumberland 2021 (1 being the most deprived)



There are some similarities between the wards with the highest admissions and with the highest percentage of households with an income of < £20,000, these include: Croft, Newbiggin Central and East, Cowpen.

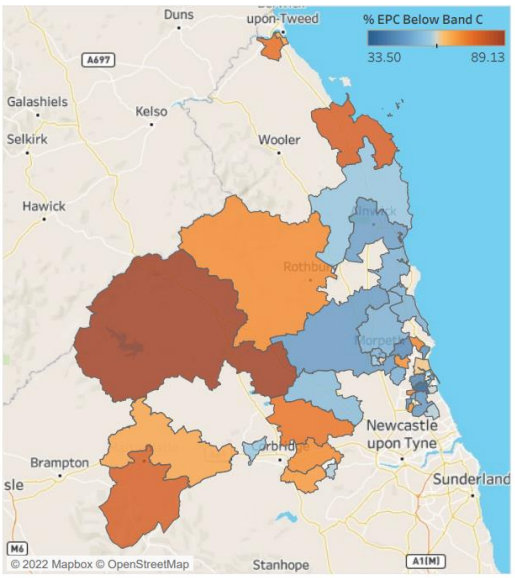
II. Local households with low energy efficiency

Households of low energy efficiency may be difficult to adequately heat due to loss of energy from the building to the surrounding environment. Property type (detached house, terrace house, flat etc), age of the household, and tenure (owned, socially rented etc.) all contribute to the energy efficiency of a household.

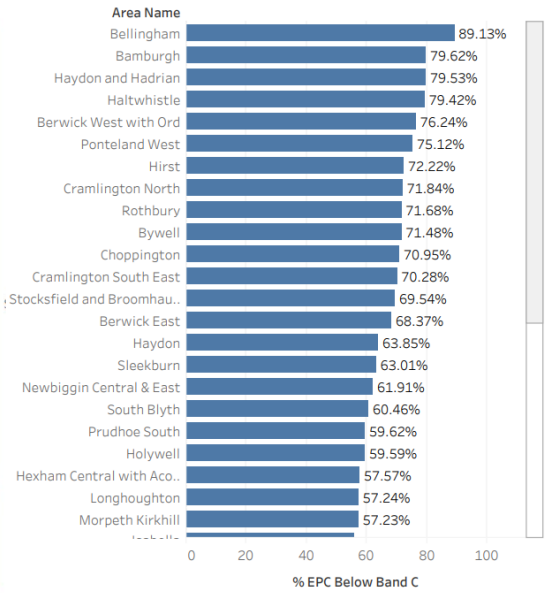
In 2011, The Health Impacts of Cold Homes and Fuel Poverty [2] report highlighted the relationship between excess winter deaths, low thermal efficiency of housing and low indoor temperature.

The energy efficiency of households is reported by the ONS as percentages of EPC scores below band C per local area. The map and table below shows the percentage of dwellings across Northumberland with an energy efficiency below band C:

Ward Map of Households with Low Energy Efficiency



Low Energy Efficiency by Ward

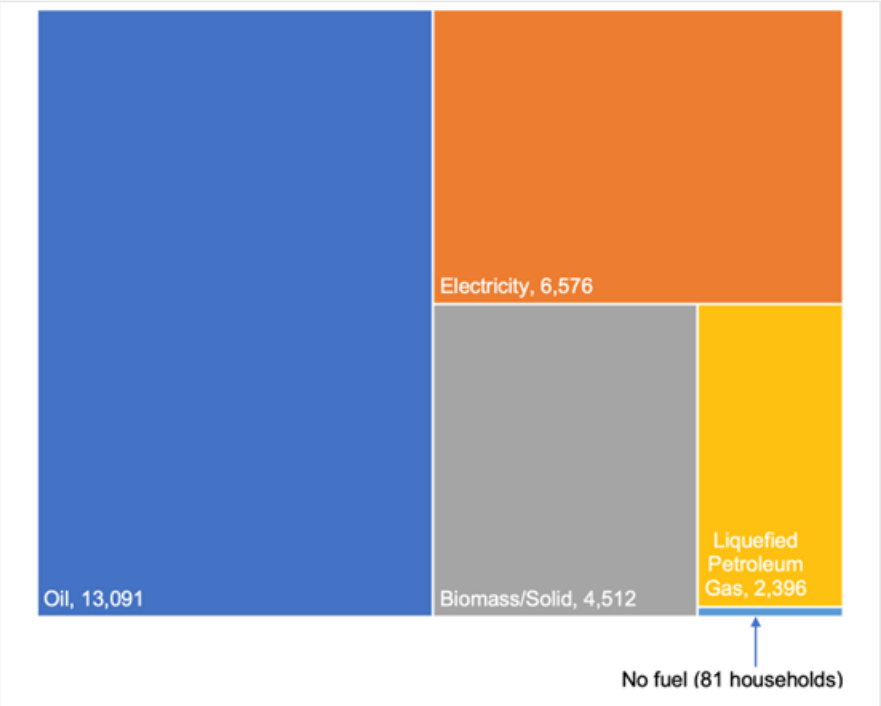


III. Rural households

The rurality of Northumberland also presents certain challenges in energy efficiency and energy usage for households. Many residents live in older buildings, properties which are difficult to insulate and properties which are not on mains electricity and gas.

A large proportion of households in Northumberland rely on gas and electricity supplies ‘off-grid’.

The following figure shows the number of households locally using alternative heating sources (other than gas) across Northumberland. This data is taken from the NCC Climate Change Team (at Jan 2022).



5. What assets do we have?

- Northumberland County Council facilitates a Warm Homes Group which is a forum for internal Council teams including Public Health, Climate Change, Housing, and Northumberland Communities Together to work with external VCSE organisations including Northumberland Citizen's Advice Bureau and Community Action Northumberland and Age UK Northumberland. This forum allows members to discuss key issues in relation to fuel poverty and energy efficiency and work together to improve services' response and support to local households.

- Northumberland Citizens Advice Bureau[5] and Community Action Northumberland[6] provide individual support to households through advice on improving energy efficiency, income maximisation, debt management and signposting to any additional financial help, benefits or grants available.

- The Warm Homes Information Resource[7] (being updated) developed by Northumberland Citizens Advice Bureau, Community Action Northumberland and Northumberland County Council supports frontline healthcare staff make the most of every contact they have with residents to signpost them to the wide range of support and advice that is available.

6. What do people say

In May 2022, members of different teams within the Council met with VCSE organisations including Northumberland Citizen's Advice Bureau, Community Action Northumberland, and Age UK Northumberland.

During this workshop, members of the group were asked to discuss the key challenges within their teams/ organisations in relation to fuel poverty and to explore priority areas for collaborative action. Goals for future work include:

- Improve identification of people vulnerable to fuel poverty
- Address limited capacity and gaps in support provision for households in need
- Increase capacity to deliver energy advice to households

7. Recommendations

The following recommendations have been developed considering the goals for future work discussed in the workshop and also the NICE guidance NG6: Excess winter deaths and illness and the health risks associated with cold homes.

I. Collaborate with local health services colleagues to identify people with health conditions vulnerable to fuel poverty and ensure that they are supported to access adequate heating, particularly during the winter months.
II. Work towards a single point of contact for self-referral and for those who come into contact with vulnerable households to refer into appropriate services.
III. Develop targeted pathways to co-ordinate support from Council teams and VCSE organisations in addressing identified needs of individual households.
IV. Ensure that there is a just transition towards Net Zero and that our actions to reduce the use of carbon to heat homes does not inadvertently impact those on the lowest income and with the poorest health, therefore increasing health inequalities.

Appendix 3

Recommendations from the Armed Forces Veterans and Military Families' needs assessment

Improve local data/ information gathering on veterans

It is essential to maintain accurate and up to date records of veterans and families of military personnel to understand the needs of this population and inform the commissioning, design and delivery of services. This health needs assessment has identified gaps in such information.

a) Epidemiological data on the number of veterans/ Armed Forces families in the local area is limited at the time of this report. This can be improved through:
    - Use of updated data (i.e., 2021 census) when available through a report to the Armed Forces Forum of Northumberland County Council. Initial results of the 2021 census are likely to be released June/July 2022.
    - Encourage local GP practices to undertake the RCGP veteran friendly accreditation where they will receive support to identify and code their veteran patient population to ensure they are receiving adequate support. This should be explored in Alnwick, where there is a relatively large population of veterans receiving military pensions and compensation in the area. (Note: Railway Medical Group in Blyth is a Veteran Friendly GP practice).
    - Support the adoption of the Veterans' Recognition Scheme which includes a voluntary ID card for new service leavers and existing veterans so that they can more quickly, easily and securely prove they served in the UK Armed Forces to access the services they need.
b) Local drug and alcohol services (Northumberland Recovery Partnership) do not routinely collect data on veteran status therefore it is difficult to ascertain whether drug and alcohol misuse is an issue in the veteran population of Northumberland. Anecdotal reports from Northumbria Police and Seaton Park Veteran Friendly GP practice suggest there are some issues with alcohol and drug misuse in the veteran population. The extent of this issue is unknown. We are liaising with the Northumberland Recovery Partnership to understand if they can include a question about veteran status as part of their assessment to routinely record and share this data.

Ensure veteran housing data is in line with advice from the Department for Levelling Up, Housing and Communities (DLUHC)

A key theme in the UK Government's Strategy For Our Veterans, 2018 is that veterans have a secure place to live either through buying, renting or social housing.

This health needs assessment identifies housing need for local veterans through anecdotal reports from the Armed Forces Outreach Service, SSAFA beneficiary data and experiences of GPs at Seaton Park Veteran Friendly GP Practice.

Currently and over the past three years, there have been no veterans identified as such on the council's homelessness register. Unmet housing need may not be reported to the housing team at the council due to several factors which include the use of insecure housing (i.e., sofa surfing at friends' houses); individuals not disclosing that they are veterans; and barriers such as stigma, military culture of stoicism and self-reliance.

Recent statutory guidance from the DLUHC advises that the provision of specialist training for staff and managers to assist them to identify members of the Armed Forces community and understand their specific needs and circumstances should support an improved application process.

There is ongoing work being undertaken by the council's Housing Team through a recently appointed Armed Forces Engagement Officer who is identifying gaps in support and understanding the requirements of local veteran and Armed Forces community. This work is very timely and is likely to utilise this health needs assessment as evidence of gaps in data collection and the need to improve identification and recording of veterans presenting for housing support.

Explore opportunities for activities where veteran and military families can increase levels of physical activity.

To improve both physical and mental health of veteran and military families, health improvement activities within peer groups could be promoted.

Peer-led activities help to both promote physical activity and strengthen relationships between groups of veterans and military families. A key theme in the UK Government's Strategy For Our Veterans, 2018 is for veterans to be able to build healthy relationships and integrate into their communities (12).

The Northumberland Physical Activity Strategy Group (which reports into the NCC Health and Wellbeing Board) are keen to explore physical activities for veterans and military families in their future work.

Support existing community/ peer groups within military families

Local community groups run by welfare support workers are a key asset for military families however many activities are organised during working hours. This excludes working spouses/ family members who may feel disconnected as a result of not being able to attend events.

Welfare support hubs on the military bases should facilitate peer-led activities within military families which occur during evenings and weekends to support the involvement of working individuals.

Use existing links with local employers to understand if opportunities for employment of service leavers was impacted by COVID-19

Nationally, the employment rate for 2019/20 service leavers (84%) was slightly lower than for 2018/19 service leavers (86%). On examination of quarterly trends, the MOD concluded that this was likely due to the economic effects of COVID-19 and the reduction in employment availability, in particular for those aged under 25 (14).

There is no local data available on the impact of the COVID-19 pandemic on local employers of veterans. This requires further exploration by the Armed Forces Forum.

Explore potential unmet need for dental support for military spouses and children

There are reports of long waiting lists for dental practices near to bases which may impact the ability for military families/ children to receive appropriate dental care. This is likely an issue experienced by the wider population of Northumberland and not an issue exclusive to military families.

Work with primary schools close to RAF Boulmer and Albemarle Barracks to explore upskilling teaching staff to support with separation anxiety

It has been identified that younger children of primary school age receive very little support to process separation anxiety associated with military parents' deployment. This recommendation to further explore possible options with schools aligns with two key themes of the UK Armed Forces Families Strategy 2022-32.

One of which proposes that *"families are able to access timely integrated, mental health and physical health and wellbeing services"*. Another theme focuses on supporting family units with deployment, mobility and separation and the unique stresses of the military lifestyle, *"[ensuring] they are aware of the support that is available, and how to access it. When children and adults are at risk of harm, they are protected through a multi-agency approach facilitating a swift response*".

There is opportunity to share good practice from support provided to older children in secondary schools. E.g., the Duchess's Community High School has a dedicated pastoral support worker funded from pupil premium funding.

Seek to address isolation & rurality of military families through improved access to public transport

This health needs assessment reports on the rurality of both military bases in Northumberland and the isolation felt by military families as a result of limited public transport links.

Northumberland County Council should consider the impact of isolation on military families and consider an improvement in the delivery of public transport services.

Appendix 4

Progress on updating Northumberland JSNA

Priority	Impact	Opportunity	Partner commitment	Target date for completion
BSiL a) breastfeeding b) smoking at time of delivery c) self-harm amongst young people (x ref mental health)	Evidence from Marmot	Sector Led Improvement work	ICB priority for PHM	a) Completed b) Completed c) Sept 22
Mental Health a) self-harm amongst young people (x ref BSiL) b) maternal mental health (ICS priority) x-ref BSiL c) zero-suicide ambition (ICS priority) d) Parity of esteem (ICS priority) e) Employment	Increasing demand on services pre covid and during pandemic	Integrated Care System (ICS) workstream has identified priorities	ICS Elected member champion ICB CNTW	a) Sept 22 b) Sept 22 c) Completed d) Sept 22 e) Completed
Health behaviour a) Sexual health b) Drugs and alcohol	Health needs assessments demonstrate impact	Service being re-commissioned		June 22 Completed
Other Veterans and military dependants needs assessment	Supports commitment to AF covenant		Northumberland AF network	Completed

Appendix 5

Northumberland County Council

Joint Strategic Needs Assessment (JSNA)

Steering Group

Terms of Reference (Draft)

These draft terms of Reference are for approval by the Health & Well Being Board and adoption by the Steering Group at its first meeting

Background

The JSNA is a systematic way to review the health and well-being needs of the population, leading to agreed commissioning priorities that will improve health and well-being outcomes and reduce inequalities.

Producing, publishing, and maintaining a JSNA is the responsibility of the Health and Well-being Board (HWBB) through the Local Authority and CCG (Clinical Commissioning Group) working with other partners

Aim

The aim of the Steering Group is to take a system-wide, place-based approach to the assessment of need and provide evidence for strategies, policies, and commissioning plans

Objectives

1. Have oversight of the JSNA process
2. Guide the work stream, informed by HWBB partners
3. Convene “expert authors” to conduct and publish needs assessments
4. Escalate issue to the HWBB and/or relevant partners
5. Monitor high level outcomes to inform the workplan

Links and interdependencies

The JSNA Steering Group will link to:

- Other HWBB workstreams
- Local Authority Commissioning structures
- CCG planning and commissioning structures

Membership

Public Health Consultant (Chair)
CCG
Planning Directorate
Education Directorate
Children's Services
Adult Services
Neighbourhood Services
Northumbria NHS Foundation Trust
Other organisations can be co-opted as appropriate

Frequency of meetings

The Steering Group will meet quarterly

Quoracy
The group will be quorate if one third of members are present

Reporting arrangements
The group will report to the HWBB quarterly, including which needs assessments have been completed/agreed and with a plan for future assessments

Review arrangements
These terms of reference will be reviewed annually, or at the request of the HWBB

Pam Lee
Public Health Consultant
5 April 2022

NHS
North East and North Cumbria

Population Health Management:
Primary Care Network Projects

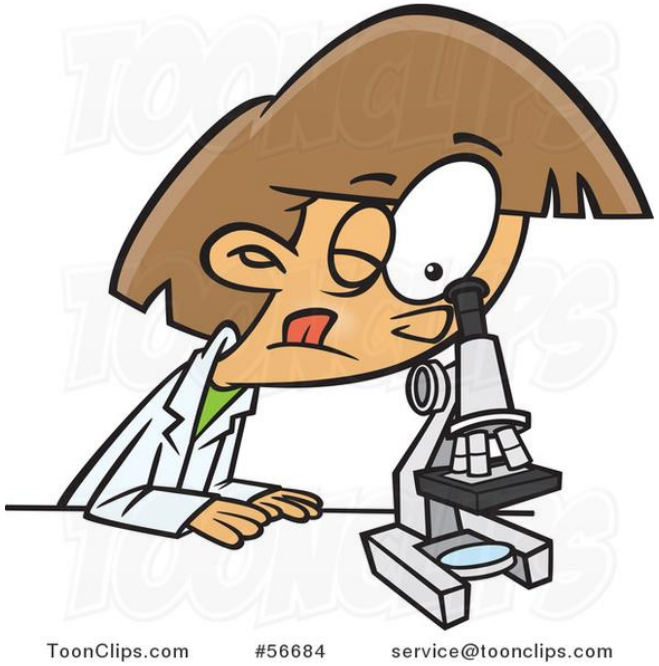
13th October 2022

David Cummins – GP Clinical Lead, NENC ICB Northumberland Place

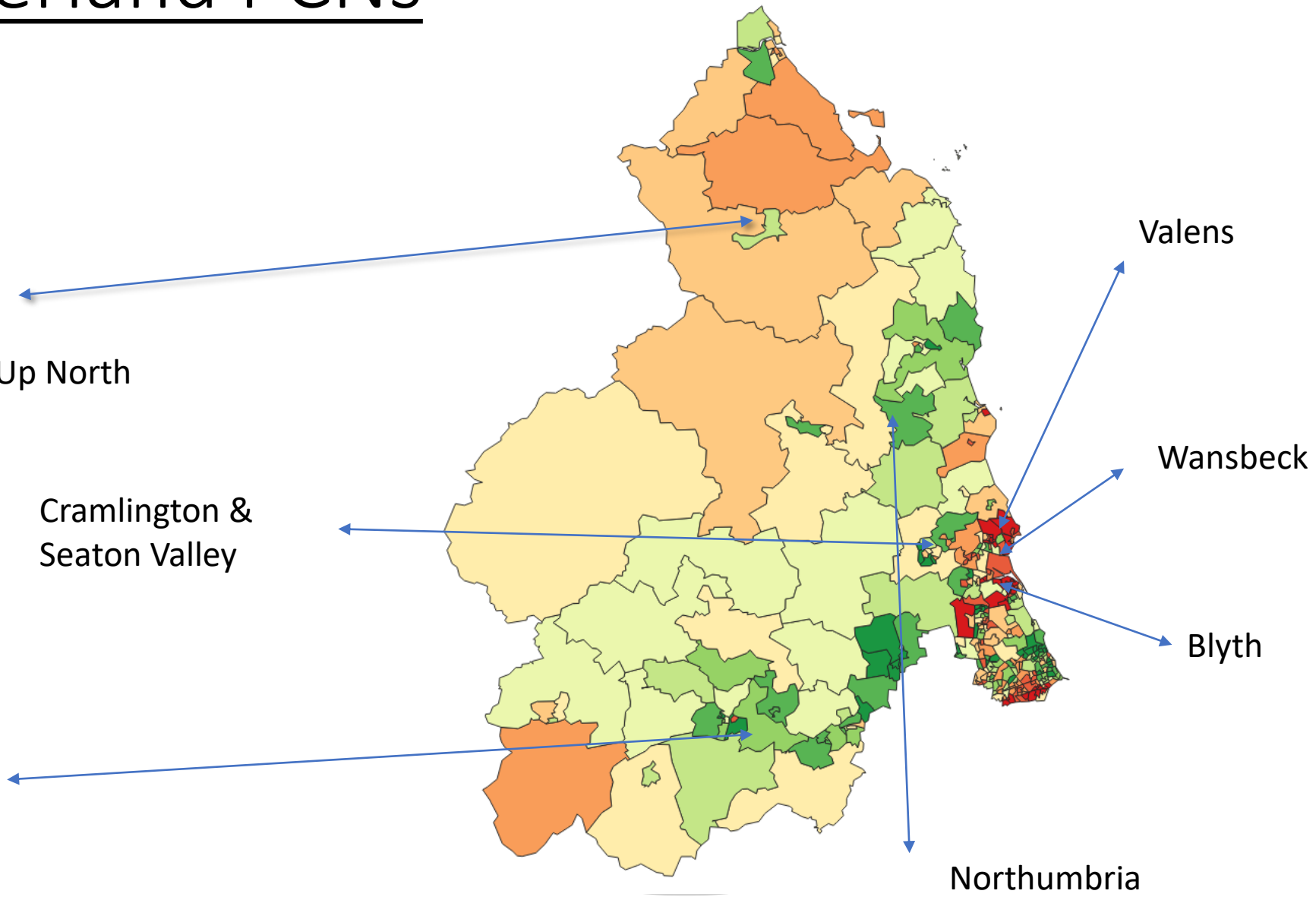
Alan Bell – Head of Commissioning, NENC ICB Northumberland Place

Overview – May 2022

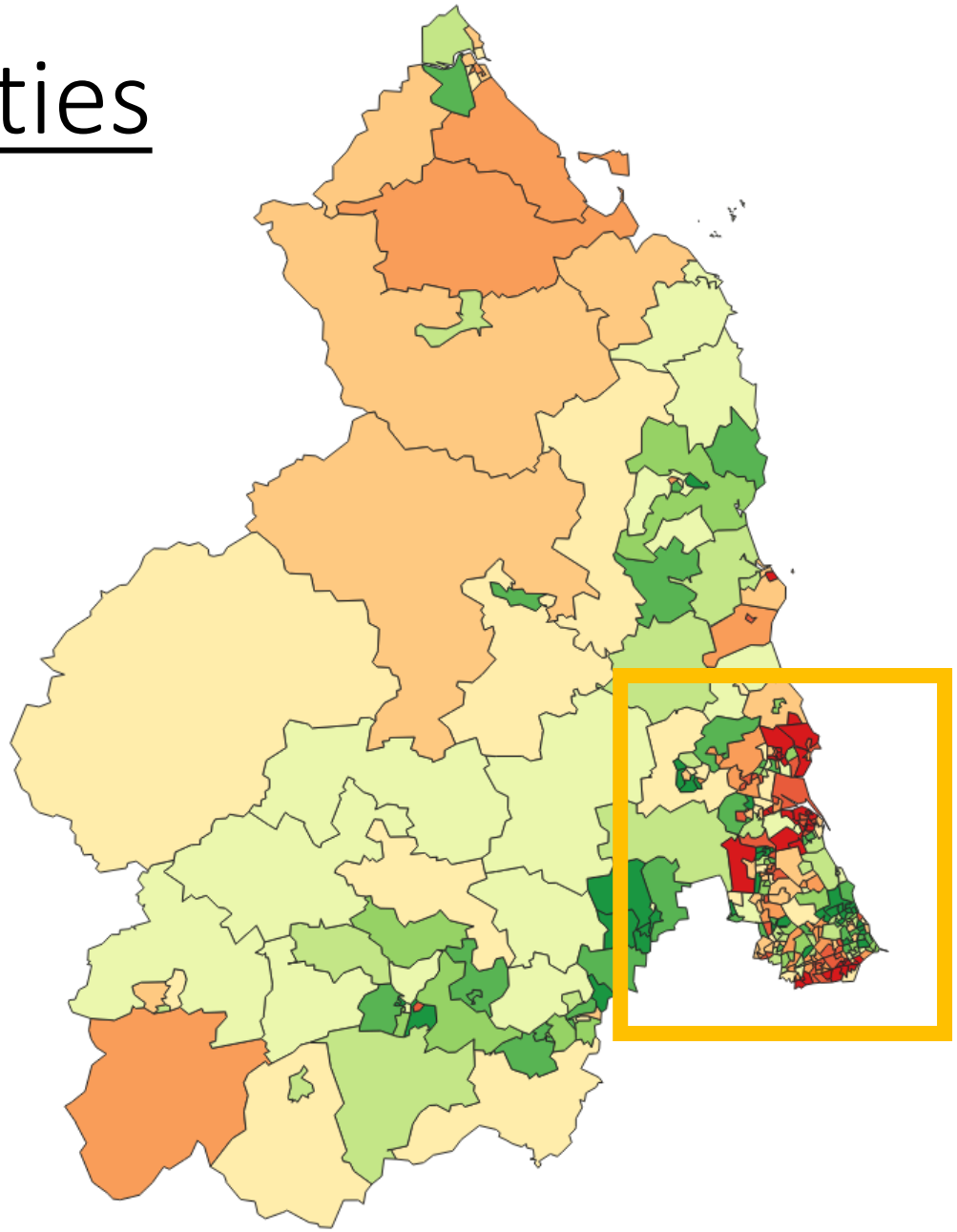
- PHM in the wider Integrated Care System
- Children and Young People
- VCSE (Thriving Together events, HI fund, Frontline)
- HI Summit
- Primary Care
  - PCCS workshops
  - PCN projects



Northumberland PCNs



Health Inequalities

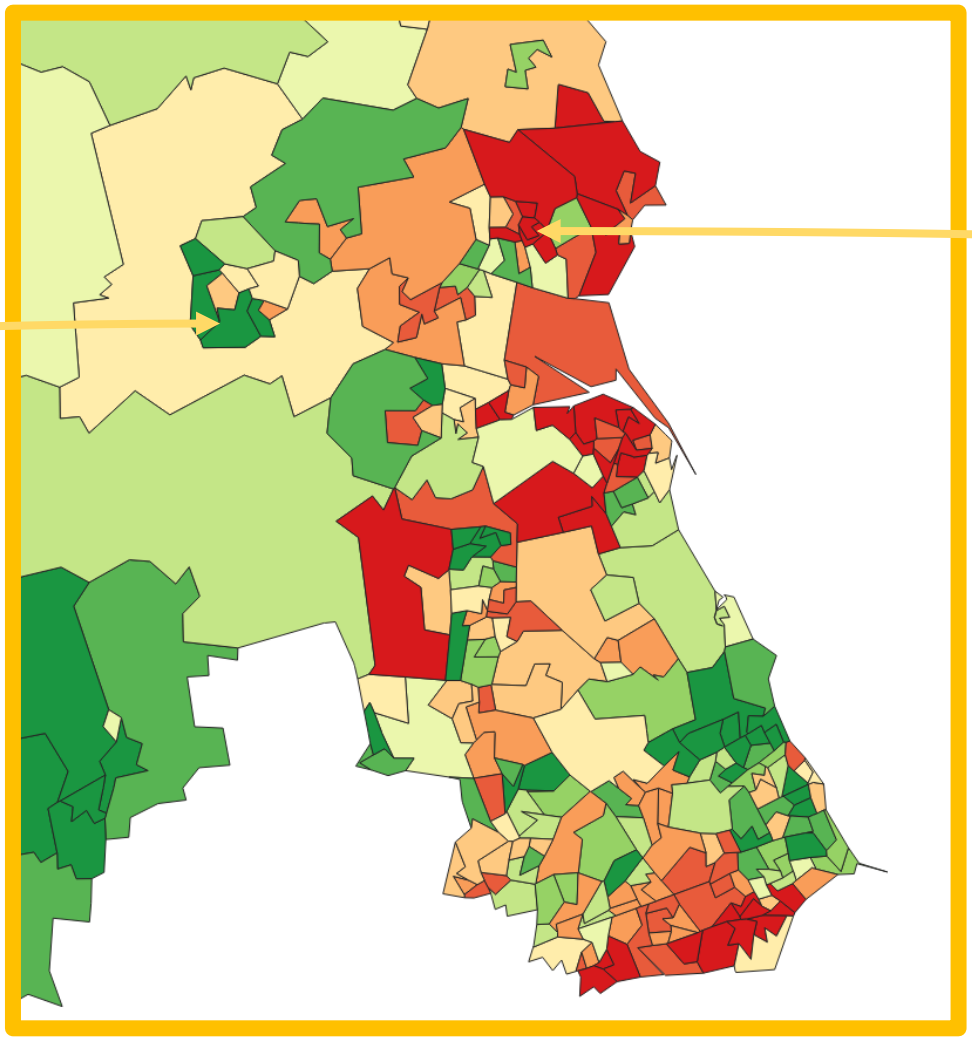


Household Income

Northumbria Healthcare
NHS Foundation Trust

Average household income after tax

£44,000

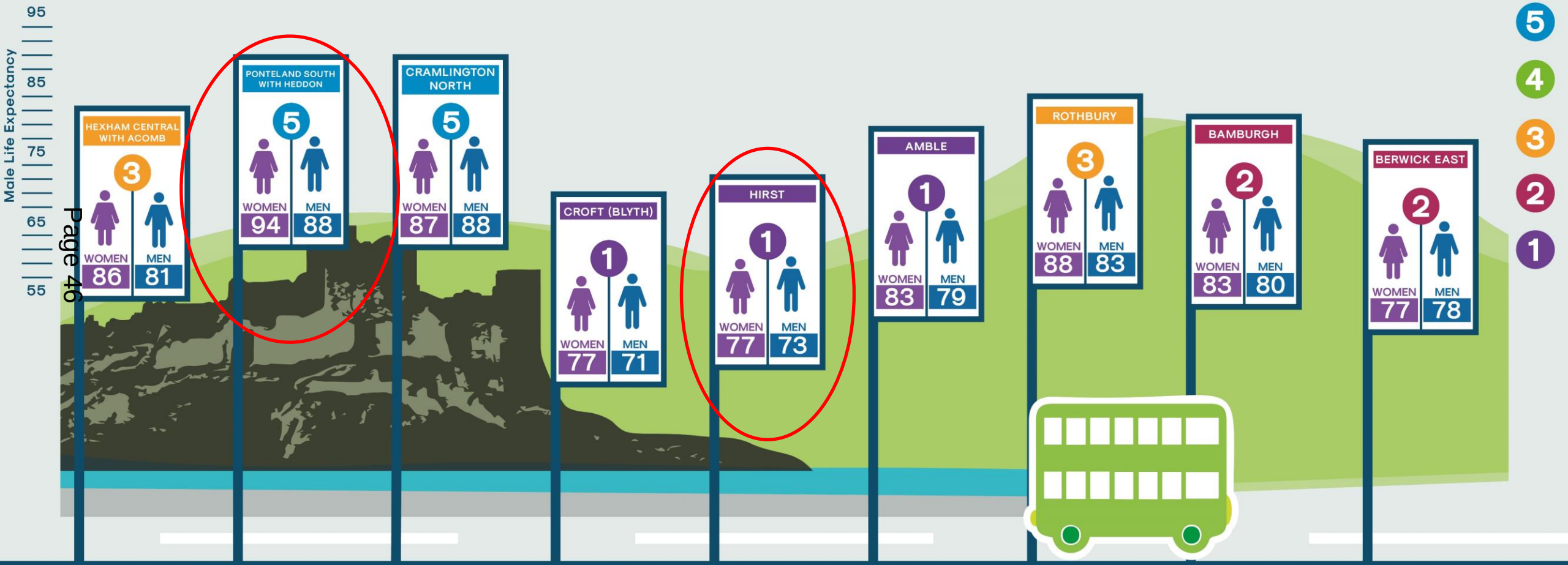


Average household income after tax

£26,500

MAKING EVERY CONTACT COUNT

A Bus Journey through NORTHUMBERLAND – Life Expectancy



KEY:

AREA AND DEPRIVATION QUINTILE
STATION
1 — 5
most deprived least deprived

LIFE EXPECTANCY FOR MEN
MEN 83

LIFE EXPECTANCY FOR WOMEN
WOMEN 81

The smallest changes can make the biggest difference

PCN	Focus	PH Consultant	Notes	Next steps
CSV (Dr Lowe, Dr McHenry PHM Lead)	Chronic disease/depression	Dr Jim Brown	• Discussed RAIDR data with NECS 6.5.22 • Agree focus on depression/CVD in East Cramlington for ages 35-65 • SPLW intervention: BMI/PHQ-9, Audit C, smoking, WEMWBS.	• SL/AMcH to review RAIDR data relating to project area • Meet 9/9– JB/DC/SL/AMcH
Wansbeck (Dr Collins)	Child poverty	Dr Jim Brown	• 26% child poverty Vs 17% England • 20 children = 376 ED attendances; 1000 children 5+ adm/12m • Focus on 15 pts (11-12 years) in Hirst and Bedlington East • Proactive SPLW-focussed MDT approach using Cygnus Support.	• W'shop to brainstorm intervention • Poverty Proofing in process • Consider benefits advisors in-house
Valens (Dr Munir, Dr Sreekissoon, Dr Cummins)	Frequent Flyers	Unassigned	• 433 patients > 10+ GP appts in last 12m (SystmOne) • Inc access = unmet demand, red flag • Identify 30-50 'high-intensity users' • Bespoke intervention using SPLW as first point of contact.	• Data sharing agreement via NECS • NECS do initial data cleanse • NECS layer with 999/111 data • Discuss costing
Blyth (Dr Norfolk, Dr Aust PHM Lead)	0-4 ED attendance Child obesity	Gill O'Neill	• Obesity rates almost double England average • Reception/Y6 obesity prev 3 wards 50% greater than England average • ↑ED attendances 0-5 – Two wards stand out. Mainly viral-related • MDT approach: dietician/psychol.	• ?Overlay with LA data - family lists • 7/9 Time Out course - Obesity • 23/9 ED attendance scoping meeting • Invite families to focus group.
Well Up North (Dr Miller, Karen Gibson HI CC, Hilary Brown)	Obesity	Pam Lee	• Reduce burden of obesity & associated conditions – prev 25% • HWC/T, SPLWs, CCs, Trust, VCSE – multiple stakeholders @ meetings • Focus on NCMP to target top 20% via patient-led, focus groups • Issues around data sharing encountered – agreement reached	• Henry Programme, Sure Start • ?top 20% OR geographical area • Consider WEMWBS tool • Data discussion w/ NECS/PH
West (Dr Green, Kate Lowe PHM I&S)	Alcohol IBA	Jon Lawler	• Identifying cohorts less likely to be asked about alcohol • Focus on BMI 30+ AND anxiety – record EtOH/AUDIT C/advice • Survey of Practices. Liaise w/ Sarah Hulse ICS • 30-60 pts. Involve MH Prac.	• How approach pts? Bloods/USS/NRP • Monthly meetings with West/JL
Northumbria (Dr Murray, H Bailey, Dr P Male)	Smoking Cancer	TBA	• Higher rates of deprivation in Cramlington • Linked to smoking specialist in LA • Frequent flyers – briefly discussed • Cancer screening.	• Link with Pam Forster • Request inter-Practice variation in cancer screening rates • Meet CW from NHCT 7/9

Cramlington & Seaton Valley PCN

NHS
North East and North Cumbria

- Patients aged 35-65 living in IMD 1 postcodes diagnosed with depression AND either CVD/COPD
- Eligible patients from SystmOne will be linked to a deprivation dataset
- Patient invitation letter in progress and will be sent out
- Intervention SPLW, BMI, PHQ-9/ WEMWBS, Audit C, smoking
- Other areas of focus include health checks, SMI, alcohol and LD.

Valens PCN

NHS
North East and
North Cumbria

- Frequent flyers
- 433 patients identified with 10+ GP appointments (telephone and F2F) in last 12 months
- Discussions with NECS
    - How can data can be refined?
    - How can we limit to certain consultation type/filter DNAs?
- Layer data with hospital 999/111 calls
- Identify 30-50 ‘high-intensity users’
- Intervention bespoke using SPLW – then physio/pharmacy, nurse, GP, MH practitioner
- Awaiting data sharing agreement
- Additional project
    - Valens and Northumbria respiratory team
    - COPD patients with a specified smoking pack-year history
    - Pre-emptive CT chest scan.

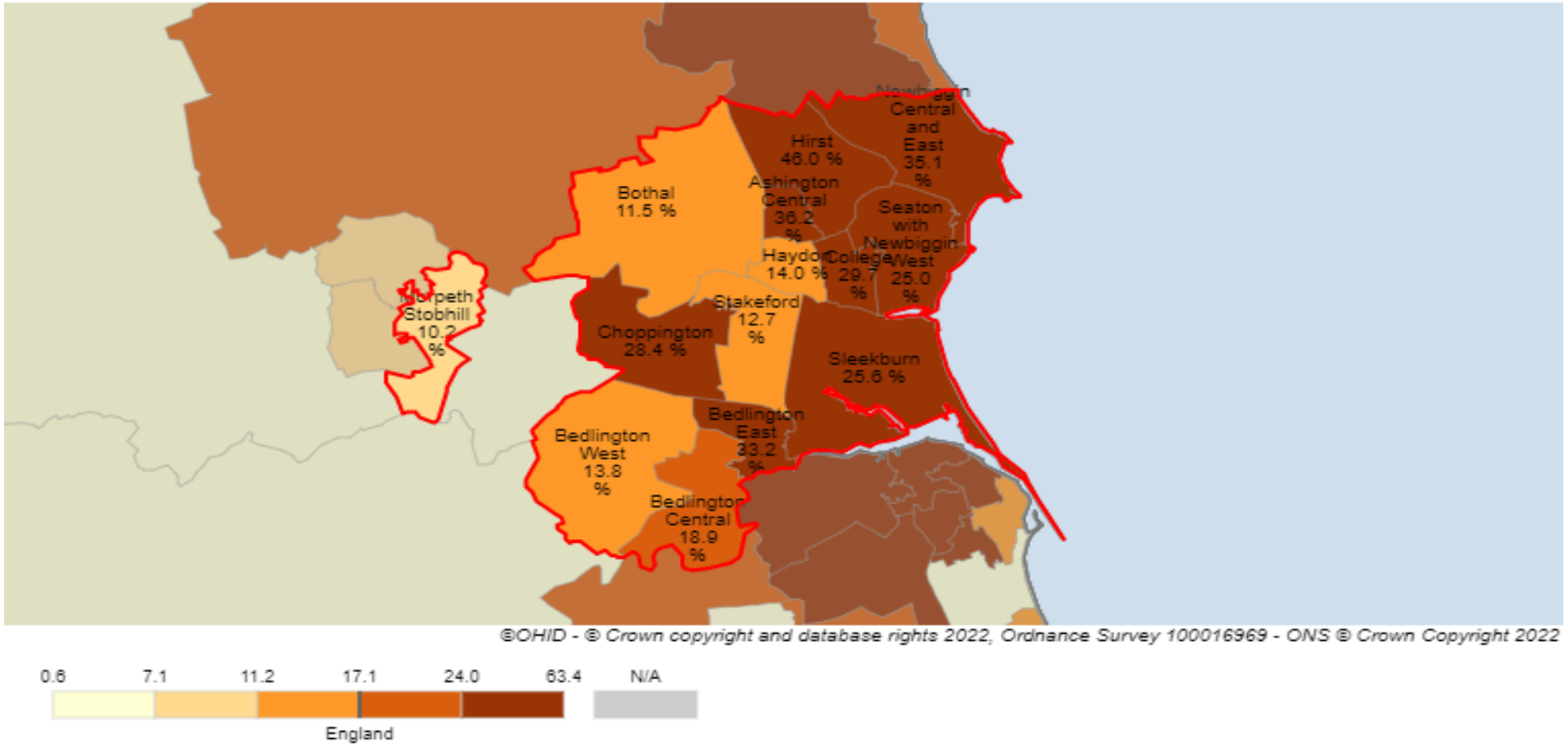
Wansbeck PCN

NHS
North East and
North Cumbria

Marker	Wansbeck	England
Life expectancy	79.3 years	81.6 years
Deprivation	291	1256 (total PCNs)
Child poverty	**26%**	**17%**
Income deprivation	18%	13%
Smoking	16%	16%
Obesity	18%	10%

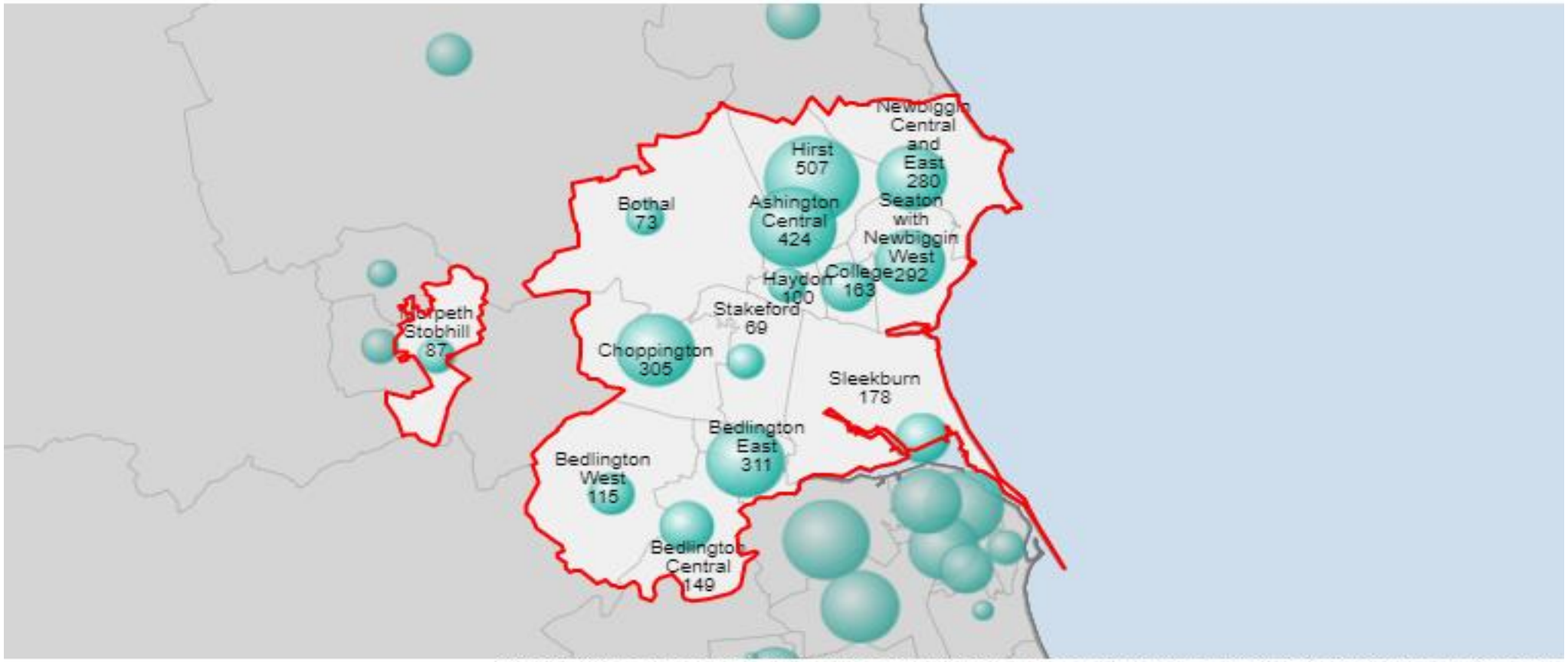
Wansbeck PCN – Child Poverty

Child Poverty, Income Deprivation Affecting Children (%) - Source: Ministry of Housing and Local Government 2019



Wansbeck PCN – Child Poverty

Child Poverty, Number of children - Source: Ministry of Housing and Local Government 2019



Wansbeck PCN

- Child poverty in Wansbeck = 26% Vs 17% England
- Decision to focus on 15 patients each (aged 11-12) from Bedlington East and Hirst wards
- Multiple stakeholders: Cygnus Support, local regeneration groups, Safeguarding team, Citizens Advice, Community Link Workers, ACC.
- Brainstorming session on 29th September
- Intervention a proactive SPLW approach involving a wider MDT - likely to be mixture of mentoring, brief interventions and linking in with support in the community.

Wansbeck PCN - Possible criteria

Based on SystmOne/RAIDR searches or manual searches

- 2+ (or 3+) ED attendances in past 12 months
- ED attendance/ for injury in past 12 months
- 1 + respiratory admissions in past 12 months
- 2+ hospital admissions in past 12 months
- Diagnosis of asthma
- Diagnosis of constipation in past 12 months

Based on manual search of household

- 3 + children in household
- Adult who is a current smoker
- Adult with disability

Using postcode lookup for LSOAs in target wards (Hirst, Bedlington East)

- IMD decile 1
- Highest income deprivation
- Highest child poverty
- Highest number of households on Universal Credit with children
- Highest Year 6 obesity prevalence
- Highest rate of respiratory admissions for 0-17
- Highest rate ED attendances childhood injury
- Highest rate of alcohol related admissions

Well Up North PCN

NHS
North East and
North Cumbria

- Patients living with obesity
- NCMP data to target PARENTS of the children in the top 20% of weight
- Workshops w/ stakeholders including Public Health, Sure Start, LA, Henry +
- 13 Children's Centres in Northumberland to become Family Hubs
- Referrals will be received from HVs, school nurses, early years settings, self-referrals, HWBCs and GPs
- Increase digital opportunities for patients to access new PCN PHM project via YouTube channel
- Barriers encountered with data sharing - NECS will overlay council data without postcode information.

Northumbria PCN

NHS
North East and North Cumbria

- Newest PCN covering a wide geographical area
- Recently appointed two PHM leads
- Initial focus on smoking and cancer screening
- Requested cancer screening data – variability in uptake between practices
- Meeting held with data analyst from NHCT on 7 September
- I met PHM Lead on 16th September and we discussed:
    - RAIDR access
    - Proposed multi-agency events (planning on two to reflect the diversity within PCN)
    - Smoking intervention – training, VBA, MECC, choosing a vulnerable cohort.

West PCN

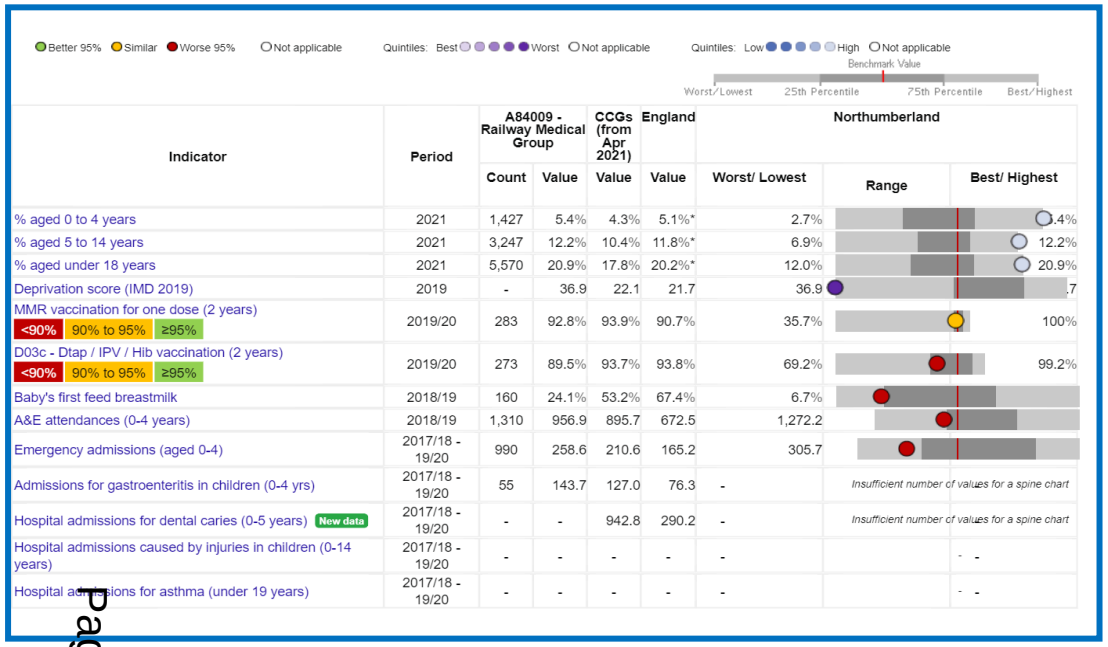
NHS
North East and
North Cumbria

- Alcohol identification and brief advice - Identify cohorts less likely to be asked about alcohol
- Liaising with Alcohol Strategic Manager from ICS
- Search for patients with coded diagnosis of BMI > 30 AND anxiety – approx. 30-60 patients
- Record weekly alcohol intake/use AUDIT-C tool/provide brief advice
- Involve MH Practitioner, consider bloods, ultrasound, Northumberland Recovery Project
- Progress slow due to RAIDR issues but development of searches for Practice use now ready

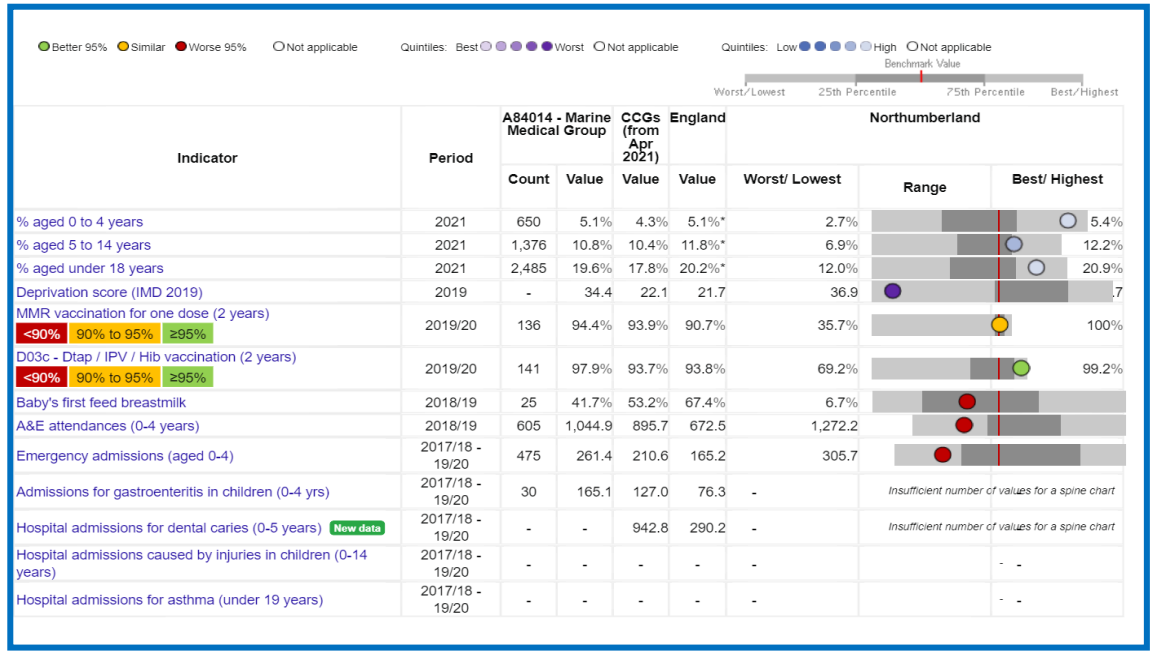
Blyth PCN

- ED attendances 0-4 age group
- NECS data show numbers attending UC/ED, ages, wards, reasons for attendance, investigations and treatment
- Rates highest in Cowpen and Kitty Brewster wards
- Working group met 23 September (Healthwatch, Early Health, Public Health, HV 0-19)
- Intervention
    - Engagement work w/ families to understand reasons for attendances
    - *Healthwatch* to carry out surveys to capture why parent take their children to A&E
    - Involve paediatrician, SPLWs
- Secondary focus: childhood obesity
    - Healthy weight workshop took place on 7 September.

Blyth PCN - Maternal & Child Health



Indicator	Period	A84009 - Railway Medical Group Count	A84009 - Railway Medical Group Value	CCGs (from Apr 2021) Value	England Value	Northumberland Worst/ Lowest	Range	Best/ Highest
% aged 0 to 4 years	2021	1,427	5.4%	4.3%	5.1%*	2.7%		5.4%
% aged 5 to 14 years	2021	3,247	12.2%	10.4%	11.8%*	6.9%		12.2%
% aged under 18 years	2021	5,570	20.9%	17.8%	20.2%*	12.0%		20.9%
Deprivation score (IMD 2019)	2019	-	36.9	22.1	21.7	36.9		.7
MMR vaccination for one dose (2 years) <90% 90% to 95% ≥95%	2019/20	283	92.8%	93.9%	90.7%	35.7%		100%
D03c - Dtap / IPV / Hib vaccination (2 years) <90% 90% to 95% ≥95%	2019/20	273	89.5%	93.7%	93.8%	69.2%		99.2%
Baby's first feed breastmilk	2018/19	160	24.1%	53.2%	67.4%	6.7%		
A&E attendances (0-4 years)	2018/19	1,310	956.9	895.7	672.5	1,272.2		
Emergency admissions (aged 0-4)	2017/18 - 19/20	990	258.6	210.6	165.2	305.7		
Admissions for gastroenteritis in children (0-4 yrs)	2017/18 - 19/20	55	143.7	127.0	76.3	-	Insufficient number of values for a spine chart	
Hospital admissions for dental caries (0-5 years) New data	2017/18 - 19/20	-	-	942.8	290.2	-	Insufficient number of values for a spine chart	
Hospital admissions caused by injuries in children (0-14 years)	2017/18 - 19/20	-	-	-	-	-		- -
Hospital admissions for asthma (under 19 years)	2017/18 - 19/20	-	-	-	-	-		- -



Indicator	Period	A84014 - Marine Medical Group Count	A84014 - Marine Medical Group Value	CCGs (from Apr 2021) Value	England Value	Northumberland Worst/ Lowest	Range	Best/ Highest
% aged 0 to 4 years	2021	650	5.1%	4.3%	5.1%*	2.7%		5.4%
% aged 5 to 14 years	2021	1,376	10.8%	10.4%	11.8%*	6.9%		12.2%
% aged under 18 years	2021	2,485	19.6%	17.8%	20.2%*	12.0%		20.9%
Deprivation score (IMD 2019)	2019	-	34.4	22.1	21.7	36.9		.7
MMR vaccination for one dose (2 years) <90% 90% to 95% ≥95%	2019/20	136	94.4%	93.9%	90.7%	35.7%		100%
D03c - Dtap / IPV / Hib vaccination (2 years) <90% 90% to 95% ≥95%	2019/20	141	97.9%	93.7%	93.8%	69.2%		99.2%
Baby's first feed breastmilk	2018/19	25	41.7%	53.2%	67.4%	6.7%		
A&E attendances (0-4 years)	2018/19	605	1,044.9	895.7	672.5	1,272.2		
Emergency admissions (aged 0-4)	2017/18 - 19/20	475	261.4	210.6	165.2	305.7		
Admissions for gastroenteritis in children (0-4 yrs)	2017/18 - 19/20	30	165.1	127.0	76.3	-	Insufficient number of values for a spine chart	
Hospital admissions for dental caries (0-5 years) New data	2017/18 - 19/20	-	-	942.8	290.2	-	Insufficient number of values for a spine chart	
Hospital admissions caused by injuries in children (0-14 years)	2017/18 - 19/20	-	-	-	-	-		- -
Hospital admissions for asthma (under 19 years)	2017/18 - 19/20	-	-	-	-	-		- -

Notable indicator	Eng	CCG	PCN value	Nlnd value	Eng value
Emergency admissions (aged 0 – 4) 2017/18 - 2019/20 crude rate per 1000 population	↑	↑	259.52	210.58	165.20
A&E attendances (0 – 4 years) 2018/19 Crude rate per 1000 population	↑	↑	983.06	898.08	669.87
Baby first fed breast milk 2018/19	↑	↑	25.52%	53.20%	67.45%

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Local health Indicator Table - A&E attendances aged under 5 years old, crude rate

Timeperiod	Area Name	Value	UpperCI95.0limit	LowerCI95.0limit	England Value
2017/18 - 19/20	Cowpen	983.8	1,052.3	914.0	642.5
	Croft	1,007.3	1,081.0	942.1	642.5
	Isabella	833.3	899.9	770.5	642.5
	Newsham	885.3	946.2	829.2	642.5
	Plessey	994.7	1,080.6	914.0	642.5
	South Blyth	613.0	686.0	549.5	642.5
	Wensleydale	780.0	835.5	723.3	642.5

What is available to see on your PCN dashboard

Blyth PCN - Maternal & Child Health

NHS North East and North Cumbria

PC Network
- Blyth
- Cramlington/Seghi...
- NPC
- OOA

CCG
- Northumberland
- Newcastle Gateshead
- North Tyneside
- Out of Area

Practice
- Marine Medical Group
- Railway Medical Group
- Alnwick Medical Group
- Bedlingtonshire Medical Group
- Belford Medical Group
- Branch End Surgery
- Brockwell Medical Group
- Brockwell Medical Group (Closed)
- Burn Brae Medical Group
- Burnhouse Surgery

Financial Year
- 2019/20
- 2020/21
- 2021/22
- 2022/23

Month
- Jan, Feb, Mar, Apr
- May, Jun, Jul, Aug
- Sep, Oct, Nov, Dec

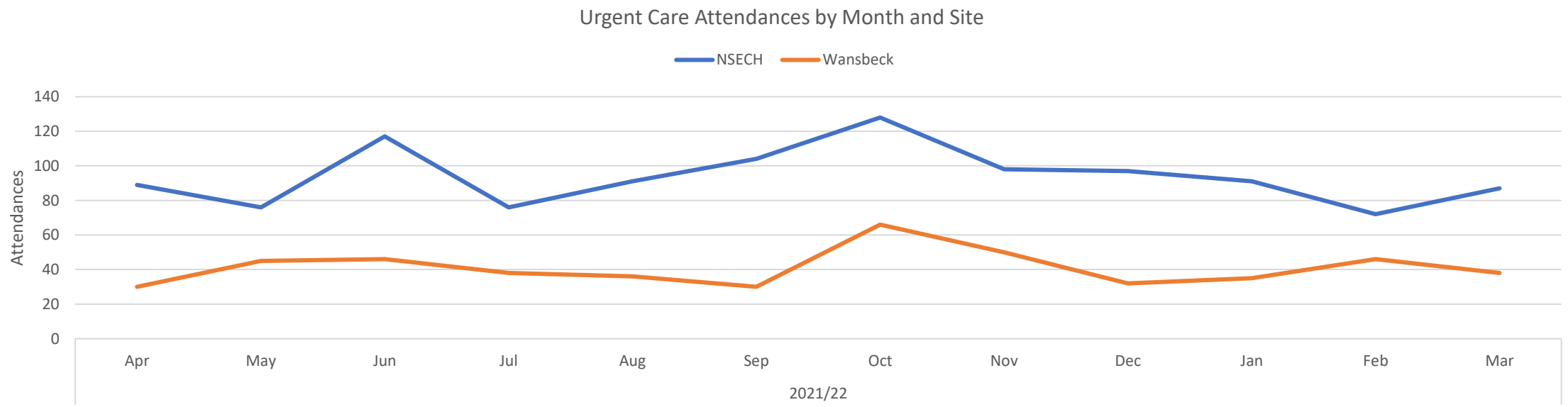
In or Out of Hours
- In Core Extended Access Hours
- In Core Hours
- Out of Hours

Department Type
- Type 1 A&E
- Urgent Care / Treatment Centre
- MIU / WIC Nurse Led

Site Name
- Berwick
- Hexham
- NSECH
- Wansbeck
- Alnwick
- Blyth
- Haltwhistle

Adult or Child
- Child 0-15 Yrs
- Adult 16+ Yrs

Age Group
- 0-01 Yrs
- 02-04 Yrs
- 05-14 Yrs
- 15-24 Yrs
- 0-1 Yrs



Blyth PCN - Maternal & Child Health

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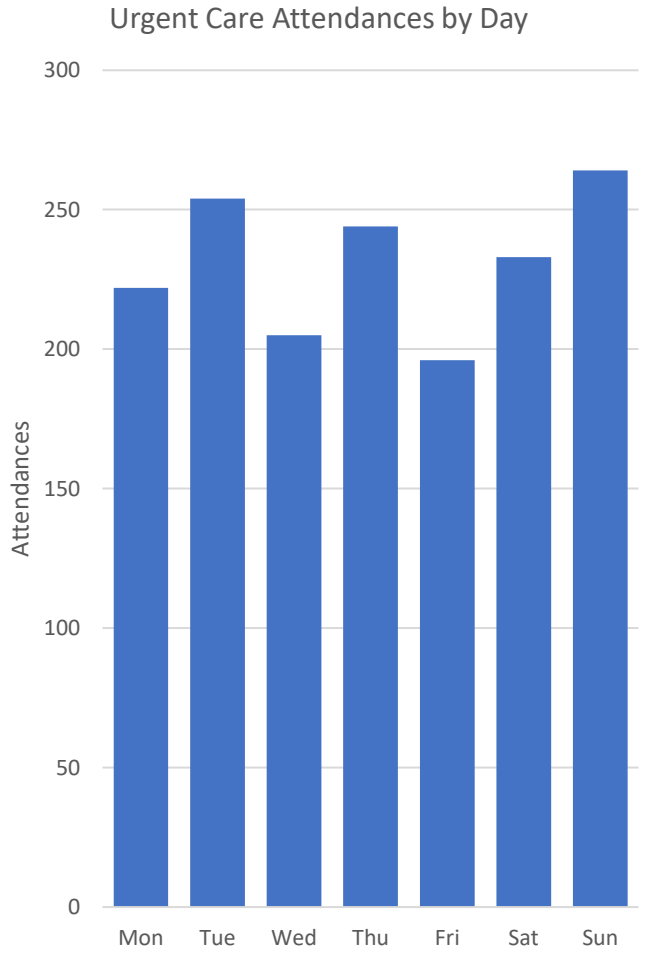
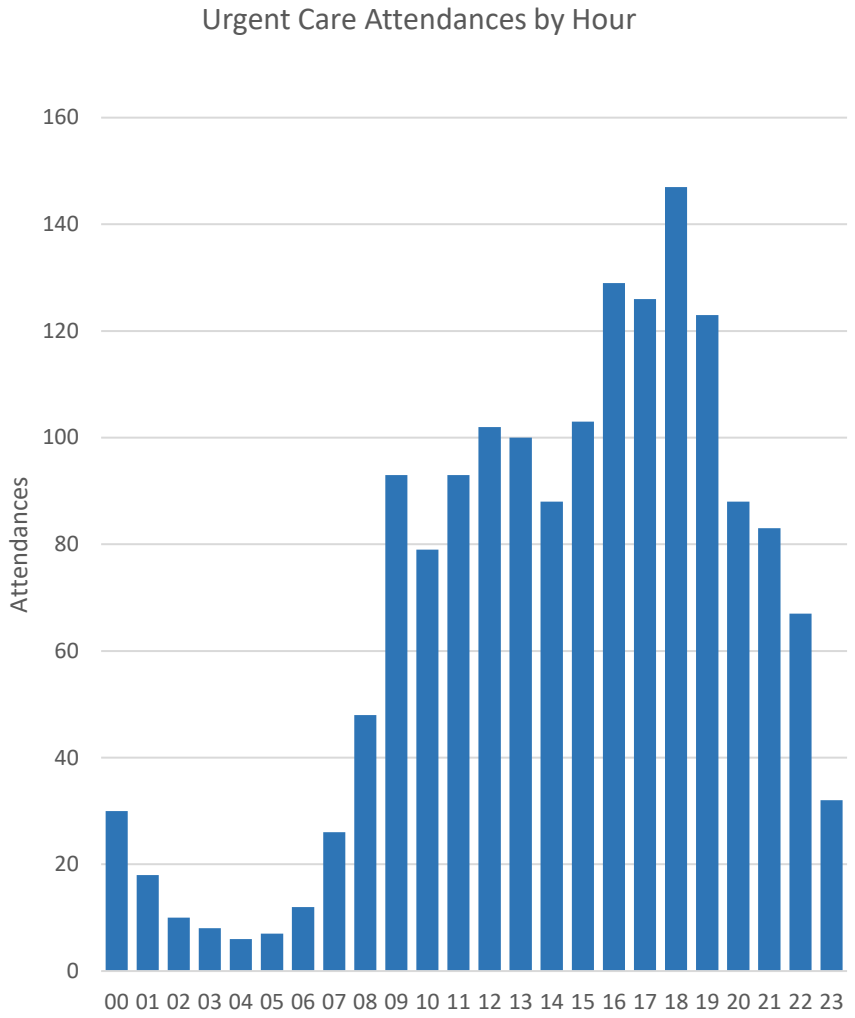
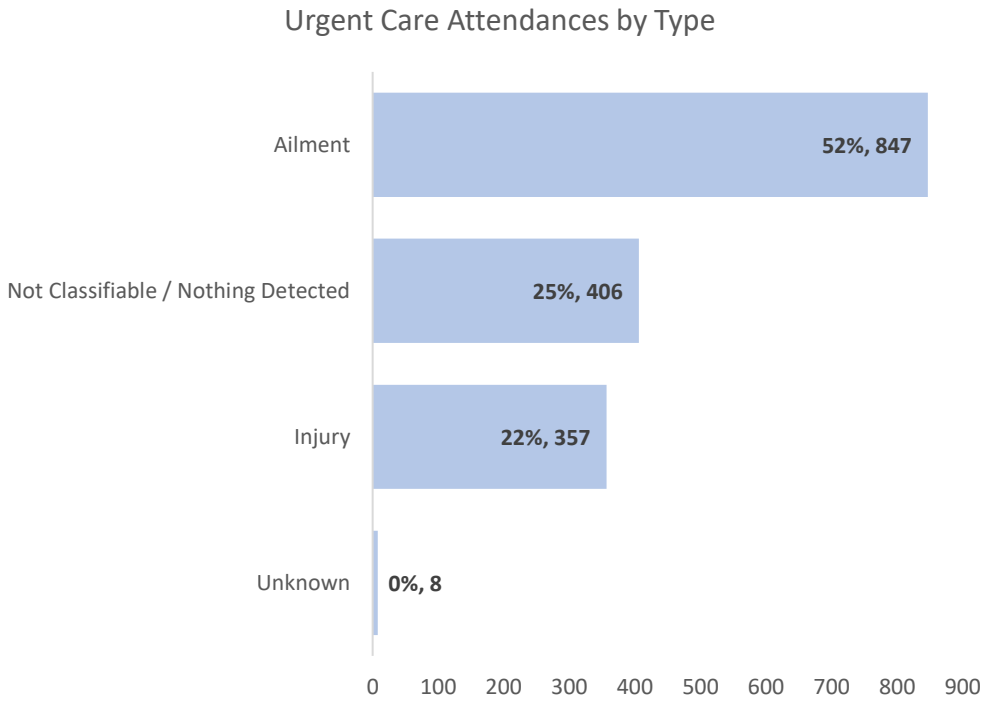
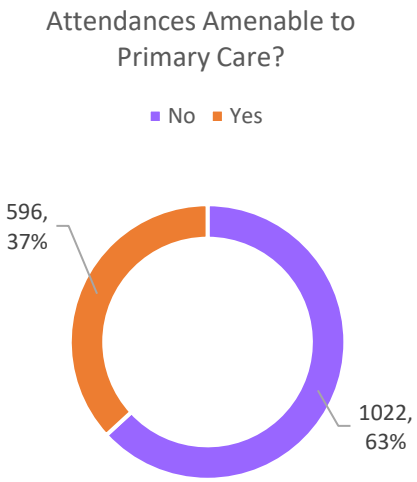




Blyth PCN - Maternal & Child Health

Location and Type		
Electoral Ward - Top 10	Attends	%
Kitty Brewster	368	23%
Cowpen	259	16%
Newsham	232	14%
Wensleydale	181	11%
Croft	159	10%
Isabella	158	10%
Kessey	122	8%
South Blyth	107	7%
Hartley	6	0%
Bedlington East	<6	-
Other	26	2%





Blyth PCN - Maternal & Child Health

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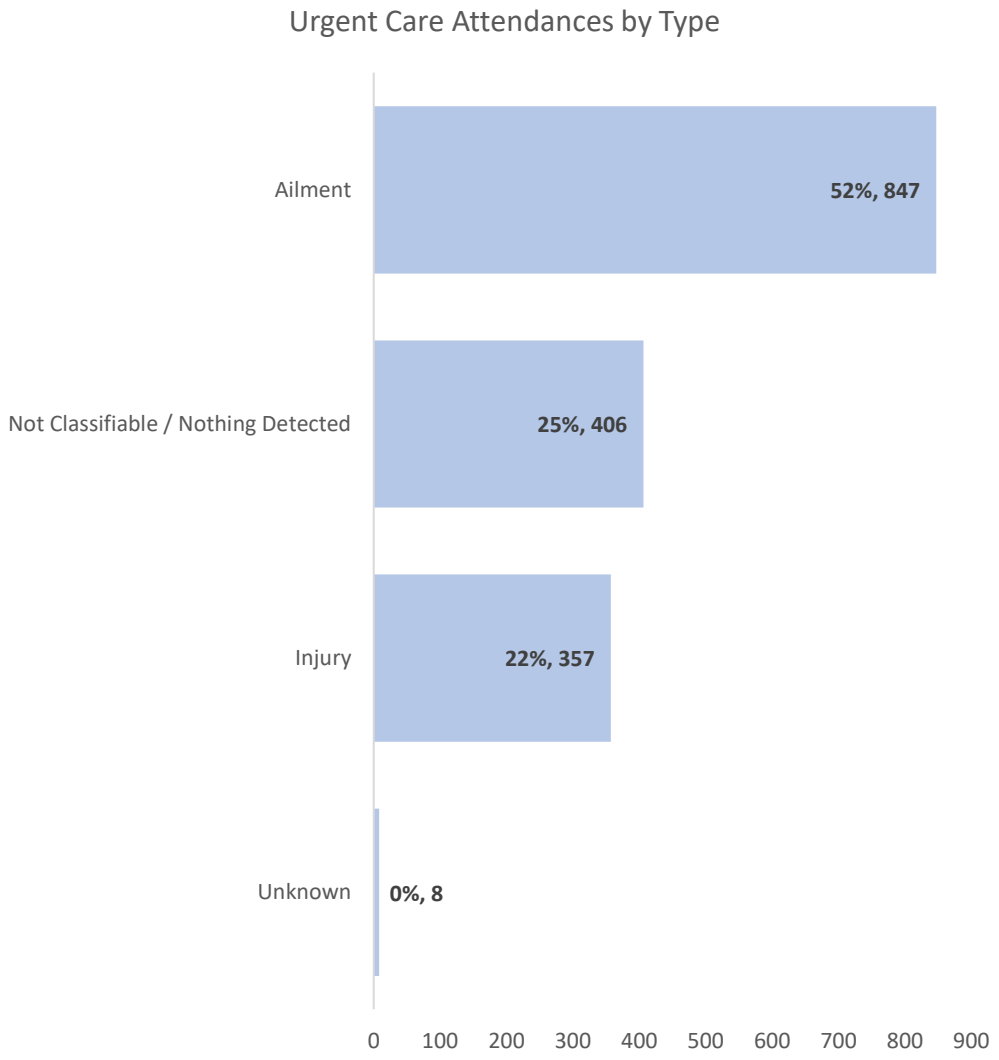
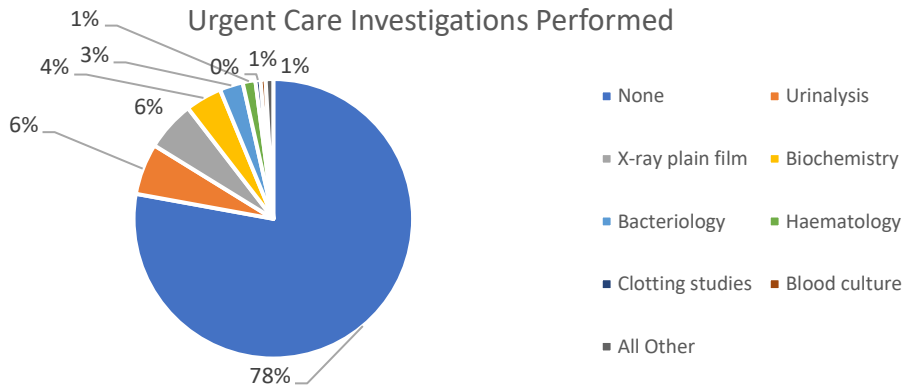
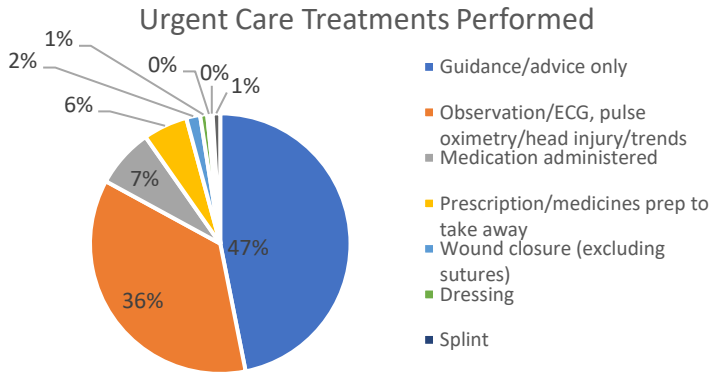






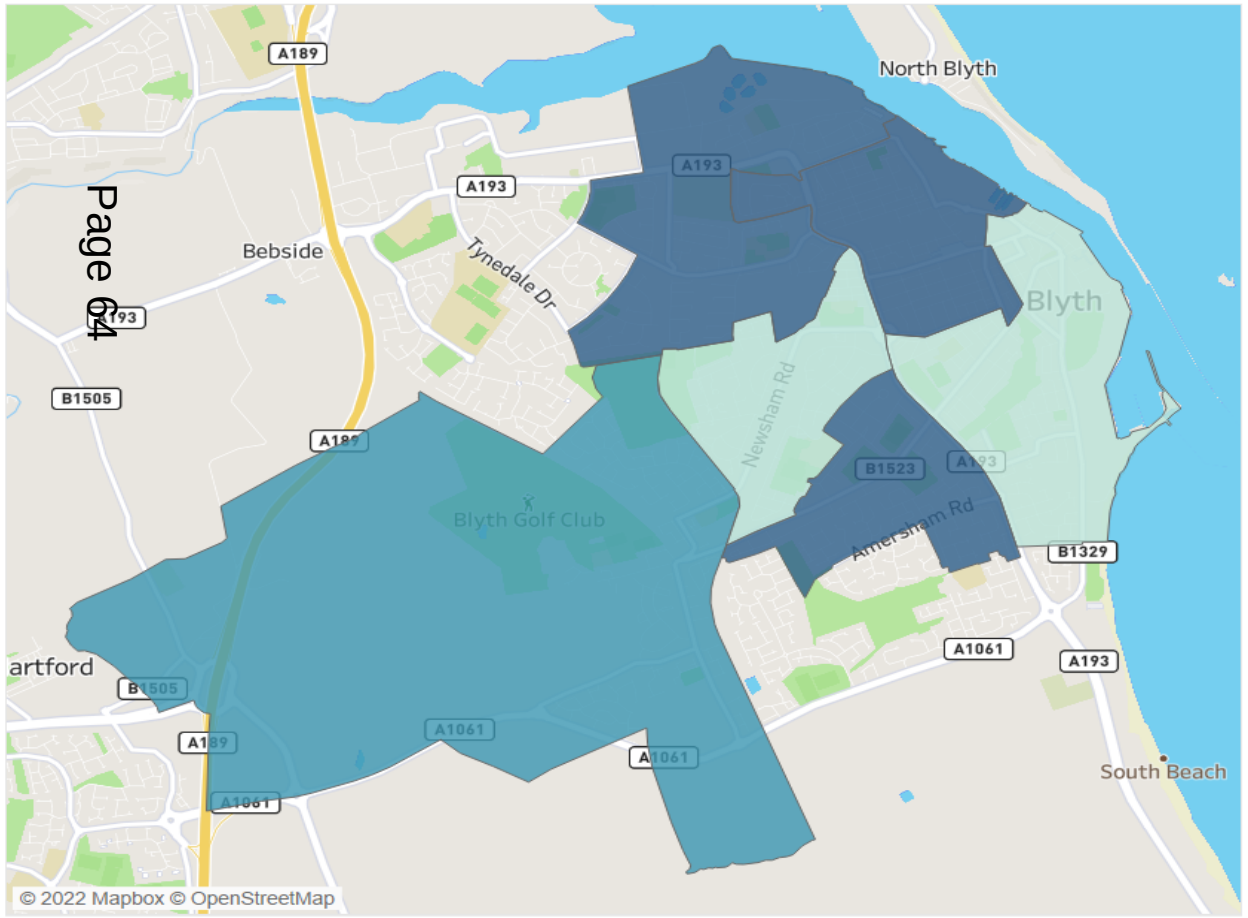
Blyth PCN - Maternal & Child Health

Local Health Data - Blyth PCN Wards

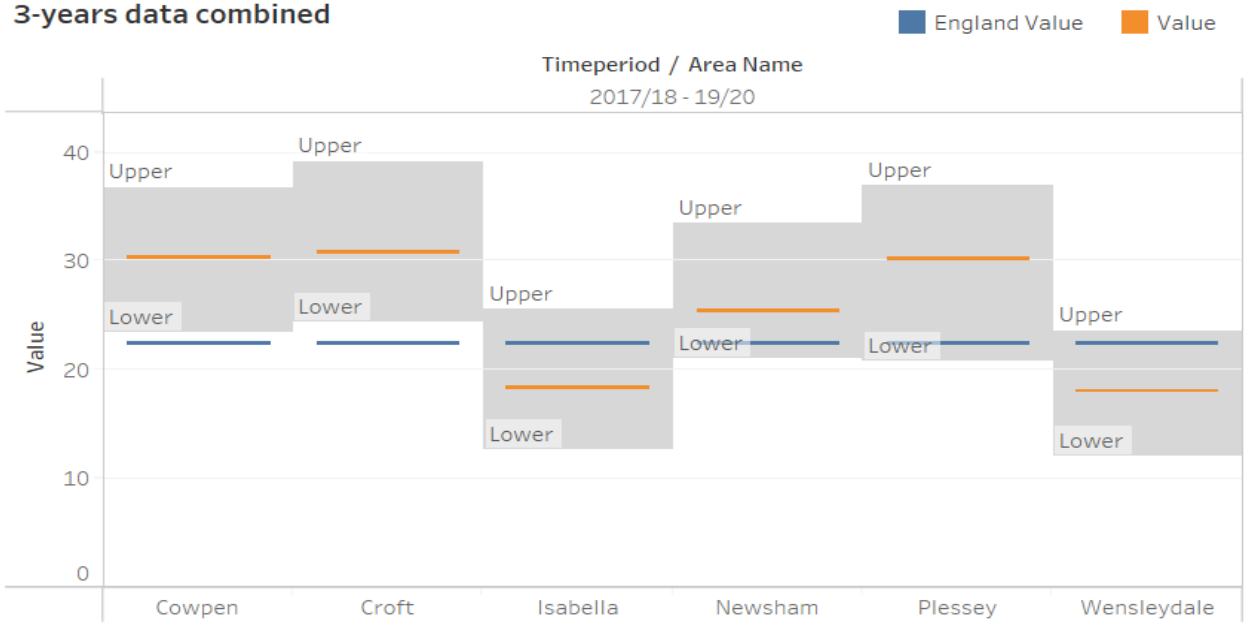
Indicator Name

Reception: Prevalence of overweight (including obesity), 3-years data combined

Local Health Indicator Ward Map - Reception: Prevalence of overweight (including obesity), 3-years data combined



Local health Indicator - Reception: Prevalence of overweight (including obesity), 3-years data combined



Local health Indicator Table - Reception: Prevalence of overweight (including obesity), 3-years data combined

Timeperiod	Area Name	Value	UpperCI95.0limit	LowerCI95.0limit	England Value
2017/18 - 19/20	Cowpen	30.56	36.86	23.54	22.60
	Croft	31.03	39.18	24.35	22.60
	Isabella	18.52	25.55	12.68	22.60
	Newsham	25.64	33.44	21.07	22.60
	Plessey	30.43	36.95	20.84	22.60
	Wensleydale	18.18	23.71	12.16	22.60

Source: www.northumberland.gov.uk

Common Themes

- Data sharing
- Access to data
- Analysis of data
- Complexity
- Engagement

NHS
North East and North Cumbria

Conclusions/next steps

- PHM is new to all and highlights the importance of partnership working
- Wide range of projects being undertaken which support addressing our inequalities agenda
- ‘Freedom to fail’
- PCN workshop planned for October with an opportunity to share initial learning
- Importance of long-term data sharing agreements/MOUs between all health and care providers

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 : 26 September 2022

FORTHCOMING ITEMS

ISSUE	OFFICER CONTACT
13 October 2022	
• Population Health Management • Employment and Mental Health JSNA • Healthy Weight Declaration • Living with Covid • Discussion item following development session	Alan Ball/Robin Hudson Liz Morgan Liz Morgan Liz Morgan/Rachel Mitcheson
10 November 2022	
• Presentation Safety & Wellbeing Visits and link to Heath & Wellbeing Strategy (Fire & Rescue Service) • Living with Covid	Graeme Binning Liz Morgan
8 December 2022	
• Safeguarding Adults Annual Report and Strategy Refresh • Thematic Group - Update • Living with Covid	Paula Mead Liz Morgan
12 January 2023	
• Northumberland Safeguarding Children Board (NSCB) Annual Report and Update of Issues Identified • Director of Public Health Annual Report • Thematic Group - Update • Living with Covid	Paula Mead Liz Morgan Liz Morgan

Updated : 26 September 2022

MEETING DATE TO BE CONFIRMED

● Wider Determinants Sub-Group – Planning and Health Update	Rob Murfin
● Impact of COVID pandemic on SEND services	Nichola Taylor
● Joint Health and Wellbeing Strategy Refresh	Liz Morgan
● Empowering People and Communities theme	
● Wider Determinants theme	
● BSIL theme	
● Whole System Approach	
● CNTW Priorities Report	Pam Travers
● Urgent and Emergency Care - Strategic Care	Siobhan Brown
● Child and Adolescent Mental Health	Cath McEvoy-Carr
● Update on Dentistry Service	NHS England

REGULAR REPORTS

Regular Reports	
● System Transformation Board Update	Sir Jim Mackey/Siobhan Brown
● SEND Written Statement Update - progress reports	??
● Population Health Management - (Oct/Apr)	Rachel Mitcheson
Annual Reports	
● Public Health Annual Report	Liz Morgan (APR)
● Child Death Overview Panel Annual Report	Paula Mead/Alison Johnson (APR)
● Northumbria Healthcare Foundation NHS Trust Annual Priorities Report	??? (MAY)
● Healthwatch Annual Report	David Thompson/Derry Nugent (JULY)
● Northumberland Safeguarding Children Board (NSCB) Annual Report and	Paula Mead (JAN)

Update of Issues Identified ● 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)
2 Yearly Report ● 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. (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.	
6	14.7.22	Ageing Well Service Review	(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.	
7	11.8.22	ICS Update	Note presentation and comments	
8	11.8.22	A Health Needs Assessment of Benefits and Debt Advice for Northumberland	(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.	
9	11.8.22	Board Development Session – Review	(1) the update be received and noted. (2) Liz Morgan and Rachel Mitcheson to discuss development of the task and finish group.	
10	8.9.22	Northumberland Inequalities Plan 2022-23	(1) the proposals for the shorter term supporting and enabling actions be agreed. (2) The proposed short, medium and long term indicators be agreed. (3) The levels of ambition and Board members' contribution to the plan be agreed. (4) The mechanism to continue to the next stage and development the long term	

			plan be agreed (5) Board partners will present the plan at a strategic level within their ow organisation for endorsement and agreement on their contribution.	
11.	8.9.22	Pharmaceutical Needs Assessment Consultation Report	Updated Northumberland Pharmacy Needs Assessment approved.	
12.	8.9.22	Family Hub Development	(1) to proceed with the funding for the Family Hub offer. (2) the development of the governance and wider processes to underpin this be supported.	
13.	8.9.22	Healthwatch Annual Report 2021-22	Report and presentation received.	
14.	8.9.22	Membership and Vice-Chair of Health & Wellbeing Board	(1) that Northumbria Police and the Fire & Rescue Service be invited to each send a representative to join the Health & Wellbeing Board. (2) Dr. Graham Syers remain as Vice-Chair of the Health & Wellbeing Board until further notice.	