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NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

At the meeting of the **Health and Well-being Board** held at Council Chamber, County Hall, Morpeth on Thursday, 8 December 2022 at 10.00 am.

PRESENT

P Ezhilchelvan (Chair) (in the Chair)

MEMBERS

M Bailey	G Binning
A Blair	Curry
S Lamb	J Lothian
R Mitcheson	L Morgan
R Murfin	W Pattison
G Reiter	G Sanderson
G Syers	M Taylor
D Thompson	P Travers
C Wardlaw	J Watson

OFFICERS

L M Bennett	Senior Democratic Services Officer
S Eaton	Northumbria Healthcare Foundation NHS Trust
P Lee	Public Health Consultant
K Lynch	Senior Public Health Manager
E Richardson	Senior Manager Specialist Services - Poverty Lead

113 APOLOGIES FOR ABSENCE

Apologies for absence were received from N. Bradley, J. Daniel, P. Mead, H. Snowden, C. Wheatley, and Councillors L. Simpson and G. Renner-Thompson.

114 MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 10 November 2022, as circulated, be confirmed as a true record and signed by the Chair.

115 DEVELOPING NORTHUMBERLAND'S COLLABORATIVE APPROACH TO TOBACCO CONTROL

Members received a report and presentation from Kerry Lynch, Senior Public

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Health Manager. The report outlined action towards a collaborative approach to tackling tobacco use in Northumberland, including an update on vaping, and asking the Health & Wellbeing Board to endorse national recommendations, influence national action and provide direction for our local approach

Kerry Lynch raised the following key issues:-

- Smoking prevalence was declining nationally and significant progress had been made in the North East. In Northumberland overall adult smoking rates had dropped from 18.8% in 2012 to 11.8%.
- Smoking was closely linked with health inequalities and further work was needed to reduce smoking rates particularly amongst the most vulnerable and disadvantaged residents and communities.
- Areas of significant concern were
 - **Pregnancy** – smoking in pregnancy was five times more common in the most deprived groups compared to the least.
 - **Mental Health** – Amongst those diagnosed with serious mental health illness, smoking rates were estimated to be around 37.1% in Northumberland
 - **Illicit tobacco** – 77% of those buying illicit tobacco were from the three lowest social and economic groups in society, disproportionately affecting the poorest communities.
- The current National Tobacco Plan expired at the end of 2022, and it was hoped that the Health & Wellbeing Board would be able to influence Government policy to draw up another national statement on smoking.
- It was hoped that partner organisations would come together as a collaborative partnership and focus on areas that were not currently being worked on and sign up to relevant declarations. Declarations included the NHS Smokefree Pledge and Local Government Declaration on Tobacco Control. It was also hoped that the national picture could be influenced by writing to the Secretary of State.

The following comments were made:-

- There was a disconnect between e-cigarettes (vaping) which were either a route to coming off inhaled tobacco or a risk modification. There was no access to e-cigarettes on smoking cessation courses. The use of e-cigarettes for smoking cessation should be encouraged. It was acknowledged that switching to an e-cigarette carried a fraction of the risk of inhaled tobacco. The County Council's Community Stop Smoking Service had received a grant from the ICS to pilot vaping amongst people with serious mental illness. This work was just commencing in Wansbeck and West PCNs.
- No specific work was planned in schools. The evidence was that if the adult world was changed then this would, in turn, influence children and young people. The percentage of young people smoking or vaping was now very low.
- Northumberland Fire & Rescue Service was aware not only of the home safety risks of smoking but also other risks relating to alcohol, dementia and deprivation.
- Trading Standards had successfully prosecuted businesses selling illicit tobacco and vapes. It was vital to ensure that e-cigarettes were compliant if

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- smokers were to be encouraged to switch to their use.
- CNTW was working with people with serious mental health problems looking at their use of vapes that they were supplied with and noting the different quality.

RESOLVED

- (1) that Members' comments be noted.
- (2) that the Chair of the Health & Wellbeing Board write to the Secretary of State for Health and Social Care to urge government to publish a new Tobacco Control Plan which includes recommendations made in the APPG report (2021) and the independent review of tobacco policy (Khan Review 2022).
- (3) that Northumberland County Council becomes a signatory to the 2022 Local Government Declaration on Tobacco Control attached as Appendix 2 to the report.

116 **THE SAFE HAVEN/ALTERNATIVES TO CRISIS NORTHUMBERLAND PROJECT**

Members received a presentation from Pam Travers, Group Director North Locality CNTW.

Pam Travers raised the following points:-

- £300,000 had been identified to develop a Safe Haven/Alternatives to Crisis proposal in Northumberland. A small group had been put together to work on the proposal.
- The location was identified after looking at population level and deprivation. Suitable accommodation had been located in Ashington.
- Safe Haven would be run by a third sector provider.
- The Safe Haven would provide a welcoming and non-clinical environment to support people experiencing psychological distress. They would offer a safe place with support out of hours over evenings and weekends.
- It was aimed to get more partners involved and that anyone could get access to the support they needed.
- Trained staff would be present and promoting recovery, emotional and social support in a non medicalised environment.
- Now that a suitable building had been identified, alterations were under way prior to opening.

The following comments were made:-

- Members welcomed the Safe Haven initiative and particularly referred to its out of hours opening.
- It was acknowledged that there would be ongoing revenue costs and these were still under discussion.
- There would also be a virtual option which would be beneficial to provide some coverage over the large county. There would not be a catchment area.

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- It was hoped to expand the Safe Haven service to other areas of Northumberland. There were already Safe Havens in Newcastle and North Tyneside.
- The Ashington site should be opened early in the next financial year.

The Chair thanked Pam Travers for her presentation.

RESOLVED that the presentation be received.

117 **NORTHUMBRIA HEALTHCARE FOUNDATION TRUST HEADLINE PERFORMANCE DETAILS AND WINTER PLANS**

Members received a report on headline performance details and winter plans from Alistair Blair and Simon Eaton of Northumbria Healthcare Foundation Trust.

Alistair Blair provided the following update:-

- Detailed figures of the Trust's performance for October 2022 were provided in the presentation including
- Ambulance handover delays – 114 cases of over one hour
- A&E attendances – 90% seen and discharged/admitted within the four hour window. The national target was 90%, however, this was the best performance in the country.
- Wait for scans and diagnostics – 96.8% waiting less than six weeks.
- Referrals within 18 weeks – 82.2% - some specialities such as Urology had massive volume and pressures, and this skewed the figures. There were a variety of reasons why a small number of patients were waiting over one year.
- Cancer – 95% of suspected cases were seen within two weeks and diagnostics within 28 days. Again, there were many different reasons why treatment may be delayed.
- A&E attendances were at an all time high and this reflected pressures within the system. The national standard was 95% and Northumbria was the highest performing Trust nationally at 90.2%
- Nationally for diagnostics, Northumbria was in the top 10 with 95.2% performance.
- Nationally for referrals, Northumbria was the highest performing Trust at 82.5%.
- Although there were still some issues, Northumbria was performing very well in comparison with its peers. Performance was monitored on a weekly basis and residents were getting a much better deal than other areas.

Simon Eaton updated Members on the Winter Plan 2022/23 as follows:-

- The overall numbers of patients in the system were higher than just before Covid and there had been no dip in attendances during summer 2022. This was leading to the workforce being very overstretched.
- The plan considered all aspects of the overall system and included bed requirements, critical care capacity, elective recovery, community services, external partners, and staffing and recruitment (health & wellbeing of staff). Responsiveness and agility were key.
- Winter plans were very well rehearsed across the system and the Trust was

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- working to address those issues.
- Covid and other winter illnesses such as flu and novovirus along with prevention and control; impact on flow; reinforcing handwashing.
- The primary aim was to continue to deliver high quality care and maintain patient safety. This included ambulance waiting times which were a concern nationally at present, overcrowding, discharge and minimisation of risk.
- Staff Wellbeing Portal – This included support to staff whilst in work but also generally.
- External Partners – There was close working with other partner organisations such as the North East Ambulance Service, PCNs and Primary Care

The following comments were raised:-

- There were a variety of reasons why a cancer patient may still be waiting for treatment outside the target timescale. This could often be due to an informed decision by the patient such as they wish to go on holiday before commencing treatment or taking time to look at all the treatment options available to them. It was not always a delay in the system.
- Regarding the comparisons with other Health Trusts in the country, the Trusts in the top 10 for various issues was fairly stable. On average NHS performance was decreasing and not performing as well as it was three years ago.
- From a Primary Care point of view, Northumberland was performing very well.
- The System Transformation Board (STB) had regular updates on the performance of the ambulance service, primary care etc. The Health & Wellbeing Board could seek assurance from the STB on performance in these services.

The Chair thanked Alistair Blair and Simon Eaton for their presentations.

RESOLVED that the presentations be received.

118 **NORTHUMBERLAND COMMUNITIES TOGETHER - COST OF LIVING CRISIS**

Members received a presentation from Emma Richardson, Senior Manager Specialist Services, updating them on the work of Northumberland Communities Together, its collaborative and corporate touchpoints with VCSE colleagues, and an overview of the action plan responding to the current costs of living pressures.

Emma Richardson raised the following points:-

- Refresh – There was a high level of partnership and collaboration with a number of different organisations and bodies. The opportunity for a lot of this work had increased over the last few days and was culminating in the production of the Inequalities Plan.
- Core Support – Northumberland Communities Together (NCT) aimed to provide the most appropriate and effective support to residents. Support included grants from the Household Support Fund, Welfare Assistance, hardship, fuel grants and energy efficiency advice. It was emphasised that a lot of delivery of services was through partner organisations.

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- In the Community – A lot of organisations were involved with community hubs and these would tie in well with the Safe Havens. Listening to users was very important. Pop up programmes and take up campaigns were known to be important especially in areas where take up of a particular benefit payment such as pension credit may low. This awareness raising was, again, being undertaken in collaboration with VCSE organisations. Teaching and learning opportunities were also available within the flagship Cramlington Hub. Some young people with additional needs had now found apprenticeship positions and employment as a result.
- Corporate Touchpoints with VCSE - Thriving Together was part of the Inequalities Plan commitment. VCSE Support Contract facilitated the touchpoints with the community sector and had been awarded to Northumbrian Citizens Advice. Cross sector working was important along with building relations and collaboration.
- Why Thriving Together matters – Decisions could be made within resources and avoiding duplication. Looking for new ways of working and a readiness to apply for and mobilise funding
- VCS Liaison Group – The group met bi-monthly with a co-led agenda and attendees from the County Council and Thriving Together with best fit VCSE and officer representation as required.
- Cost of Living, Poverty and Hardship - This formed part of the Inequalities Plan and recognised the need to prevent widening of inequalities during the current cost of living pressures.
 - Nominal allocations from Public Health reserves – proposals will be agreed over the 18 month course of the action plan.
 - Exploring additional funding from the Integrated Care Board to join up the approaches across the system.
 - Effective targeted hardship support and applied business intelligence
- Areas of particular attention to the Public Health funding allocation
 - Food - proposed £130,000 – work with food providers to ensure continued provision of quality food support over next few months. 120+ Warm Spaces with hot free or affordable meal in community venues. Expansion of community fridges, larders and shops.
 - Fuel – proposed £230,000 – cost of living support hub and information leaflets. Targeted to residents with chronic conditions adversely affected by cold homes, home visits and prioritisation of households for energy efficiency and support intervention.
 - Children and Young People – proposed £200,000 – addressing child poverty through school setting and working with education colleagues to find best approaches to support.
 - Access to advice and information and building resilience – proposed £240,000 – cost of living hub website containing reliable up to date information and support, warm spaces and places mapped, citizens advice to expand core offers and targeted leaflet, digital and trusted partner information sharing.

The following comments were made:

- Northumberland Communities Together had originally been created at the start of the Covid pandemic to offer support to vulnerable residents.
- It would be useful if there was a session to help all key partners on the Board fully understand what each other were there for and to have a wider

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peripheral vision to see how all of the services joined up.

The Chair thanked Emma Richardson for the presentation.

RESOLVED that the presentation be received.

119 **INTEGRATED CARE BOARD UPDATE ON PLACE-BASED WORKING IN NORTHUMBERLAND**

Members received a verbal update from Rachel Mitcheson, Director of Place and Integrated Services – Northumberland.

Rachel Mitcheson made the following comments:-

- The Integrated Care Board (ICB) was now six months old.
- There were two partnership working elements
- Integrated Care Partnership (ICP) – this was the statutory element of the ICB and had brought all 13 'Places' together. It met biannually and was responsible for ensuring that the ICB was moving in the right direction in a strategic way.
- Meetings would be held in the north and there had been discussions about it being the local group for partnership working.
- The System Transformation Board (STB) was the Place based board and, in the past, had been the consultative board but it was now moving towards becoming an ICB committee. Terms of reference and membership were being looked at. The committee would operate as a shadow committee prior to becoming operational in April 2023.

RESOLVED that the verbal report be received.

120 **JOINT HEALTH & WELLBEING STRATEGY THEMATIC GROUPS**

Members received a verbal progress report from the Wider Determinants Thematic Group from Rob Murfin, Interim Executive Director of Planning & Local Services.

Rob Murfin raised the following issues:-

- The wider determinants of health involved looking at the spatial patterns of inequality; where people had poorer health; where there were different elements of different layers of disadvantage.
- How health inequality played out in different places was the single most statistically clear spatial pattern of inequality. It happened in particular places and to particular groups of people.
- The issues around the wider determinants of health had been first identified in the late nineteenth century but, sadly, were still issues today.
- Weighting of issues – what importance was put on issues. For example, properly designed houses could lead to fewer trips and falls and therefore less demand on hospital services.
- Initial immediate actions - tackle fuel poverty, support for people to live independently in the right housing, make sure that people with health issues rooted in employment have them normalised compared to the general

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population and local transport policy with proper flexible options in all areas particularly in rural areas.

- It was important to put the right weight on all of these issues.
- The debate needed to become mainstream in the same way that climate change had become.

The following comments were made:-

- It was acknowledged that the issues were not new. The type of housing being built in Northumberland was high end and expensive and did not address the issues. It was commented that 60% of Local Authorities did not have any standards for adaptability in housing e.g. doorways wide enough for wheelchairs or level access. Going forward it was important to ensure that whenever a new strategy was being devised it must be considered through the inequalities lens.
- There was a risk of making the issue overly complicated. Place based issues were social multi variant issues and the same answer to the same problem may not be the same in different places.
- There was a risk of extending what the ICB could do as the NHS needed to concentrate on healthcare inequalities. There were things that the ICB could do around the wider determinants of health within the Trust's anchor organisations and own workforce but there was a need to avoid potential duplication of activity. Representatives on the ICB Board included the Director of Public Health, Director of Adult Social Care, Director of Children's Services etc and so they should be able to adequately represent the wider determinants when those issues arose. There was also a significant public health input to the ICB and developing its policies and strategies.
- Spatial planning could be the greatest legacy that could be left for the future.

RESOLVED that the verbal update be received.

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

RESOLVED that the Forward Plan be noted.

122 **URGENT BUSINESS (IF ANY)**

The Chair announced that this meeting was the last with Liz Morgan as Director of Public Health. She had been with Northumberland County Council for six years which included the Covid pandemic during which time she had provided a tremendous service. The Chair noted that Liz had been extremely supportive to him when he took over the role Chair of the Health & Wellbeing Board. The Chair thanked Liz for all of her work and service and presented her with a bouquet of flowers on behalf of the Health & Wellbeing Board.

The Chair announced that Pam Travers from CNTW was retiring and that this was also her last meeting. The Chair presented Pam with a bouquet of flowers on behalf of the Health & Wellbeing Board.

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123 **DATE OF NEXT MEETING**

The next meeting will be held on Thursday, 12 January 2023, at 10.00 am in County Hall, Morpeth.

CHAIR.....

DATE.....

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Northumberland
County Council

Developing Northumberland's Collaborative Approach to Tobacco Control

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Health and Wellbeing Board – Thursday 8 December 2022

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

Cabinet Member: Councillor Wendy Pattison

Report author: Kerry Lynch, Senior Public Health Manager

www.northumberland.gov.uk

Minute Item 115

Background 1

Local prevalence

Smoking prevalence is declining. The North East has seen a 6.7% decline in prevalence since 2012, the fastest of all regions and locally we have made significant progress, reducing overall adult smoking rates in Northumberland from 18.8% in 2012 to 12.2% currently, a 6.6% decline.

Our 12.2% smoking prevalence rate in Northumberland still amounts to almost 34,000 of our residents suffering from the harmful health effects and economic burdens imposed by tobacco use. We estimate that smoking kills 481 Northumberland residents a year.

Smoking and inequalities

Smoking drives and keeps people in disadvantage, with the proportions of people living in social housing, who have no qualifications, who are unemployed or who work in routine and manual occupations, smoking at rates we haven't seen in the overall population for over 20 years.

To tackle poverty and health inequalities, we need sustained and further work to reduce smoking rates, particularly amongst our most vulnerable and disadvantaged residents and communities.

Background 2

Pregnancy

- 10.1% of women smoking at the time of their delivery (NHS Digital, 20/21)
- Smoking in pregnancy is five times more common in the most deprived groups compared to the least.
- Latest figures show that in Northumberland 251 women were smokers at the time they gave birth and 19,152 children live in households with adults who smoke.

Mental health

- Smoking rates are much higher among people with a mental health condition. It is estimated that a quarter of people with a long-term mental health condition smoke.
- Amongst those diagnosed with a serious mental health illness, rates are estimated to be around 37.1% in Northumberland.

Illicit tobacco

- Illicit tobacco plays a key role in exacerbating tobacco harm in Northumberland, getting young smokers hooked on tobacco and making it harder for smokers to quit.
- Amongst the adult smoking population, 77% of those who buy illegal tobacco are from the three lowest social and economic groups in society, disproportionately affecting our poorest communities.

Key issues 1

National ambition, local influence

- Government ambition: Smokefree 2030 – 5% prevalence or less
- Independent review & recommendations (the Khan Review)
- National tobacco control plan expires end 2022

Critical recommendations – ‘must dos’



INCREASED INVESTMENT

Urgently invest £125 million per year.

A tobacco industry levy is preferred option.

INCREASE THE AGE OF SALE

Increasing the age of sale from 18, by one year, every year until no one can buy a tobacco product.



PROMOTE VAPING

Provide accurate information on the benefits of switching.

Whilst preventing young people's uptake.

IMPROVE PREVENTION IN THE NHS

NHS needs to prioritise - embedding at every opportunity including primary care.



Key issues 2

Vaping

- Using an e-cigarette for an adult smoker poses only a small fraction of the risks of smoking tobacco. (OHID 2022)
- For this reason, vapes are increasingly being encouraged and used as an alternative to smoking.
- Vaping is not risk-free however, and NICE recommends it is discouraged amongst children and young people who have never smoked. (ASH, NICE 2022)

Cost of living

- Smoking costs an average smoker approximately £2000 per year, a total of £65.85million spent in Northumberland annually.
- When income and smoking costs are considered, this could be driving an estimated 11,613 households in Northumberland into poverty.

Purpose & recommendations

- To outline progress made by NCC and partners toward tobacco control in Northumberland.
- To describe the development of a new Northumberland Tobacco Control Partnership and ask HWB Board to endorse and give direction to this.
- To ask HWB Board to recommend the council and partners renew commitment to tobacco control work by signing relevant declarations.
- To ask HWB Board to support national recommendations and recommend appropriate influence by NCC and senior partners.

Board is recommended to:

1. Note partner progress and support development of the NTCP and its accountability to the Board.
2. Support national policy review outcomes and influence national action by recommending letter is written to the Secretary of State asking for a national TC plan to be published.
3. Support NCC and partners to show commitment to tobacco control by signing the relevant declaration/pledge.

Smoke Free Northumberland Plan on a Page 2022-2023 DRAFT

Vision: Northumberland children born today will live a smoke free life. We aspire to reach a Smoke Free 2030, where adult smoking prevalence is 5% or lower across all demographics and groups by 2030. We shall work in partnership using an evidence-based approach

Infrastructure, skills and capacity building

Comply with Local Government Declaration on Tobacco Control (NCC).

Comply with 'Smokefree NHS' (NHCFT & CNTW).

Advocate for a Smokefree 2030.

Implement national tobacco plan.

System-wide themed partnership working.

APPG report endorsement.

Reducing exposure to second hand smoke

Monitor compliance with Health Act 2006. Develop and maintain 100% smoke free pavement licences (Business and Planning Bill 2020).

Local training on SHS/ VBA/MECC.

Focus on families via 0-19 HV offer.

Explore feasibility of a targeted smoking in the home campaign with social housing providers.

Fire Home Safety checks – revisit.

Research, Monitoring and Evaluation

Track PH intelligence on smoking.

Monitor performance of Stop Smoking Service and Treating Tobacco Dependency pathways.

Undertake health survey of children and young people.

Northumberland Residents Survey.

Report data on Trading Standards illicit activity dashboard

Undertake evidence review of young people and smoking.

Utilise FRESH data infographic.

Stop Smoking Services

Treating tobacco dependency LTP.

Provide and develop NCC community-based specialist stop smoking model across range of priority settings/groups e.g. maternity services, pharmacy, mental health, routine and manual smokers.

Working across system to develop new pathways and systems for Treating Tobacco Dependency work.

CNTW and NUTH to carry out 'deep dives' of smoking to improve practice.

Contribute to Baby Breathe research on post-partum relapse to smoking.

Implement NICE secondary care guidance for a 'smoke free NHS'.

Further develop CNTW action to reduce smoking within inpatient and community settings.

Support the Waiting Well initiative with orthopaedics.

Developing services for targeted groups in PCNs eg people with SMI

Media, communications and education

Promote campaigns e.g. 'Don't Wait', 'Stoptober', 'Secondhand Smoke is Poison', 'Keep it Out', health harms.

Develop refresh and rebranding of specialist stop smoking service, linking with TTD providers.

Advocate for action for a Smoke Free 2030, inc. tobacco industry levy.

Tobacco Regulation and Reducing Tobacco Promotion

Enforce legislation in relation to tobacco advertising, brand sharing, point of sale, standardised packaging.

Advocate for new regulatory measures on tobacco products e.g. licensing of tobacco products, review of relevant legislation.

Reducing Availability and Supply

Advocate for change in age of sale legislation from 18 to 21 years.

Intelligence led illicit tobacco activity, including Operation CeCe.

Targeted public health resource embedded in Trading Standards department.

Support regional and national illegal tobacco programmes

Working in partnership:

Northumberland County Council, Northumbria Healthcare NHS Foundation Trust, Cumbria Northumberland Tyne and Wear Mental Health Trust, Northumberland NHS Clinical Commissioning Group and PCNs

Partnership...leadership...commitment....governance

Comprehensive tobacco control is a coordinated, multiagency approach to reducing smoking prevalence and the harm from tobacco.

• Internationally recognised approach eg World Bank, Mpower model, WHO

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A key strand of these approaches is high profile senior commitment & leadership.

The NHS Smokefree Pledge

As local health leaders we acknowledge that:

- Smoking is the leading cause of premature death, disease, and disability in our communities
- Smoking places a significant additional burden on health and social care services and undermines the future sustainability of the NHS
- Healthcare professionals have a key role to play in motivating smokers to try to quit and offering them further support to quit successfully
- Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities
- Smoking is an addiction created and sustained by the tobacco industry, which promotes uptake of smoking to replace the tens of thousands of people its products kill in England every year

We welcome:

- The Government's ambition to make England smokefree by 2030 and tackle health inequalities in smoking prevalence
- The NHS Long Term Plan's commitment for all smokers in hospital, pregnant women, and long-term users of mental health services to be offered NHS funded tobacco dependence treatment by 2023-24
- NICE public health guidance on tobacco

In support of a smokefree future, _____ commits from _____ to:

- Treat tobacco dependency among patients and staff who smoke in line with commitments in the NHS Long Term Plan and Tobacco Control Plan for England
- Ensure that smokers within the NHS have access to the medication they need to quit in line with NICE guidance on smoking in secondary care
- Create environments that support quitting through implementing smokefree policies as recommended by NICE
- Deliver consistent messages about harms from smoking and the opportunities and support available to quit in line with NICE guidance
- Actively work with local authorities and other stakeholders to reduce smoking prevalence and health inequalities
- Protect tobacco control work from the commercial and vested interests of the tobacco industry
- Support Government action at national level
- Publicise this commitment to reducing smoking in our communities and to join the Smokefree Action Coalition (SFAC), the alliance of organisations working to reduce the harm caused by tobacco

Signed by: _____ Chief Executive

Chair: _____ Prof Dame Helen Stokes-Lampard, Chair, Academy of Medical Royal Colleges

Endorsed by: _____ Dr David Strain, Chair, BMA Board of Science

Prof Maggie Roe, President, Faculty of Public Health

Prof Maggie Roe, President, Faculty of Public Health

Local Government Declaration on Tobacco Control

As public health leaders, we acknowledge that:

- Smoking is a leading cause of premature death, disease and disability in our communities;
- Reducing smoking in our communities significantly increases household incomes and benefits the local economy;
- Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities;
- Smoking is an addiction largely starting in childhood, two thirds of smokers start before the age of 18;
- Smoking is an epidemic created and sustained by the tobacco industry, which promotes uptake of smoking to replace the tens of thousands of people its products kill in England every year; and
- The illicit trade in tobacco funds organised criminal gangs and gives children access to cheap tobacco.

We welcome the:

- Opportunity for local government to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reducing smoking prevalence;
- Government's ambition to make England smokefree by 2030 and tackle inequalities in smoking prevalence;
- Commitment by the government to live up to its obligations as a party to the World Health Organization's framework convention on Tobacco control (FCTC) and in particular to protect the development of public health policy from the vested interests of the tobacco industry; and
- NHS Long Term Plan commitments to provide all smokers in hospital, pregnant women and long-term users of mental health services with tobacco dependence treatment.

We commit _____ from this date _____ to:

- Act at a local level to reduce smoking prevalence and health inequalities, to raise the profile of the harm caused by smoking to our communities and in so doing support delivery of the national smokefree 2030 ambition;
- Develop plans with our partners and local communities to address the causes and impacts of tobacco use;
- Participate in local and regional networks for support;
- Support the government in taking action at national level to help local authorities reduce smoking prevalence and health inequalities in our communities;
- Protect our tobacco control work from the commercial and vested interests of the tobacco industry through any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees;
- Monitor the progress of our plans against our commitments and publish the results; and
- Publicly declare our commitment to reducing smoking in our communities and to join the Smokefree Action Coalition, the alliance of organisations working to reduce the harm caused by tobacco.

Signatories:

Leader of Council _____ Chief Executive _____ Director of Public Health _____

Endorsed by:

Prof Sir Chris Whitty, Chief Medical Officer, Department of Health and Social Care

Prof Maggie Roe, President, Faculty of Public Health

Councillor David Fothergill, Community Wellbeing Board Chair, Local Government Association

Julie Barratt, President, Chartered Institute of Environmental Health

Prof Jim McManus, President, Association of Directors of Public Health

John Herriman, Chief Executive, Chartered Trading Standards Institute

Department of Health & Social Care

Local Government Association

Chartered Institute of Environmental Health

Association of Directors of Public Health

Chartered Trading Standards Institute

9th March 2022

Next steps and thanks

Consider the recommendations set out in the paper.

Please consider and advise the Northumberland Tobacco Control Partnership on collaborative themes for action eg:

- smoking and inequalities
- smoking and cost of living
- illicit and illegal tobacco
- vaping.

Let us know if HWB Board would like further information on anything to do with tobacco control.

Thank-you

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**THE
NORTHUMBRIA WAY**

PEOPLE CARING FOR PEOPLE

Performance update

Key NHSI Access Priorities

October 2022



Northumbria Healthcare
NHS Foundation Trust

Priority	Limit/ Standard
MRSA number	1 confirmed case to date vs standard of 0
C difficile	45 cases against a threshold of ≤ 52 cases
18 weeks RTT	Incomplete target provisionally not met for October at 82.2%
A&E in 4 hours	Target not achieved for October at 90.2%
Diagnostics	Target provisionally achieved for October at 96.8%
Cancer	1 of 2 targets provisionally achieved for October 62 day GP: 70.2% 62 day Screening: 100% (<i>de-minimis rule applies</i>) <i>Shared treatments to be confirmed</i>
CQC safety and quality outcomes	Fully registered: OUTSTANDING
Learning disability standards	Fully met all applicable standards in Q2 2022/23
Information Governance	Standards met in 2021/22
Overall score	Segment 1

Performance: October 2022



Northumbria Healthcare
NHS Foundation Trust

Measure		Target/ Threshold	Performance/ Activity	Variation
Ambulance				
Handovers	0-15 mins	65%	27.6%	
	0-30 mins (<i>NEAS data</i>)	95%	70.4%	n/a
	0-30 mins (<i>Trust validated data</i>)		78.4%	n/a
	60 mins + (<i>NEAS data</i>)	0	171	n/a
	60 mins + (<i>Trust validated data</i>)		114	n/a
A&E				
Attendances	Seen within 4 hours	95%	90.1%	
Diagnostics (<i>provisional</i>)				
Waits	Waiting less than 6 weeks	99%	96.8%	
Referral to treatment (<i>provisional</i>)				
Incomplete	Total pathways	reduce to 27775 by Mar 23	33143	
	Pathways within 18 weeks	92%	82.2%	
	52+ week waits	0	26	
Cancer (<i>provisional</i>)				
2ww	Seen within 14 days	93%	94.8%	
28 day Faster Diagnosis	Ended within 28 days	75%	76.9%	
62 day GP	Treatment within 62 days	85%	70.2%	

Note: Figures in italics are provisional

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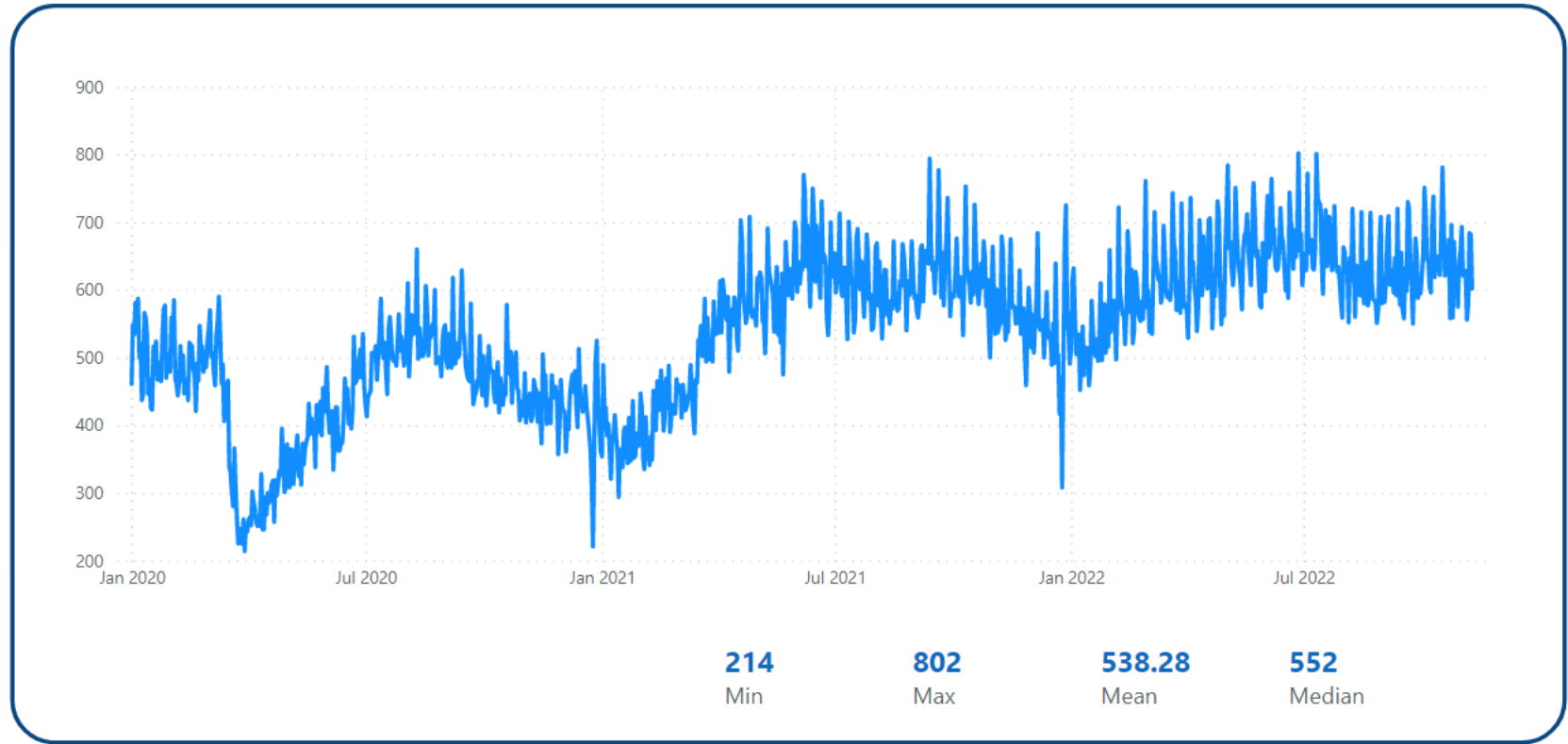
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST

A&E Attendances - Trust wide

01/01/2020 - 09/11/2022



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Regional position: A&E

Trust	Qtr2	Oct-22
Northumbria Healthcare	90.5%	90.2%
Gateshead Health	74.9%	69.3%
North Cumbria	69.1%	63.8%
Newcastle upon Tyne Hospitals	79.0%	76.7%
South Tyneside & Sunderland	75.7%	70.1%
County Durham & Darlington	69.6%	64.5%
North Tees and Hartlepool	-	-
South Tees	69.4%	65.5%

All England: (includes non-acute trusts)	71.1%	69.3%
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Notes

1. Performance analysis

Target achieved

Performance up to 5% below target or Trust ranked within top 10 trusts

Performance > 5% below target



2. A&E: North Tees & Hartlepool are in pilot group of 14 trusts; therefore 4 hour wait data not available

Regional performance metrics



Northumbria Healthcare
NHS Foundation Trust

TRUST	Accident & Emergency		18 weeks RTT	Diagnostics	Cancer	
	All	Type 1	Incomplete	All	62 day	
					Referral to treatment	Screening service
Target	95%		92%	99%	85%	90%
North Cumbria	69.5%	62.3%	59.9%	86.1%	56.3%	65.0%
Newcastle	79.9%	66.6%	69.2%	82.9%	44.1%	58.8%
Northumbria	91.3%	81.9%	82.5%	95.2%	75.2%	100.0%
Gateshead	74.8%	60.7%	74.3%	81.1%	72.0%	92.1%
South Tees	68.2%	53.0%	-	68.3%	60.1%	50.0%
North Tees & Hartlepool	-	-	78.4%	72.6%	62.7%	88.5%
South Tyneside & Sunderland	74.2%	59.5%	76.8%	77.8%	72.6%	100.0%
County Durham & Darlington	69.6%	47.7%	66.7%	89.4%	73.1%	33.3%

Notes

1a. Performance analysis (except A&E All and Type 1 YTD)

Target achieved

Performance up to 5% below target

Performance > 5% below target



1b. Performance analysis (A&E All & Type 1 YTD only)

YTD target achieved

YTD performance up to 5% below target or Trust ranked within top 10 trusts

YTD performance > 5% below target



2a. Accident & Emergency: year to date, to October 2022

2b. 18 weeks RTT: September 2022 (NHS England)

2c. Diagnostics: September 2022 (NHS England)

2d. Cancer: September 2022 (NHS England)

3. A&E: North Tees & Hartlepool are in pilot group of 14 trusts; therefore 4 hour wait data not available

Cancer Regional September 2022 performance



Northumbria Healthcare
NHS Foundation Trust

Measure	S Tyne & Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	North Tees & Hartlepool	Durham & Darlington	Northern Cancer Alliance
2ww referrals <i>(target 93%)</i>	92.9%	73.9%	79.7%	56.3%	94.1%	65.5%	83.4%	70.2%	74.4%
2ww Breast Symptomatic referrals <i>(target 93%)</i>	-	-	90.3%	69.7%	97.7%	100.0%	93.6%	59.2%	79.2%
31 day First treatment <i>(target 96%)</i>	96.2%	76.0%	100.0%	78.4%	97.4%	91.9%	97.0%	90.8%	89.0%
31 day Sub treatment: Drugs <i>(target 98%)</i>	100.0%	-	100.0%	95.8%	100.0%	96.4%	100.0%	100.0%	97.7%
31 day Sub treatment: Surgery <i>(target 94%)</i>	94.1%	100.0%	95.6%	60.1%	100.0%	50.0%	87.5%	72.7%	71.5%
62 day GP referral to treatment <i>(target 85%)</i>	72.6%	56.3%	72.0%	44.1%	75.2%	60.1%	62.7%	73.1%	63.1%
62 day Screening <i>(target 90%)</i>	100.0%	65.0%	92.0%	58.7%	100.0%	50.0%	88.4%	33.3%	73.0%
28 day Faster Diagnosis (overall) <i>(target 75%)</i>	68.5%	57.4%	75.0%	63.3%	71.4%	71.6%	79.9%	87.4%	72.9%

Please note: North Cumbria Integrated Care Trust experienced a local issue in the compilation of this month's data extract which means that data, particularly for 31 Day and 62 Day Treatments is incomplete – which may also impact on other trusts where activity is shared.

A&E: national top 10

Rank	Name	Performance
	1 Northumbria Healthcare NHS Foundation Trust	90.2%
	2 Maidstone And Tunbridge Wells NHS Trust	84.0%
	3 The Royal Wolverhampton NHS Trust	79.7%
	4 Milton Keynes University Hospital NHS Foundation Trust	79.3%
	5 Blackpool Teaching Hospitals NHS Foundation Trust	78.8%
	6 George Eliot Hospital NHS Trust	78.0%
	7 St George's University Hospitals NHS Foundation Trust	78.0%
	8 Homerton Healthcare NHS Foundation Trust	77.1%
	9 Royal Cornwall Hospitals NHS Trust	77.0%
	10 Sherwood Forest Hospitals NHS Foundation Trust	76.7%

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Diagnostics: national top 10

Rank	Name	Performance	Total Waiting List
	1 Chelsea and Westminster Hospital NHS Foundation Trust	98.8%	8410
	2 Homerton Healthcare NHS Foundation Trust	97.6%	7816
	3 South Warwickshire University NHS Foundation Trust	97.5%	7289
	4 Central and North West London NHS Foundation Trust	96.6%	145
	5 London North West University Healthcare NHS Trust	95.4%	8851
	6 Northumbria Healthcare NHS Foundation Trust	95.2%	9755
	7 King's College Hospital NHS Foundation Trust	95.1%	11838
	8 Lewisham and Greenwich NHS Trust	94.6%	10735
	9 Oxford University Hospitals NHS Foundation Trust	93.5%	14507
	10 Calderdale and Huddersfield NHS Foundation Trust	93.4%	8854

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RTT: national top 10

Rank	Name	Performance	Total incomplete pathways	Number waiting >52 weeks
1	Northumbria Healthcare NHS Foundation Trust	82.5%	32556	11
2	Croydon Health Services NHS Trust	80.6%	27450	43
3	Homerton Healthcare NHS Foundation Trust	80.4%	25360	94
4	Barnsley Hospital NHS Foundation Trust	79.1%	19281	74
5	North Tees And Hartlepool NHS Foundation Trust	78.4%	19622	32
6	South Tyneside And Sunderland NHS Foundation Trust	76.8%	57029	131
7	Kingston Hospital NHS Foundation Trust	75.3%	31054	21
8	Gateshead Health NHS Foundation Trust	74.3%	12427	91
9	King's College Hospital NHS Foundation Trust	74.0%	79464	692
10	North Middlesex University Hospital NHS Trust	73.1%	18824	221

NCWT 62 day GP referral to treatment: North East regional ranking

Rank	Accountable provider	Performance	No. receiving treatment
	1 Northumbria Healthcare NHS Foundation Trust	75.2%	143.5
Page 21	2 County Durham And Darlington NHS Foundation Trust	73.1%	139.5
	3 South Tyneside And Sunderland NHS Foundation Trust	72.6%	119.0
	4 Gateshead Health NHS Foundation Trust	72.0%	71.5
	5 North Tees And Hartlepool NHS Foundation Trust	62.7%	84.5
	6 South Tees Hospitals NHS Foundation Trust	60.1%	175.5
	7 North Cumbria Integrated Care NHS Foundation Trust	56.3%	43.5
	8 The Newcastle Upon Tyne Hospitals NHS Foundation Trust	44.1%	212.0



Any questions?

Thank you

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THE
NORTHUMBRIA WAY

PEOPLE CARING FOR PEOPLE

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Winter Plan 2022/23

Dr Simon Eaton

Business Unit Director, Medicine and Emergency Care

Hospital context

NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST

Attendances - Trust wide

01/01/2020 - 12/10/2022



- Performance remains challenging for a number of reasons
- Increasing attendances generally (ED, UTCs, Ambulatory care)
- Increase in admission numbers and length of stay
- Impacted by large number of factors

AND

- Crowding continues to be a concern
- Maintaining flow is essential this winter
- Bed base and effective discharge arrangements are vital

Plan considers

- Bed requirement
- Critical care capacity
- Elective recovery
- Paediatric impact
- Community services
- External partners
- Staffing and recruitment - Health and wellbeing of staff
- Key messaging internally is ‘responsiveness and agility’

New senior ‘oversight’ roles for Eliot Sykes, Simon Eaton and Elaine Henderson

The next six months

- Well rehearsed winter pressures
- Workforce
 - Deeper dive into wards/depts to include the triangulation of sickness absence, bank usage, staff experience data, vacancies etc. to provide us with the intelligence to focus where we need too
- Elective work delivery
- Covid and other winter illnesses, inc. flu & norovirus; prevention and control; impact on flow; reinforcing handwashing
- Primary aim through all our plans is to continue to deliver high quality care and maintain patient safety
 - Demand at front door, Ambulance corridor
 - Crowding – Emergency Department (ED), ambulatory care and waiting rooms
 - Flow, including discharge
 - Minimise falls risk, delirium, nosocomial infection, etc.

Staff Wellbeing Portal

PEOPLE **CARING** FOR PEOPLE

Your health and wellbeing is important to us so we have pulled together a range of useful resources to help you quickly find information to support you and your family's health and wellbeing. The resources are divided into five categories below, each housing a range of links to useful websites, information and guidance and trust documents that you may find useful.



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Mental Wellbeing

Go



Physical Health

Go



Self care

Go



Supporting others

Go



Financial Wellbeing

Go



External Partners

- Working closely with NEAS – pilot with ED consultants
- Close links with PCNs and primary care
- External transport company extended hours
- Primary care and LA bimonthly calls to ensure we understand each other's pressures
- Development of additional short term placement beds in NT
- Regular Directors network calls across all trusts in the region – working across our health system



Thank you – any questions?

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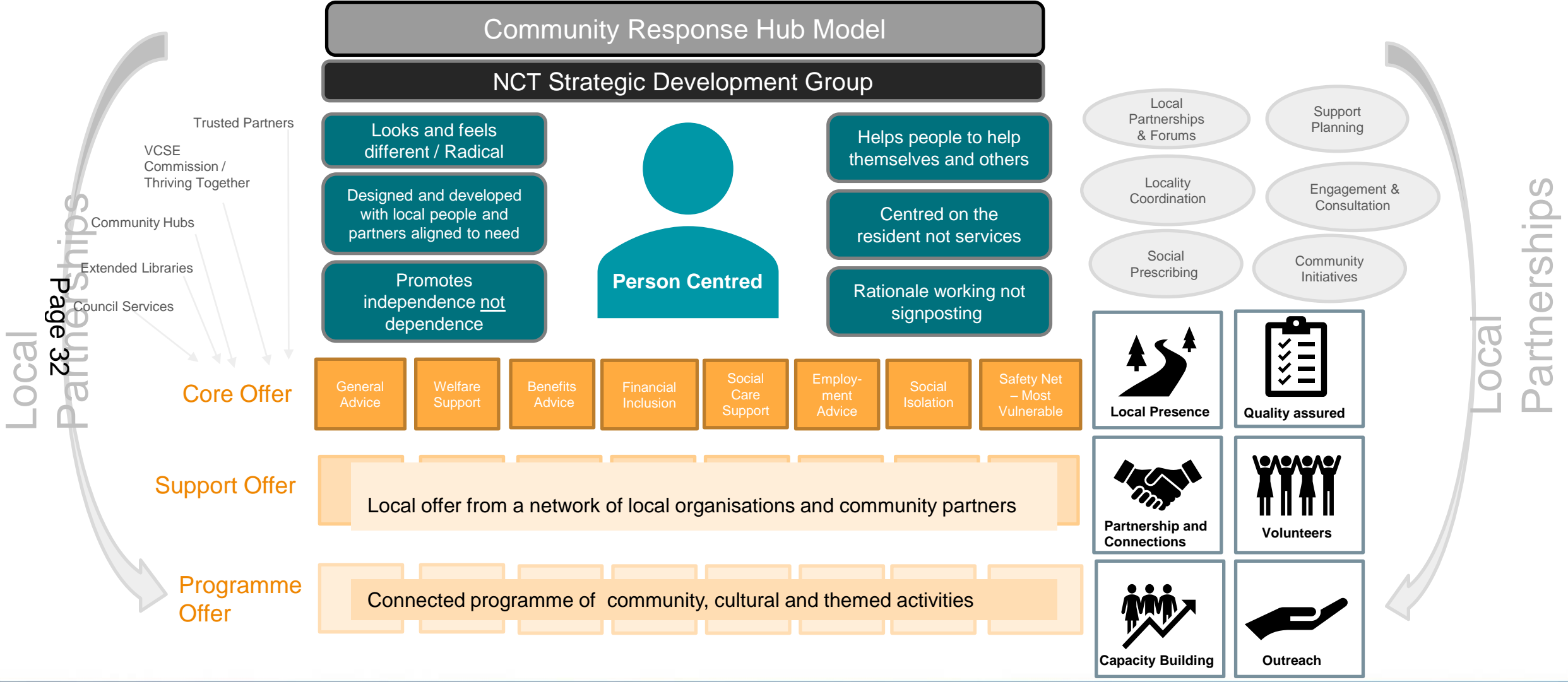


Update to Health and Wellbeing Board 8th December 2002

- Northumberland Communities Together (NCT)
- Corporate touchpoints with Voluntary, Community, and Social Enterprise Sector (VCSE)
- Northumberland County Council response to cost of living pressures

Emma Richardson
emma.richardson@northumberland.gov.uk

Northumberland Communities Together - refresh



Northumberland Communities Together: Core Support

- NCT supports residents with the most appropriate and effective support, makes best use of existing resources, and works in close partnership with our VCSE colleagues.
- **The Household Support Fund is to support households in the most need (current grant £2.4m)**
- Connects to county wide partner led support and prevention
- **Northumberland Emergency and Transition Support – Welfare Assistance (£215k granted since 2020)**
- NCT and Citizens Advice have for two years delivered a successful energy pathway, now open to all to refer in for hardship fuel grants and energy efficiency advice (452% increase in CAB energy demand in 2022)
- **Funding allocated to cover FSM payments in the non-term time October 2022, Christmas 2022, February 2023 and Easter 2023 (£1.1m)**
- Targeted expansion of the HAF programme (£1.2m)

Northumberland
County Council

Warm Welcome

Northumberland
Communities
Together



If you want to come and say hello face to face, we've got a network of community spaces that you can visit this winter.

They are warm, welcoming places where you can pop in, spend some time and even have a chat (about cost of living or anything else).

For you, your family and friends

Find your nearest warm space at
nland.cc/warmspaces

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Northumberland Communities Together – in the community

- Community hubs – local and in partnership for an inclusive economy – 5 key hubs with additional grant support across the county, eg CVA Blyth Valley hub
- Warm Spaces and Places – A warm welcome to stay well and connected this winter and beyond
- Locality Coordinators, patch profiles, and local leadership
- Pop up programmes and take up campaigns
- Volunteering and Corporate Social Responsibility
- Teaching and learning opportunities, eg catering
- Leaning in – eg Active Thru Football (Onside)
- Cost of Living response (to follow)

Corporate touchpoints with VCSE



- **VCSE Support Contract – known as Thriving Together**

- Stakeholder review to redesign and futureproof existing commission
- Platform, facilitator, and conduit for cross sector working and innovation
- Awarded to Northumbrian Citizens Advice
- Connects to traditional infrastructure support
- Builds relationships, county wide and hyperlocal, building partnerships and collaboration
- Enables mixed, new investment for Northumberland

Where are we now:

- Best fit representation at strategic table
- 13 networks across Northumberland – VCSE, NCC, and NHS involved, including **VCSE Taskforce** for Inequalities plan
- Secured more than the value of the contract per year for the VCSE sector in Northumberland (£700k to this point)
- Handling of investment from NHS, DLUHC, NCC, ICB, ASSURA, and North of Tyne
- Works with North of Tyne Combined Authority, and the Integrated Care B



VSE Support contract – Thriving Together

Communication, visibility of work and opportunity

Network and capacity building

Builds on/ promotes existing work / activities



THRIVING TOGETHER

VCSE Support Contract

Networks:
ILO, Learning Disability, EDI, Women, Health and wellbeing, Culture, North Northumberland, Employability, Ageing Well, Blyth Valley, Young People, VCSE Taskforce ++

Events, training, one off opportunities, external activities and engagement, spotlighting



Draws from wider community for best fit representation



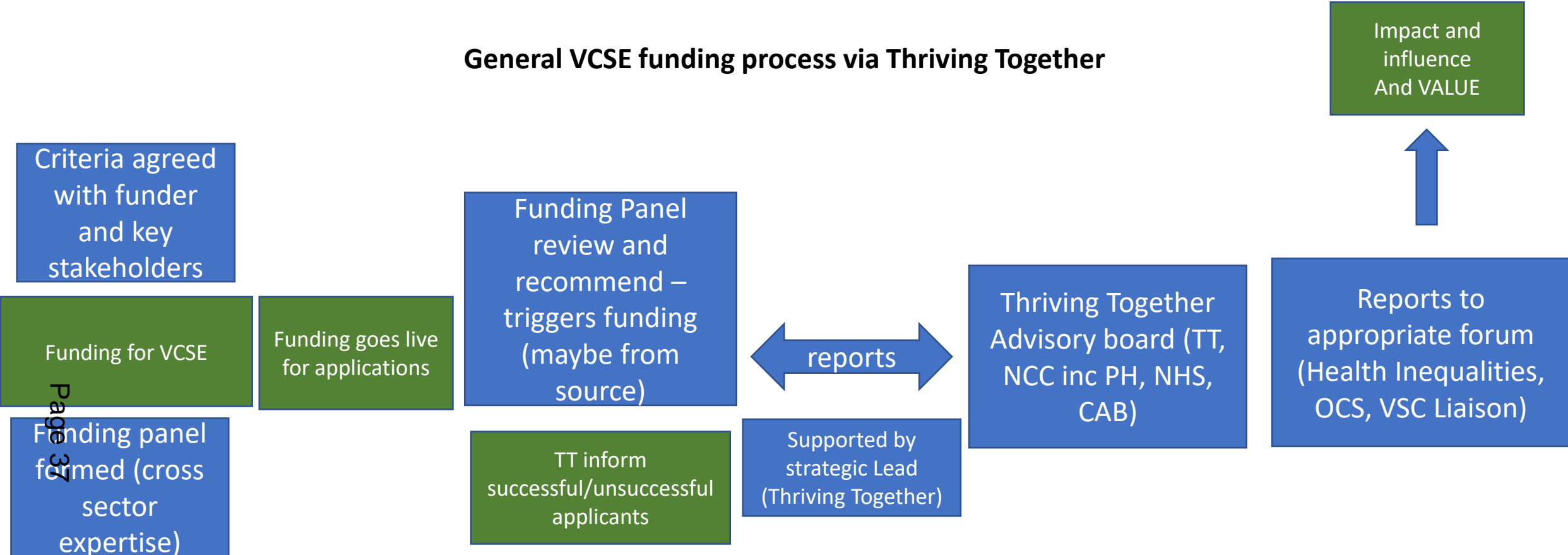
Equipped and informed to influence funding and funders



Relevant, hyper local intervention and activity

Multi sector

General VCSE funding process via Thriving Together



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Multi sector

Why Thriving Together matters?

- Able to make 360 decisions with existing resources, avoid duplication, innovate, and find best value.
Eg Population Health Management / Health Inequalities
- Reach and meaningful contribution allows us to influence regional and national policy and funding to further Northumberland's ambitions.
Eg HAF+
- Collaboration, funding and commissioning arrangements readies Northumberland to mobilise bids, activity and impact at pace and with confidence.
Eg Shared Prosperity Funding, Employability multiplier
- Community led messaging has great local reach – as many of our solutions can be found in our communities.
Eg Adult social care pilot/new models of volunteering
- New money allows us to try new things together, and make change for the future
Eg DLUHC school readiness

VCS Liaison Group

- Council recognises the expertise, partnership, value, and capacity in our communities
- Important to come together to discuss emerging opportunities and concerns, and to explore shared solutions.
- Refreshed Liaison Group in 2022 – Chair Cllr Paul Ezhilchelvan, and Deputy Cllr Veronica Jones
- Bi-monthly meetings with co-led agenda
- Core attendees from NCC and Thriving Together, with best fit VCSE and NCC officer representation for agenda items
- Task and Finish activity where appropriate

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Why this helps?

- Visible agenda – TT facilitates county wide input to shape relevant agenda
- Showcases vibrant community sector activity
- Relationship and trust building with open discussion
- Knowledge and resource sharing

Example: Sarah McMillan - Shared Prosperity

TT and VCSE colleagues mobilised ahead of launch to explore best approach for Northumberland
Successfully secured Multiplier funding on a collaborative bid, worth £170k -previously only NLT and CAB would have been eligible as single organisations.

Northumberland's Response to Cost of Living, Poverty, and Hardship

The plan

- Forms part of the Inequalities action plan (section 4.5)
- Builds on significant work in progress, learning, and existing investment
- Creates further opportunities to work more closely with our communities
- Acknowledges current pressures but ties short and longer term actions for future resilience
- Recognises the need to prevent widening of inequalities during current cost of living pressures

Focuses on key pressures:

- Targeted hardship support
 - Food
 - Fuel
 - Children and young people
 - Access to advice and information and building resilience
-
- **Nominal allocations from Public Health reserves – proposals will be agreed over the 18month course of the action plan**
 - **Exploring additional funding from Integrated Care Board (ICB) to join up our approaches across the system**

Effective targeted hardship support and applied business intelligence

- Working collaboratively Northumberland Communities Together have successfully targeted and administered hardship support totalling more than £9.8m
- £15.4m has been administered in Council Tax reduction payments.
- Over £200,000 has been provided to community organisations such as Foodbanks to provide local practical support and to develop sustainable interventions to reduce need and increase financial resilience.
- Working with and in our communities to ensure supports are visible and accessible to residents where needed is key, allowing us to build relationships and insights to how best to address challenges for the longer term.

Support in place:

- Cost of Living web hub and support pack for ALL
- NCT administer Household Support Fund and Northumberland Emergency and Transition support to households in most need
- NCT core team providing up to date and impactful support, information, and signposting including to externally administered grant funds
- Energy pathway – additional funding provided for crisis support with prevention
- Dynamic and targeted pop up programming, asset mapping, and partnership building

Next steps:

- Policy in Practice LIFT tool for best use of council held data for targeting limited resources and funding
- Business Intelligence mapping collective data insights to inform delivery and demonstrate impact

Areas of particular attention to the Public Health funding allocation

Food:

- Inflation highest since early 1990's with fresh food prices increased by 10%, and lowest priced (value range) foods by 17%, additional pressure on rural residents
- Food prices currently inconsistent
- Restricted availability to groups and organisations as supermarkets face stocking challenges.
- Reduced food donations from public
- Access to fresh and affordable food is key for health and wellbeing

Support in place:

- Northumberland Communities Together 7 day support hub/website 37% of calls concern food
- Free School Meals voucher allocation until Easter 2023 and associated take up campaign
- Holiday Activity and Food programme
- Nourish Northumberland strategy re food insecurity, surplus, and healthy affordable food

Proposed nominal allocation from Public Health reserve £130,000

- Nourish Northumberland and food providers work with NCT to ensure the continued provision of quality and food support over coming months.
- 120+ Warm Spaces, this funding will allow hyper local food support such as a hot free or affordable meal in local community venues, training for volunteers, and local solutions for affordable fresh food.
- Data led expansion of community food models such as community fridges, larders, and shops

Areas of particular attention to the Public Health funding allocation

Fuel:

- Energy price cap increases, and while frozen until April 2023, most people will pay around £1,570 more per year meaning more residents in fuel poverty or facing fuel insecurity.
- Average household's bills capped at £2,500, the government has also offered some further assistance for low income households, pensioners, and residents who receive a disability benefit.
- Increased anxiety particularly with older residents
- A warm home is key to keeping residents safe and well

Support in place

- Energy pathway via self or partners referral for crisis and prevention support
- Warm Homes leaflet for partners to navigate support
- Effective management and targeting of Central Government fuel support
- Cost of Living support hub and information leaflets into communities

Proposed nominal allocation from Public Health reserve £230,000

- Energy Plus pathway – Warm Homes on Prescription
- Data led prioritisation of households for energy efficiency and support intervention
- Targeted to residents with chronic conditions adversely affected by cold homes
- Home visits, warm home, and appropriate and effective next steps (eg boiler replacement)



Areas of particular attention to the Public Health funding allocation

Children and young people:

- High number of children from working families experiencing poverty (70% of 14682 children)
- Younger and larger families at greatest risk
- Free School Meal entitlement is growing, but many children living in low income households ineligible
- For the best start in life children must be able to access opportunities available to them

Support in place

- Broad ranging hyper local universal supports such as breakfast clubs, uniform recycling, after school activity including family support, also Family Hubs.
- Free School Meals – hot school meal day and holiday voucher in place, and associated take up efforts
- Healthy Start payments for fresh food, milk, and vitamins for eligible families with a child under 4
- Holiday Activity and Food programme

Proposed nominal allocation from Public Health reserve £200,00

- Addressing child poverty through school setting
- Work with EY, education, and further education colleagues to find best approaches to support
- Eg school uniform, hygiene support/period poverty, breakfast clubs



Access to advice and information and building resilience:

- Builds on Empowering Communities and Northumberland Communities Together
- Northumberland Communities Together (NCT) 100% increase in requests for information and support, average 116 calls per week in 2021 to 203 in 2022 increasing partnerships
- Citizens Advice Northumberland (CAB) 551% increase in energy/utility support, 640% charitable (eg food support), and energy advice 452%
- Accessing reliable information from trusted sources is a key aspect of residents feeling secure and able to manage

Support in place:

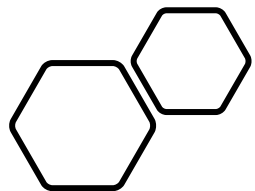
- Cost of Living hub website with reliable up to date information and support
- **Frontline referral platform** for partners and residents to find and access support and information
- Warm spaces and places mapped and opening ahead of the colder months
- Targeted community programming and pop ups and take up activity eg pension credit, free school meals, energy efficiency, affordable credit etc
- Citizens Advice commission increased to expand core offers – welfare and debt advice
- Targeted leaflet, digital, and trusted partner information sharing

Proposed nominal allocation from Public Health reserve £240,000

- Expand NCT team appointing locality based fixed term staff to further embed asset based community development approaches

Poverty resilience nominal allocation £200,000

- Robust yet nimble resource available to mitigate poverty and as yet unforeseen challenges
- Includes training and upskilling, innovation, and hardship responses not covered in this plan



Thank you
Emma Richardson, Senior Manager,
Specialist Services