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Northumberland
County Council

Your ref:
Our ref:
Enquiries to: Lesley Bennett
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Tel direct: 01670 622613
Date: 28 February 2023

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, 9 MARCH 2023** at **10.00 AM**.

Yours faithfully

Dr. Helen Paterson
Chief Executive

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

G Binning, A Blair, J Boyack, N Bradley, C Briggs, P Ezhilchelvan (Chair), S Lamb, J Mackey, S McCartney, V McFarlane-Reid, P Mead, R Mitcheson, L Morgan, R Murfin, W Pattison, G Reiter, G Renner-Thompson, G Sanderson, E Simpson, H Snowdon, G Syers (Vice-Chair), M Taylor, D Thompson, 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 meeting of the Health and Wellbeing Board held on Thursday, 12 January 2023 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. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2021/22 - HEALTHY WEIGHT FOR ALL CHILDREN (Pages 9 - 48)

To receive the independent Director of Public Health Annual Report for 2021/22 which is focused on healthy weight in children and highlights the importance of creating the conditions to enable all children to be a healthy weight. The report will be presented by Gill O'Neill, Executive Director of Public Health, Inequalities and Stronger Communities, and Kaat Marynissen.

5. 0-19 GROWING HEALTH SERVICE SUMMARY REPORT (Pages 49 - 62)

To receive an update report describing progress to date and giving assurance that the team delivers a high quality, responsive and effective service to the children, young people and families of Northumberland. The report will be presented by Ashley Iceton, Harrogate & District NHS Foundation Trust.

6. HEALTH INEQUALITIES FUNDING ALLOCATION ACROSS THE NORTH EAST AND NORTH CUMBRIA INTERGRATED CARE BOARD (Pages 63 - 70)

To receive a brief overview of the programmes approved by the ICB Executive and highlights how this will benefits residents in Northumberland. The report will be presented by Gill O'Neill, Executive Director of Public Health, Inequalities and Stronger Communities.

7. HEALTH AND WELLBEING BOARD – FORWARD PLAN (Pages 71 - 80)

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

8. URGENT BUSINESS (IF ANY)

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

9. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 13 April 2023, at 10.00 a.m. at County Hall, Morpeth.

PLEASE NOTE - Immediately following the meeting there will be a one-hour closed development session on the Physical Activity Strategy facilitated by Lee Sprud and David Turnbull.

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)

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Wellbeing Board** held in County Hall, Morpeth on Thursday, 12 January 2023 at 10.00 a.m.

PRESENT

Councillor P. Ezhilchelvan
(Chair, in the Chair)

BOARD MEMBERS

Binning, G.	Pattison, W.
Blair, A.	Reiter, G.
Boyack, J.	Sanderson, H.G.H.
Bradley, N.	Simpson, L.
Iceton, A. (substitute)	Snowdon, H.
McCartney, S.	Syers, G.
Mead, P.	Taylor, M.
Mitcheson, R.	Watson, J.
Nugent, D. (substitute)	Wardlaw, C.
O'Neill, G. (substitute)	

IN ATTENDANCE

L.M. Bennett	Senior Democratic Services Officer
A. Johnson	North East & North Cumbria Integrated Care Board
K Wright	Senior Manager – Safeguarding Adults

124. APOLOGIES FOR ABSENCE

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

125. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 8 December 2022, as circulated, be confirmed as a true record and signed by the Chair.

126. CHILD DEATH OVERVIEW PANEL ANNUAL REPORT (MARCH 2021-APRIL 2022)

Members received the Child Death Overview Panel (CDOP) Annual Report and a presentation from Alison Johnson, Designated Nurse Safeguarding Children, North East & North Cumbria Integrated Care Board.

Alison Johnson raised the following key points:-

- The role of the Panel included
    - review the death of every child normally resident in the area regardless of where death occurred. The report on all children whose deaths had been reviewed in 2021/22 regardless of the year in which they died.
    - There was a statutory duty to scrutinise each case and challenge the agencies involved to enhance learning and improve service delivery and patient experience.
    - Determining the contributory and modifiable factors and make recommendations to all relevant organisations.
- The total number of death notifications for Northumberland in 2021/22 was 19 in comparison to 16 in 2020/21 with 10 being reviewed. Circumstances such as police procedures may delay the review of a death. In six cases, modifiable factors were identified.
- Modifiable factors identified included:-
    - Parental smoking, missed immunisations, delays in diagnosis, maternal obesity during pregnancy, unsafe sleeping arrangements, and failure to recognise vulnerability in young people.
- The Designated Nurse Safeguarding Children would be informed of any themes and modifiable factors relating to the review of the death of a Northumberland child in order to share these with appropriate organisations.

The following comments were made:-

- There appeared to be an increase in male deaths, however, it was difficult to identify any trend with such small numbers and only over a two year period.
- There was an increasing trend to include the deaths of very premature children who would not have survived as well as still births at term. It was important to consider delineating between the two, whilst it did not diminish the tragedy for families of the first.
- It was noted that the governance of the CDOP annual report formerly lay with the Safeguarding Partnership and now lay with the Health & Wellbeing Board. This was important to note in relation to the modifiable factors that these needed to be explicitly taken on by the Health & Wellbeing Board.
- The reviews undertaken by the CDOP were looked at as isolated events whereas there was a need to consider whether there were clusters in particular communities and modifiable factors such as smoking. This could be taken into family hubs.
- Health Visitors did a comprehensive assessment commencing in the ante natal period and a home environment assessment was built into this working with parents about sleep habits and risk factors. Action plans were built into the assessment process.
- The CDOP report had been shared with the Tobacco Partnership.

- The Registrar service was based within Family Hubs in Northumberland and holistic, wraparound service could be offered for bereaved families.
- Child immunisation rates in Northumberland had always been good and above the national average.
- Parents were informed that their child's case was being reviewed but not about any modifiable factors which were identified.
- It was important that all Members should take this report back to their organisations to ensure that they were working to the best of their ability regarding children and young people.

RESOLVED that the report and presentation be received.

127. NORTHUMBERLAND CHILDREN AND ADULTS SAFEGUARDING PARTNERSHIP (NCASAP) ANNUAL REPORT SEPTEMBER 2021 – AUGUST 2022
SAFEGUARDING CHILDREN IN NORTHUMBERLAND

Graham Reiter, Service Director Children's Social Care and Interim DCS, reported that the Children and Adult Safeguarding Partnerships were to be integrated into one Partnership from April 2023. It was felt that the Partnerships could be integrated to enhance learning, streamlining and working more efficiently.

Members received a report setting out Northumberland's multi-agency safeguarding arrangements for children and young people. The purpose of the report was to ensure transparency for children, families and practitioners about the activity agencies have undertaken and how effective these arrangements had been in practice. The report was presented by Paula Mead, NCASP Independent Safeguarding Scrutiny and Assurance Chair.

Paula Mead raised the following key issues:-

- The conclusion of the report was that Northumberland was working effectively and the Partnership was an effective Safeguarding Partnership. There was a great deal of goodwill amongst partners to be open and transparent to ensure that children and young people's welfare was at the heart of what was done.
- Improvements over the period included work around the voice of the child, particularly for vulnerable children.
- There were a number of priorities which would be reviewed over the next few months. These included:
    - The impact of Coivd-19
    - Mental Health, suicide, self-harm, social media impact/bullying
    - Neglect
    - Safeguarding children under one year old including non-accidental head injuries and co-sleeping.
    - Impact of domestic violence on children including child to parent violence and abuse.

- Harmful sexual behaviour.
- Local Children Safeguarding Practice Reviews had replaced Serious Case Reviews although the purpose was the same. The process had changed as these were rapid reviews. Reviews held over the last year included child suicide, neglect and domestic homicide.
- It was believed that the Northumberland Partnership had worked well and met its statutory duties and delivered safe and effective services to safeguard children. There was also evidence of improvements over the last year.

The following comments were made:-

- Staff visiting homes in a professional capacity were trained to identify potential issues and to know how to refer the problem on to the appropriate organisation.
- Northumbria Police had been invited to comment on the report and it was noted that it had a dedicated Safeguarding Department to support the Safeguarding Boards, young children and vulnerable adults. Safeguarding 'was everybody's business', and all police officers were trained to recognise vulnerabilities and safeguarding concerns.
- It was important to note that it was a strength of the Partnership that every partner organisation was open to challenge.

RESOLVED that the contents of the report be noted.

128. NORTH TYNESIDE AND NORTHUMBERLAND SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2021-22

Members received an overview of the work caried out under the multi-agency arrangements for safeguarding adults during 2021/22. The report was presented by Karen Wright, Senior Manager, Safeguarding Adults.

Karen Wright raised the following key points:-

- Northumberland had experienced a 38% increase in safeguarding concerns and a 6% rise in safeguarding enquiries in 2021/22. The main location of abuse had been within the home but there had also been an increase in reports relating to nursing and care homes.
- There had been surges in activity relating to Covid including self-neglect, isolation, domestic violence and mental health issues.
- There had been a focus on understanding the impact of the pandemic on local safeguarding activity enabling a response to changing safeguarding needs, identifying lessons learnt and informing future planning and priorities.
- The MASH (Multi-Agency Safeguarding Hub) had been extremely effective in providing a multi-agency response in Northumberland and enable quick action in responding to safeguarding concerns.

- Key strategic priorities outlined in the report would be revised with the integration of the Children and Adults' Boards, however, there would still be some focus on Children or Adults only themes.
- Much of the work done in Northumberland had been recognised as good practice nationally.
- In the previous Annual Report, the increase in domestic abuse had been of significant concern. The increase had continued this year but at a lower rate. This was a concern for both the Children and Adult Boards and it was expected to continue under the joint arrangements.
- Regarding criminal exploitation, there was a delivery plan to increase community awareness.
- It was always a priority to make safeguarding personal. Adults at risk were asked what they wanted to happen and achieving those outcomes. It was hoped to involve adults at risk more in the working of the Board going forward.
- There had been no safeguarding adult reviews in the last year under the criteria but two learning reviews had been commenced. A recent joint review with the Children's Board had resulted in significant learning.
- In addition to the integration with the Children's Safeguarding Board, it had also been decided to separate from the joint arrangements with North Tyneside and to operate with a more place-based focus.

The following comments were made:-

- It was confirmed that there was voluntary sector representation in the wider partnership. The membership of all the sub groups was being reviewed as part of the new structure to ensure that bodies were represented on the groups most relevant to them.
- There was a safeguarding adults training programme and lots of guidance documents regarding self-neglect. An animation had been recently produced aimed at the public and volunteers. These were available on the Safeguarding Adults website.
- The wider governance was being looked at to streamline and maximise the work as there were so many different governance oversight arrangements. It was aimed to keep developing and evolving, to avoid unnecessary duplication and be more effective.

RESOLVED that the contents of the report be noted.

129. BETTER CARE FUND AND THE ADULT SOCIAL CARE DISCHARGE FUND

Members received a report seeking endorsement of plans for the use of funding received through the Better Care Fund (BCF), including £2.6m of additional funding intended to support discharge from hospital during the winter months. The report was presented by Neil Bradley, Director of Adult Services and Rachel Mitcheson, Director of Place and Integrated Services – Northumberland.

Neil Bradley explained that the guidance for the submission of the plan for Better Care Fund had not been published until late July with a requirement to submit the plan by 26 September 2022. It had not been possible to seek approval by the Health & Wellbeing Board. Details of further funding, the Adult Social Care Discharge Fund, had been published in November 2022. As it had not been possible to seek approval by the Health & Wellbeing Board before submitting plans, the Board was now being asked for ratification.

The BCF funding was recurrent funding whereas the Discharge Fund had to be spent within the financial year. From the Local Authority point of view much of the BCF funding went into domiciliary care services. Funding had also been put into the hospital discharge team which had been able to grow substantially. Appendix 1 of the report outlined expenditure in the BCF plan for 2022/23 and was entrenched in core services. Funding was split into three areas:-

- Core funding via the ICB
- The improved BCF which came direct to the County Council, although there was a requirement to consult with the ICB as to how this funding was used.
- ICB's own part of the BCF which was predominantly allocated to community services

Regarding the Adult Social Care Discharge Fund, time had been limited to make plans to use this funding effectively. Capacity of the workforce was currently the biggest problem within social care along with the very short timescale available to use the funding. Schemes had been identified which it was hoped would be able to make use of the funding over the next three months. The following had been identified:-

- Bringing forward the Living Wage pay award to carers working in domiciliary care and residential and nursing care. It was hoped that this would stem the flow of workers out of this sector.
- More flexible solutions for domiciliary care support which would bring together different groups of carers and residents to offer a more flexible service. Live in carers may be possible where there were transport difficulties.
- Equipment including specialist beds could be provided to help get people out of hospital, thereby freeing up beds.
- Some beds in care homes had been block booked along with some out of area dementia beds.
- Premium payments to care homes offering rapid discharge
- Short term support service – extend into overnight care for patients on discharge from hospital. There would be no new recruitment, but overtime would be offered to existing staff.

The following comments were made:-

- Northumberland Communities Together was the main interface with the voluntary sector in relation to the hospital discharge schemes and in

mainstream community provision. There was an existing problem with the provision of care with a number of packages of care which could not be met.

- Healthwatch welcomed the proposals and addressed issues which people had come to it about. Communication with patients, families and the community sector remained a big issue.
- Work was being done around virtual wards. It was aimed to get people home from hospital and into their own environments and was a clinical model.
- The impact of the wage increase was uncertain, but it was a route taken in many other areas across the country. Regarding the bulk buying of beds, there was an argument to favour bulk buying beds for intermediate care. The ICB may be asked whether the intermediate bed provision was right to deal with the scale of the problem.

RESOLVED that

(1) the main contents of the Better Care Fund Plan for 2022/23 as set out in Section 1 of the background to the report be endorsed.

(2) The contents of the additional plan submitted to the Department of Health and Social Care for the use of the Adult Social Care Discharge Fund during the current winter as set out in Section 2 of the background of this report be endorsed.

130. HEALTH AND WELLBEING BOARD – FORWARD PLAN

Members noted details of forthcoming agenda items at future meetings; the latest version is enclosed.

Councillor H.G.H. Sanderson requested that a report be submitted to the March meeting outlining the situation in Northumberland regarding GP appointments, waiting lists, ambulance response time etc.

131. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 9 March 2023, at 10.00 am in County Hall, Morpeth.

CHAIR _____

DATE _____

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Northumberland
County Council

HEALTH AND WELLBEING BOARD

DATE: 9TH MARCH 2023

Director of Public Health Annual Report 2021/22 – Healthy Weight for All Children

Report of: Cllr Wendy Pattison - Adult Wellbeing and Health

Lead Officer: Gill O'Neill - Executive Director of Public Health, Inequalities and Stronger Communities

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Purpose of report

The purpose of this report is to present the independent Director of Public Health (DPH) Annual Report for 2021/22 which for this period, is focused on healthy weight in children and highlights the importance of creating the conditions to enable all children to be a healthy weight.

Recommendations

It is recommended that the Board:

a. Considers the content of the DPH Annual Report 2021/22;

b. Comments on the contribution that Health and Wellbeing Board partners can make to healthy weight in children;

c. Accept and endorse the findings in the independent DPH Annual Report 2021/22 attached as appendix 1 to this report.

Link to Corporate Plan

This report is linked to the overarching theme in the Northumberland County Council Corporate Plan 2021 – 24 of 'Tackling inequalities within our communities, supporting our residents to be healthier and happier' and to the 'Living and Learning' priority, caring 'for our residents, supporting the most vulnerable in our society as well as encouraging active citizens. We will ensure the best education standards for our children and young people.'

Key issues

Whilst progress has been made in Northumberland in increasing the proportion of children who are a healthy weight and reducing inequalities, children in our least deprived communities are much more likely to be a healthy weight than children in our most deprived communities at Reception year age and at Year 6. In 2020/21, the National Child Measurement data (NCMP) indicated that there had been a significant increase in the proportion of children who were overweight or obese. This rise in prevalence was the largest single-year increase since the programme began in 2006/7 and is likely to have had a disproportionate impact on children living in our most disadvantaged communities. The Covid pandemic has driven much of this through lockdown measures which led to children leading more sedentary lives as a result of school closures, restrictions on leaving the house, and limitations on meeting others.

Childhood obesity is caused by a complex interaction of social, environmental and economic factors so there is no one solution. The report makes a number of recommendations which seek to place healthy weight in children as a key priority. These are:

- Reframing our approach. Overweight and obesity have long been considered through the lens of individual responsibility, and the result of insufficient knowledge or willpower to make healthy choices. This report shows the need to look more widely at the ways in which our homes, communities, schools and healthcare systems can better support children to live healthy, active lives.
- Communication and sharing good practice. Good communication will make it clearer what support is available to help families achieve and maintain healthy weight and how to access this support.
- Collaboration. Develop a healthy weight alliance to build on the good work already being done across Northumberland, bringing communities and agencies together to ensure a coordinated approach.
- Strategy development and implementation. Childhood healthy weight to be a core priority in new and existing strategies including the Northumberland Food Insecurity plan and the Northumberland Physical Activity Plan, to ensure there are steps in place to improve the opportunities for Northumberland's children to stay healthy.
- Using data and local insights. Make best use of data to inform plans and ensure work is prioritised and targeted to those areas where they are most needed and fully involve communities to understand what is important to them.

Background

Directors of Public Health in England have a statutory duty to write an Annual Public Health Report on the health of the local population; the Local Authority has a duty to publish it. It is an independent report. The DPH Annual Report is a vehicle for informing local people about the health of their community, as well as providing necessary information for commissioners and providers of services on health and wellbeing issues and priorities that need to be addressed.

This year's report is about childhood obesity; the importance of maintaining healthy weight in children; and the need to focus on creating the conditions that foster healthy weight rather than on the personal responsibility of those looking after children. The report explains some key concepts relating to healthy weight and also provides some context.

For instance, in 2020/21, over 1 in 5 children in reception year (aged 4 – 5 years) were overweight or obese; and over 1 in 3 in Year 6 (age 10 -11yrs). This was a significant increase on the previous year. Whilst a small proportion of children remain underweight, it is overweight and obesity which are linked to social disadvantage. Those inequalities mean that in our most deprived communities nearly 1 in 5 children in Reception year and nearly 1 in 3 children in Year 6 were overweight or obese in 20/21 compared to about 1 in 9 children and 1 in 7 children respectively in our least deprived communities. This has implications across the life course because being a healthy weight in childhood both directly and indirectly increases the likelihood of good health, in its widest sense, in adulthood.

The report explores healthy weight in children through the key environments that they are born, grow and play in: the home, our communities, schools and looks at the influence of healthcare. Each chapter highlights the factors within that environment that can influence healthy weight in childhood; looks at the strengths we can build on; and features a case study. Enabling healthy weight in children is fraught with complexity and like most inequalities, there isn't one thing that will address this challenge. It requires a systems approach and the contribution of all partners and links closely to the wider Northumberland Inequalities Plan and the principles of building on the strengths in our communities.

The report concludes with a small number of recommendations on how the Northumberland system can enable all children to maintain a healthy weight, setting the foundations for a healthier and more productive adulthood.

Appendices

1. FINAL DPH Annual Report - Healthy We

Implications

Policy	Any suggested policy implications will be explored further and presented to respective organisations with supporting evidence for decision.
Finance and value for money	The report has no direct financial implications but makes recommendations on how investment in adapting environments where children live and play to make healthier options more accessible can reduce the financial costs of health and social care due to obesity in adulthood.
Legal	The report meets the statutory requirement of the DPH to produce an annual report on a health issue relevant to the local population. The Local Authorities (Functions and Responsibilities) (England) Regulations 2000 confirm that the matters within this report are not functions reserved to Full Council
Procurement	Food supply chains should be considered from a nutritional content perspective

Human Resources	N/A
Property	N/A
Equalities (Impact Assessment attached) Yes ☐ No ☐ N/A X	The report highlights the way in which addressing childhood obesity can help to reduce health inequalities.
Risk Assessment	Not undertaken
Crime & Disorder	N/A
Customer Consideration	N/A
Carbon reduction	N/A
Health and Wellbeing	The report thoroughly explores the contribution that reducing childhood overweight and obesity can make to improving health and reducing health inequalities.
Wards	This report relates to population health and wellbeing in all wards.

Background papers:

None

Report sign off.

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

	Full name of officer
Monitoring Officer/Legal	Suki Binjal
Executive Director of Finance & S151 Officer	Jan Willis
Relevant Executive Director	Gill O'Neill
Chief Executive	Rick O'Farrell
Portfolio Holder(s)	Wendy Pattison

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Director of Public Health Annual Report

2021/22

Healthy weight for all children

Northumberland County Council

www.northumberland.gov.uk

Contents

Healthy weight for all children

This is my final report as Northumberland's Director of Public Health. Over the years I have consistently highlighted the strengths of our communities and the critical importance of our partnership working. We are stronger together than when we are working in silos. Preventative action is often the hardest of actions as it can require generational change to see impact. It requires sustained determination, commitment and investment to stay on track with our interventions and consolidate around a few core ambitions, to deliver the change which is within our gift to influence and control. Working as a collective system on infrastructure and policy change can be complex and will require us to overcome several hurdles, but that is the proposal for this year's report which is focusing on how we can ensure ALL our children can maintain a healthy weight.

We see inequalities in our children's weight with those in the least deprived areas more likely to be a healthy weight than those in our most deprived areas. This difference arises from the unequal and unfair distribution of resources and environments that promote healthy weight. Weight management services are great for a small number of people but it's like emptying the sea with a teaspoon.

This is a complex issue and as with anything to do with inequalities, there isn't one thing that will solve this, but we can do something to close the gap - we can focus on creating the conditions which enable positive choices. Our approach needs to be centred on those three questions at the heart of the Northumberland Inequalities Plan:

1. What can be done by communities (families)?
2. What might communities (families) need some help with?
3. What can't communities (families) do that agencies and organisations can?

Creating the conditions to ensure our children are a healthy weight means focusing on the evidence from whole systems approaches to healthy weight, which shows the balance is tipped towards our environments and how children live, learn, play and grow. This report isn't about large scale additional investment, it is more about how the power and influence of organisations and staff can be harnessed to create the environments which will give children and young people the best opportunities for healthy, nutritionally balanced food and active lives to be part of everyday routines.

No one will be underestimating the size of the challenge but combined with the strength of our communities, I think we can reverse the trend and in doing so, make a significant difference to health and wellbeing not only during childhood, but into adulthood as well.

Liz Morgan
Director of Public Health Northumberland

Acknowledgements

Thank you to everyone who has contributed to the report especially the lead author Kaat Marynissen and the main project team of Gill O'Neill, Jon Lawler, David Turnbull, Pam Forster, Claire Malone and the Integrated Wellbeing Service.

Thank you also to the many people who gave up their time to provide case studies, feedback and insights into the excellent work happening across Northumberland, as your contributions have been invaluable.

Portfolio holders' comments

Northumberland County Councillor Wendy Pattison, cabinet member for Adult Wellbeing

We know achieving healthy weight in childhood is a significant problem. We have seen a worrying increase in the number of children who are overweight or obese and we know focusing on and trying to address the issue at an early age is crucial.

With many significant challenges facing our society today, it is easy to feel overwhelmed and unsure what can be done. This report helps to identify where we are already succeeding and how we can work together to use the knowledge and skills we have to ensure the next generation lead happier, healthier lives.

Councillor Guy Renner-Thompson, cabinet member for Children's Services

Cost has always played a significant role in our food choices, and the current cost-of-living crisis means the price of food will be even more at the forefront of people's minds. Highly processed foods are cheaper than healthier foods, making them an understandable choice for families struggling financially.

This report explores the evidence and how we in Northumberland can build on the work that has been achieved to date, and move forward to support our communities to live long and healthy lives.

Glossary

Term	Definition
BMI	Body mass index. A measure which uses height and weight to calculate whether an individual's weight is healthy. For adults BMI is split into different ranges of underweight, healthy weight, overweight and obese. In children these same categories are determined by comparing their height and weight to standardised mass for what is expected at their age and sex (1).
NCMP	National Child Measurement Programme. A nationally mandated public health programme where each year children in Reception (aged 4-5) and Year 6 (aged 10-11) in schools have their height and weight measured. From this their BMI is calculated and compared to standardised measurements for what is expected, taking age and sex into account. The programme aims to assess the levels of overweight and obesity in children in primary schools to help inform local planning and delivery of services (2).
Health inequalities	The avoidable, unfair and systematic differences between different groups of people when it comes to health. This can include: • How healthy people are (e.g. life expectancy) • Access to care (e.g. availability of certain services) • Quality and experience of care (e.g. levels of patient satisfaction) • Behavioural risks to health (e.g. smoking) • Wider determinants of health (see below) In England health inequalities are often analysed across four key domains: • Socio-economic (e.g. income) • Geography (e.g. region) • Specific characteristics (e.g. sex, ethnicity) • Socially excluded groups (e.g. people experiencing homelessness)(3)
Wider determinants of health	The many social, economic and environmental factors that affect both our physical and mental health such as income, educational attainment and housing amongst others (4).
GDP	Gross Domestic Product. The total value of all of the goods made, and services provided, during a specific period of time. Often used as an indicator of a country's economy, as a rising GDP is thought to reflect a growing economy (5).

Term	Definition
IMD	Index of multiple deprivation. The IMD is used to calculate levels of relative deprivation for small areas (equivalent to ~1,500 residents) across England based on 37 separate indicators grouped into seven domains including income and employment, barriers to housing and services, crime, health deprivation and disability. Areas are split into deciles with Decile 1 representing the 10% of most deprived areas in England and Decile 10 the least deprived 10% (6).
HFSS	High in Fat, Salt and/or Sugar
Free sugars	All added sugars in any form; all sugars naturally present in fruit and vegetable juices, purées and pastes and similar products in which the structure has been broken down; all sugars in drinks (except for dairy-based drinks); and lactose and galactose added as ingredients. The sugars naturally present in milk and dairy products, fresh and most types of processed fruit and vegetables and in cereal grains, nuts and seeds are excluded from the definition (7).
Key stages	
1	Year 1 and 2 (ages 5-7)
2	Year 3-6 (ages 7-11)
3	Year 7-9 (ages 11-14)
4	Year 9-11 (ages 14-16) (8)
Active Travel	Making a journey by physically active means, such as walking or cycling.
In work poverty	When a working person's income after housing costs is less than 60% of the national average (9).
Whole systems approach	A whole systems approach involves tackling complex issues by enabling local stakeholders to come together and share an understanding of the reality of the challenge facing a community. Together they should consider how a local system is operating and where the greatest opportunities for change are, then agree actions in a way that is dynamic and flexible. By working together in an integrated way stakeholders can bring about long-term and sustainable system change (10).

1. NHS. What is the body mass index (BMI)? NHS.uk2019 [Available from: https://www.nhs.uk/common-health-questions/lifestyle/what-is-the-body-mass-index-bmi/.
2. Digital N. National Child Measurement Programme, England 2020/21 School Year 2021 [Available from: https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2020-21-school-year.
3. Williams E, Buck D, Babalola G, Maguire D. What are health inequalities? kingsfund.org.uk: The King's Fund; 2020 [Available from: https://www.kingsfund.org.uk/publications/what-are-health-inequalities#what.
4. England PH. Chapter 6: wider determinants of health: Gov.uk; 2018 [Available from: https://www.gov.uk/government/publications/health-profile-for-england-2018/chapter-6-wider-determinants-of-health#:~:text=The%20wider%20determinants%20of%20health,inequalities%20presented%20in%20Chapter%205.
5. Treasury H. Gross Domestic Product (GDP): What it means and why it matters Gov.uk2017 [cited 2022 16th October]. Available from: https://www.gov.uk/government/news/gross-domestic-product-gdp-what-it-means-and-why-it-matters.
6. Smith T, Noble M, Noble S, Wright G, McLennan D, Plunkett E. The English indices of deprivation 2015. London: Department for Communities and Local Government. 2015:1-94.
7. Swan GE, Powell NA, Knowles BL, Bush MT, Levy LB. A definition of free sugars for the UK. Public health nutrition. 2018;21(9):1636-8.
8. Gov.uk. The national curriculum [Available from: https://www.gov.uk/national-curriculum.
9. CIPD. In-work poverty: a definition 2022 [Available from: https://www.cipd.co.uk/knowledge/culture/well-being/employee-financial-well-being/in-work-poverty/introduction#gref.
10. Public Health England's Diet, Obesity and Physical Activity Team, Leeds Beckett University. Whole systems approach to obesity: A guide to support local approaches to promoting a healthy weight; 2019 [Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/820783/Whole_systems_approach_to_obesity_guide.pdf]

Context

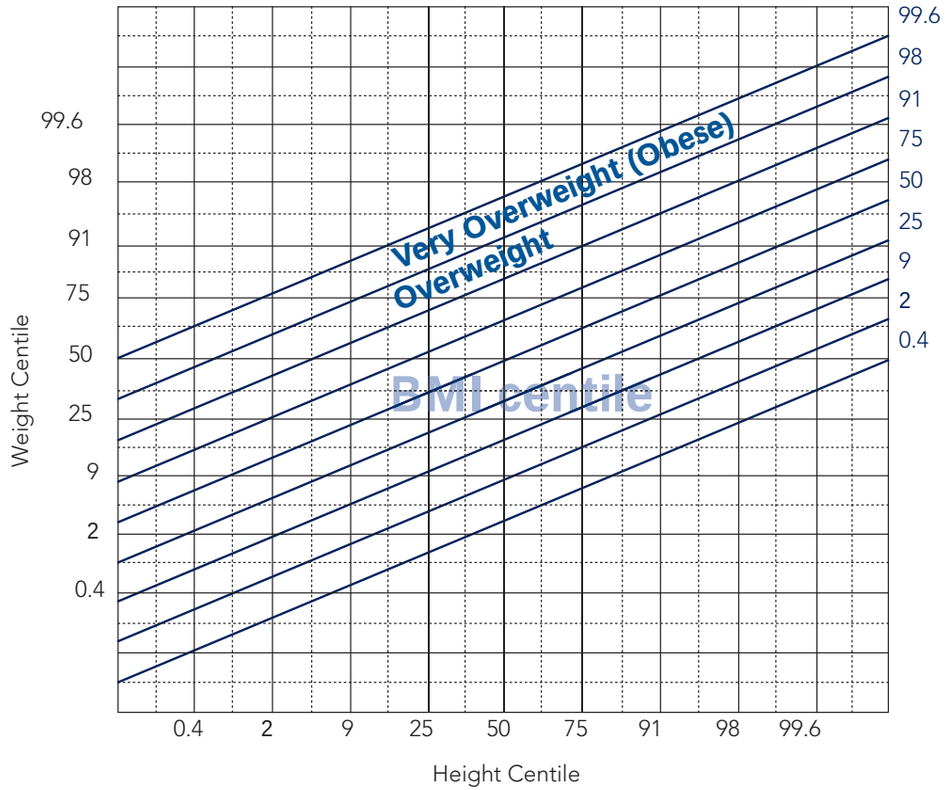
Measuring healthy weight

The National Child Measurement Programme (NCMP) is an annual England-wide programme which measures the height and weight of children in Reception (aged 4-5) and Year 6 (aged 10-11), to assess childhood overweight and obesity in primary schools (1).

Local data

The proportion of children and young people with a healthy weight is falling in Northumberland; in 2020/21 more children in the county were overweight or had obesity or severe obesity than ever before. This trend is seen throughout England, where the number of children who are overweight or have obesity has increased since the NCMP started in 2006 (2). Obesity and severe obesity have increased sharply since the beginning of the COVID-19 pandemic (2).

UK Growth Chart for Children aged 2-18 years



Growth chart used to plot children's height and weight. The 'BMI centile' that children fall into (shown by diagonal lines) show where they fall compared to others in their age and sex group. A BMI above the 91st centile ('91' line) suggests overweight and above the 98th centile is very overweight (obese)*. (24)

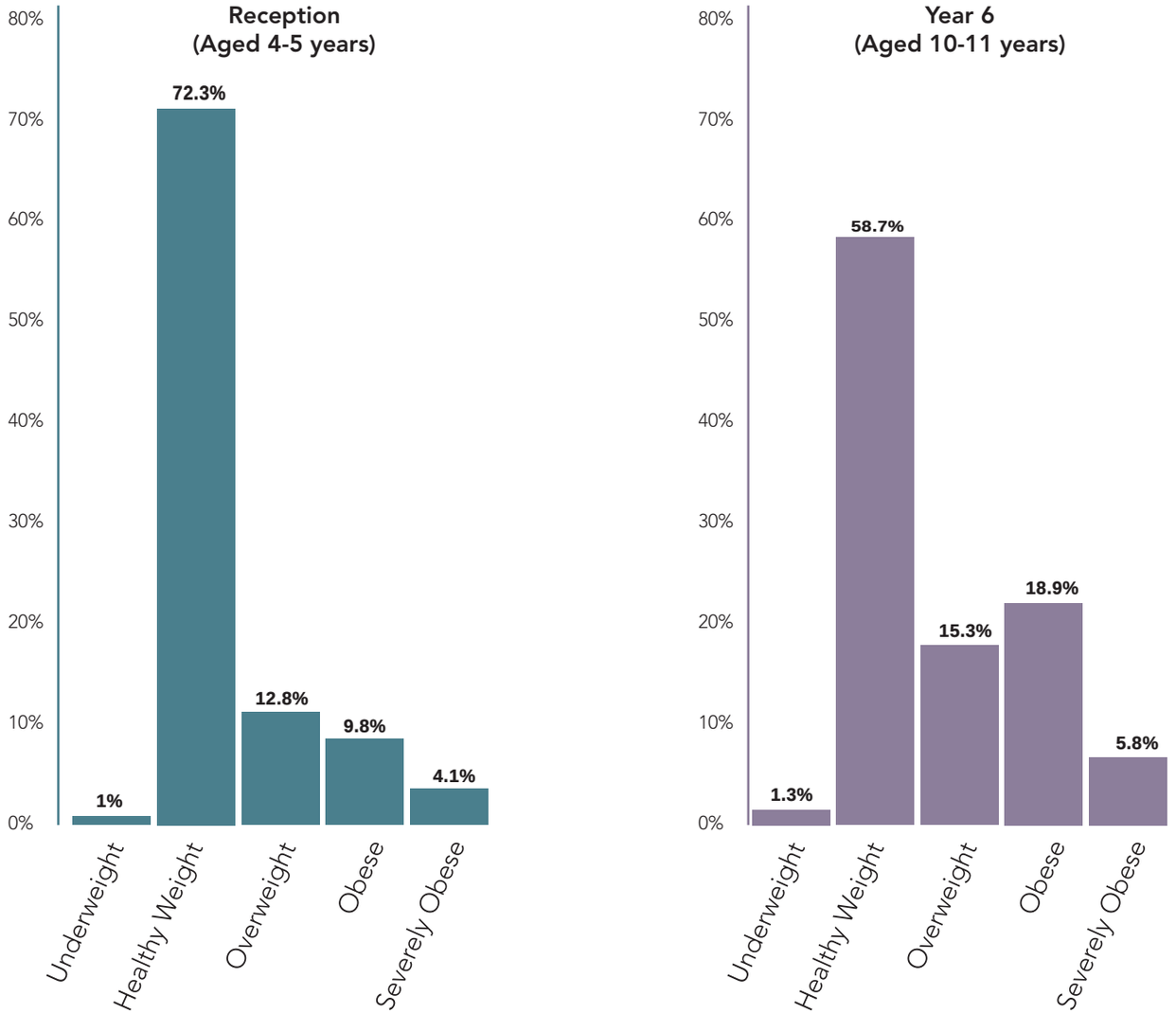
Over
1 in 5
children were overweight or had obesity in Reception.

Over
1 in 3
in Year 6.

Northumberland 2020/21

- Reception (aged 4-5 years) - 72.3% of children were a healthy weight, with 12.8% classified as overweight, 9.8% as having obesity and 4.1% with severe obesity^ (3).
- Year 6 (aged 10-11 years) - 58.7% of children were a healthy weight. Of the remainder, 15.3% were overweight, 18.9% had obesity and 5.8% severe obesity (3).

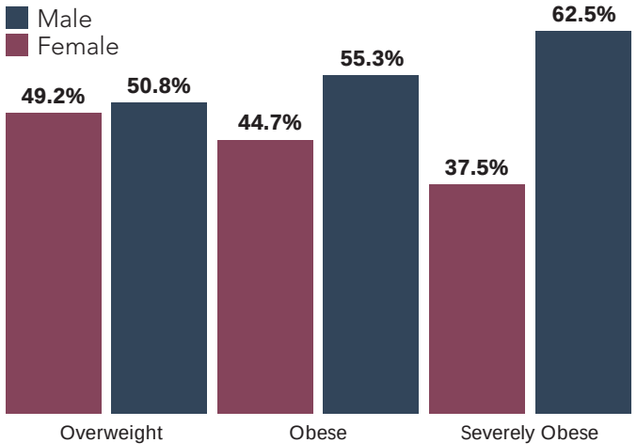
Prevalence of weight category (%) for 2020/21



Gender

Nationally in 2019/20, obesity was more common in boys than girls in both age groups (4). In Northumberland boys and girls in Reception and Year 6 were equally likely to be overweight (female 49.2%, male 50.8%) but boys were more likely to have obesity (female 44.7%, male 55.3%) and almost twice as likely to have severe obesity (female 37.5%, male 62.5%) (3).

Gender Weight Breakdown in Northumberland for 2020/21



Adult weight

The sustained increase in overweight and obesity in children has been called an 'obesity epidemic' and echoes a similar trend in adults. The most recent data suggests only 36.5% of adults in England were a healthy weight. In 2020/21, 38.2% of adults were overweight (BMI of 25-30), with 25.3% classified as having obesity (BMI >30) (5).

COVID-19 highlighted the health impact of obesity which played a major role in the UK's high death rate (6). Someone with obesity is 1.5 times more likely to die from COVID-19, rising to 2.25 times more likely if they have severe obesity (7).

In 2020/21 of adults in England

36.5%

were a healthy weight

38.2%

were overweight

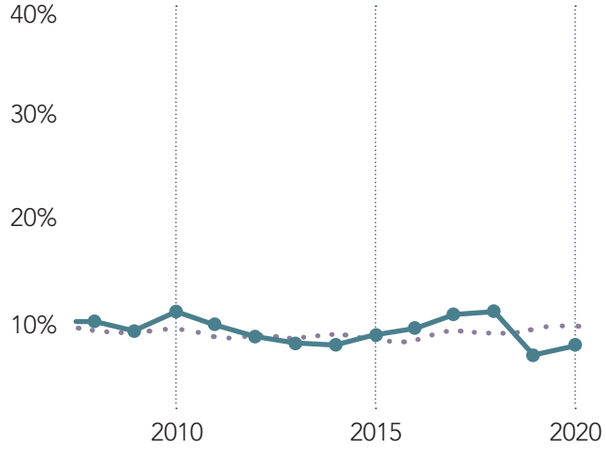
25.3%

were obese

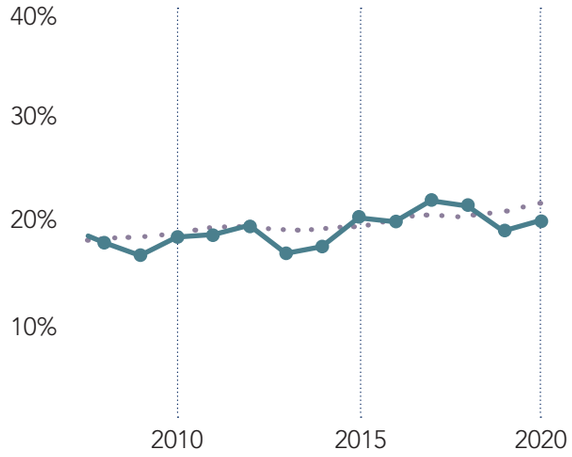
Underweight

Underweight is also an 'unhealthy weight'. Only 1% of Reception and 1.3% of Year 6 children in Northumberland are underweight, with both showing either a downwards or stable trend (3, 8). Historically, underweight children have been associated with disadvantage and not being able to afford enough food. However, in the 21st century disadvantage is most likely to be associated with overweight and obesity.

Reception (aged 4-5 years) prevalence of obesity (inc. severe)



Year 6 (aged 10-11 years) prevalence of obesity (inc. severe)



Wider determinants of health

The wider determinants of health is a commonly used term; it refers to the many social, economic and environmental factors that affect our physical and mental health (9) including income, educational attainment and housing.

Differences in factors including wealth, access to green space and healthy food mean that across the UK there are big differences in how many children become overweight or obese.

System map of the causes of health inequalities

This model is a simplification of the complex system that causes inequalities to thrive. It shows the different factors that impact our health, where they stem from (the wider determinants of health), how they interact, multiply, reinforce and act both in sequence and simultaneously.

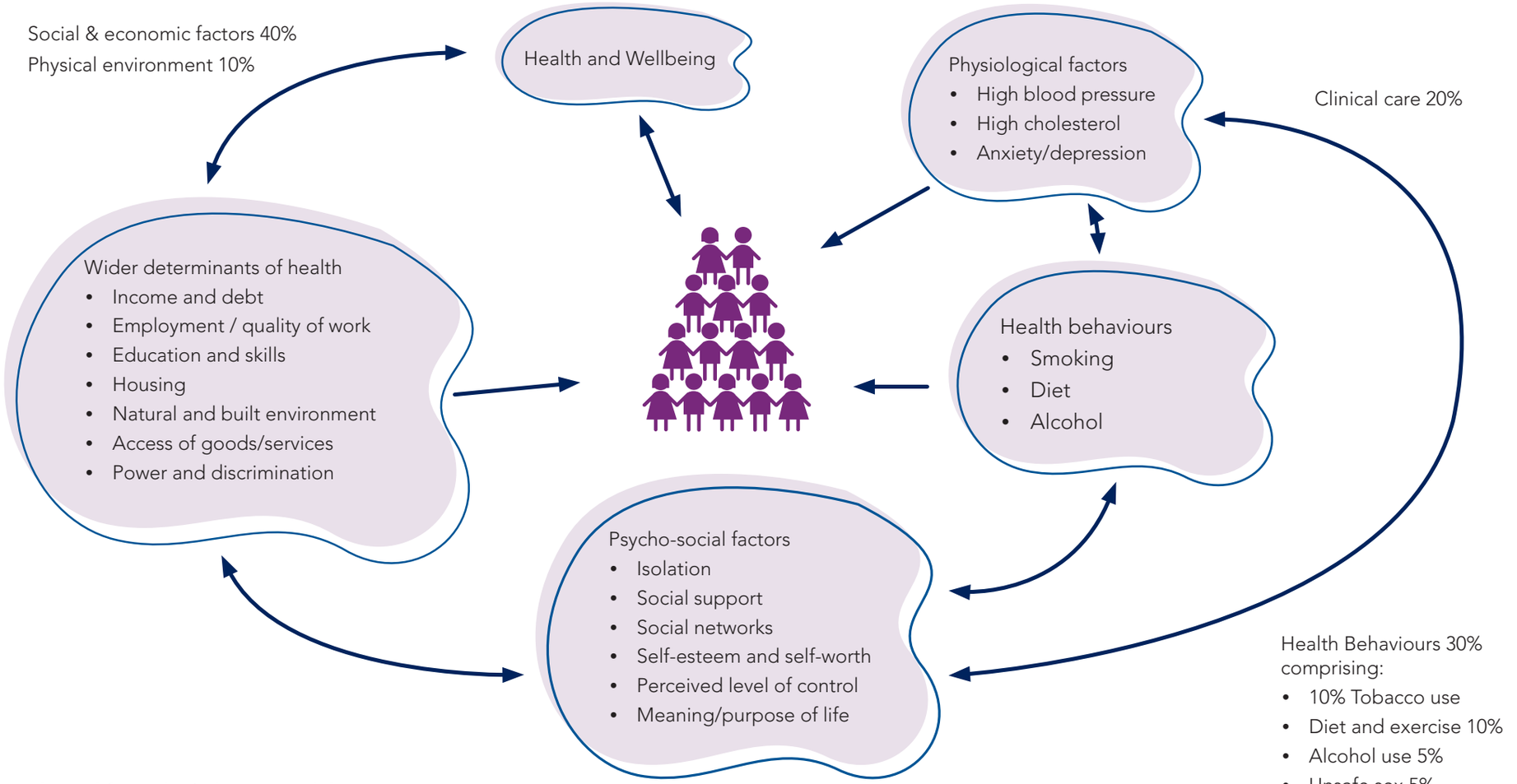


Image adapted from the Labonte models

National deprivation

A child living in one of the most deprived areas of England in 2020-21 was more than twice as likely to be overweight or obese compared to one living in the least deprived areas (4).

Northumberland deprivation

- Reception – of children measured 18.6% with obesity or severe obesity lived in the most deprived (IMD Decile 1) neighbourhoods compared to only 11.4% of children in the least deprived (IMD Decile 10) neighbourhoods**.
- Year 6 – 32.1% with obesity or severe obesity in most deprived (IMD 1) neighbourhoods compared to 13.4% with obesity or severe obesity in the least deprived (IMD 10) (3).

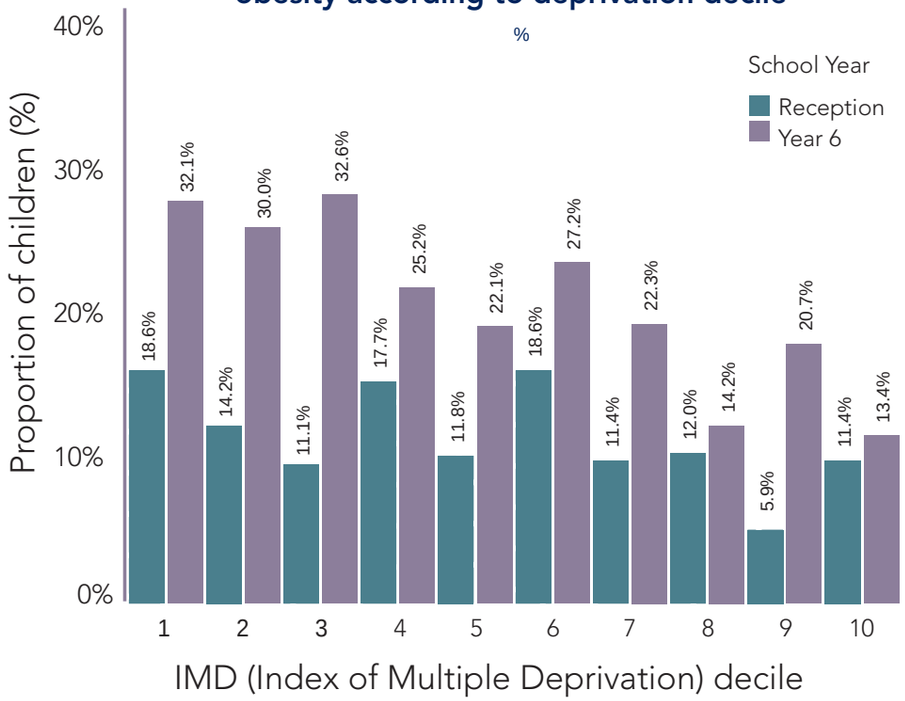
Achieving healthy weight

All children should have the same opportunities to thrive and be healthy. When children are a healthy weight, they are more likely to:

- Do well at school (10)
- Stay physically healthy, with a lower risk of weight related illnesses (e.g. type 2 diabetes, heart attacks and strokes in later life) (11)
- Have better mental health, with lower rates of conditions such as anxiety and depression (12)
- Report that they feel better about their lives (10, 13)

Healthy weight in childhood increases a young person's chances of maintaining health into adulthood.

Proportion of children with obesity or severe obesity according to deprivation decile



Economic burden

In the UK, obesity is now the second largest economic burden after smoking, resulting in a 3% loss of GDP in 2012 (14). It was estimated that elevated BMI cost the NHS £6.4 billion in 2015 increasing to £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year (15).

Increasing length of life

Bringing everyone into a healthy BMI range could increase life expectancy by 2.7 years, with additional benefit for people living in the most deprived areas who are more likely to suffer from obesity and diet-related illnesses (16).

Reversing health outcomes

The risks of obesity-related diseases in younger people can be reversed. Children who were overweight or obese but were not obese by adulthood had a similar risk of weight-related health conditions to those who had never been obese (11). So helping our children and young people attain and maintain a healthy weight, will help to give them the best start in life.

Barriers to healthy weight

Genetics

People become overweight or obese when their body struggles to burn more calories than it consumes. Some people are genetically programmed to find this more difficult than others (15). In children, several genes linked to important aspects including appetite behaviour, food intake and sugar metabolism may play a role. However, this genetic predisposition alone is not enough to trigger the development of obesity (17).

Individual responsibility and 'willpower'

While the health behaviours of young people and their families play a part, focusing too heavily on the concept of individual 'willpower' ignores the fundamental contribution of wider social and environmental factors in the development of overweight and obesity.

By talking about children 'developing' overweight or obesity status we aim to reframe the issue as avoidable conditions driven by the environment they live in, where unhealthy options often take centre stage. We need to look more widely at the ways in which our homes, communities, schools and healthcare systems support children living healthy, active lives.

Seeing overweight

It can be harder to recognise when a child is overweight. With the ever-increasing rates of child and adult obesity, higher BMIs become common and harder to recognise by parents and healthcare professionals (18), making it difficult to offer timely support.

Turning the tide

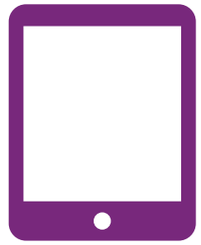
All these barriers are ingrained within our society and have been exacerbated by the current cost-of-living crisis. However, they are not insurmountable. This report highlights what is currently done in Northumberland to support healthy weight in young people and builds on this, making concrete and pragmatic recommendations for the future.

Environment

Our young people live in an increasingly 'obesogenic' (obesity causing) environment and culture. Maintaining a healthy weight is more difficult because of:

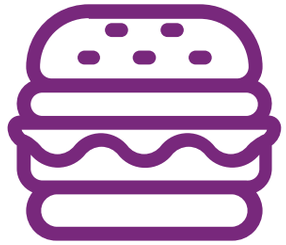
Limited access to green spaces reducing young people's physical activity

Widespread advertising of unhealthy foods influencing eating choices.



The impact of technology on how children play (i.e., using screens instead of playing outdoors).

Widespread car use making many journeys less active.



A proliferation of 'fast food' shops on the high street and disproportionate application of discount offers means 'unhealthy foods' which are high in fat, salt or sugar (HFSS) have never been more affordable, available or appealing.

Existing commitment

This report builds on our Joint Health and Wellbeing Strategy, to give every child and young person the best start in life (19), as well as answering calls from the community to support children in learning more about healthy eating, food choices, exercise and physical activity (20). It aims to address some of the challenges identified in our recent Inequalities Plan, which recognised the need for a community centred approach in tackling key health issues. As a result, our recommendations are led by the same three key questions:

1. What can communities do for themselves?
2. What can communities do with some help?
3. What can't communities do that agencies / institutions can?

Our recent signing of Food Active's Healthy Weight Declaration is a positive move forward. The Declaration has 16 commitments to adopt a long-term and whole systems approach to healthy weight, including addressing commercial determinants (such as working with the local food and drink sector), supporting health promoting infrastructure (such as reviewing the number of hot food takeaways in town/village centres) and promoting a culture shift to help make healthier choices easier (21).

Building on what's strong

The significant challenges we face today, from the hyper-acute (recovering from COVID-19, cost of living crisis) to the increasingly concerning (climate change), make it easy to feel overwhelmed and unsure what we can do. This report aims to identify where we are already succeeding and how we can use the knowledge and skills within our communities, the influence of the voluntary and private sectors and the support of local and national government to ensure the next generation lead happier, healthier lives.

Footnotes

^ NCMP data for Northumberland is available for the year 20/21. National data for the same year is not available as due to the COVID pandemic not enough local authorities completed the NCMP to establish a national figure. Therefore, comparisons have been made to national figures of the preceding year (19/20).

* To find out more please see the National Obesity Observatory guide to classifying body mass index in children (22)

** Deprivation is calculated using the index of multiple deprivation (IMD). For further details please see the glossary.

1. Digital N. National Child Measurement Programme, England 2020/21 School Year 2021 [Available from: https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2020-21-school-year.
2. OHID. NCMP changes in the prevalence of child obesity between 2019 to 2020 and 2020 to 2021 Gov.uk2022 [Available from: https://www.gov.uk/government/statistics/national-child-measurement-programme-ncmp-changes-in-child-bmi-between-2019-to-2020-and-2020-to-2021/ncmp-changes-in-the-prevalence-of-child-obesity-between-2019-to-2020-and-2020-to-2021.
3. OHID. National Child Measurement Programme (NCMP) data for the 2020 to 2021 academic year by local authority 2022 [Available from: https://www.gov.uk/government/statistics/national-child-measurement-programme-ncmp-data-for-the-2020-to-2021-academic-year-by-local-authority.
4. Significant increase in obesity rates among primary-aged children, latest statistics show [press release]. 2021.
5. OHID. Fingertips: Public Health Data: Obesity Profile: England 2022 [Available from: https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/1/gid/1938133368/pat/159/par/K02000001/ati/15/are/E92000001/yrr/1/cid/4/tbm/1.
6. Gao M, Piernas C, Astbury NM, Hippisley-Cox J, O'Rahilly S, Aveyard P, et al. Associations between body-mass index and COVID-19 severity in 6· 9 million people in England: a prospective, community-based, cohort study. The lancet Diabetes & endocrinology. 2021;9(6):350-9.
7. Williamson EJ, Walker AJ, Bhaskaran K, Bacon S, Bates C, Morton CE, et al. Factors associated with COVID-19-related death using OpenSAFELY. Nature. 2020;584(7821):430-6.
8. OHID. Fingertips: Public health data: Obesity Profile: Northumberland 2022 [Available from: https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/4/gid/8000022/pat/6/par/E12000001/ati/302/are/E06000057/yrr/1/cid/4/tbm/1.
9. England PH. Chapter 6: wider determinants of health: Gov.uk; 2018 [Available from: https://www.gov.uk/government/publications/health-profile-for-england-2018/chapter-6-wider-determinants-of-health#:~:text=The%20wider%20determinants%20of%20health,inequalities%20presented%20in%20Chapter%205.
10. Devaux M, Vuik S. The relationship between childhood obesity and educational outcomes. 2019.
11. Juonala M, Magnussen CG, Berenson GS, Venn A, Burns TL, Sabin MA, et al. Childhood adiposity, adult adiposity, and cardiovascular risk factors. N Engl j Med. 2011;365:1876-85.
12. Lindberg L, Hagman E, Danielsson P, Marcus C, Persson M. Anxiety and depression in children and adolescents with obesity: a nationwide study in Sweden. BMC medicine. 2020;18(1):1-9.
13. Cecchini M, Vuik S. The heavy burden of obesity. 2019.
14. Dobbs R, Sawers C, Thompson F, Manyika J, Woetzel JR, Child P, et al. Overcoming obesity: an initial economic analysis: McKinsey global institute; 2014.
15. Butland B, Jebb S, Kopelman P, McPherson K, Thomas S, Mardell J, et al. Foresight. Tackling obesities: future choices. Project report. Foresight Tackling obesities: future choices Project report. 2007.
16. Dimbleby H. National Food Strategy: The Plan (Part Two: Final Report). 2022.
17. Mărginean CO, Mărginean C, Meliț LE. New insights regarding genetic aspects of childhood obesity: a minireview. Frontiers in pediatrics. 2018;6:271.
18. Zelenytė V, Valius L, Domeikienė A, Gudaitytė R, Endzinas Ž, Šumskas L, et al. Body size perception, knowledge about obesity and factors associated with lifestyle change among patients, health care professionals and public health experts. BMC Family Practice. 2021;22(1):1-13.
19. Council NC, Group NCC. Joint Health and Wellbeing Strategy (JHWS). 2018.
20. Partnership NCYPsS. Northumberland Children & Young People's Plan 2019-2022. Northumberland County Council; 2019.
21. Ireland R. Introduction to the Local Authority Declaration on Healthy Weight. Food Active; 2022.
22. Dinsdale H, Ridler C, Ells L. A simple guide to classifying body mass index in children. National Obesity Observatory. Oxford; 2011.
24. Adapted from Royal College of Paediatrics and Child Health growth charts, available from: https://www.rcpch.ac.uk/resources/uk-who-growth-charts-2-18-years

Healthy weight in the home

There are many factors within a family's environment and routine that can influence a child's weight.

Eating norms and culture

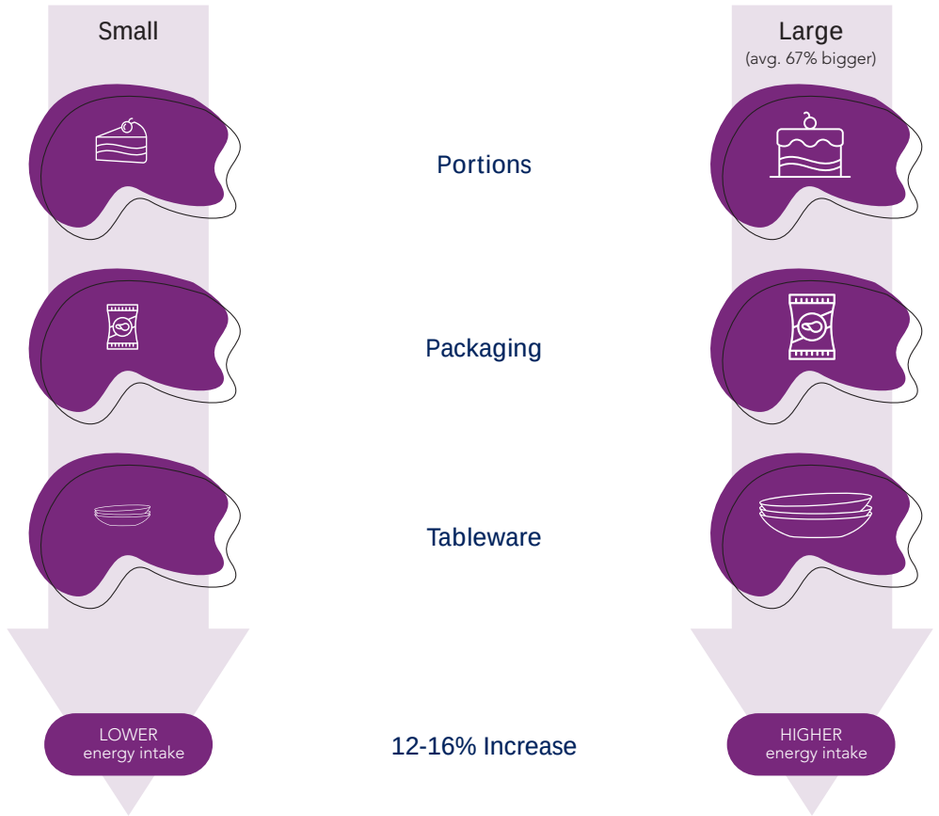
What and how we eat has changed fundamentally over the past hundred years:

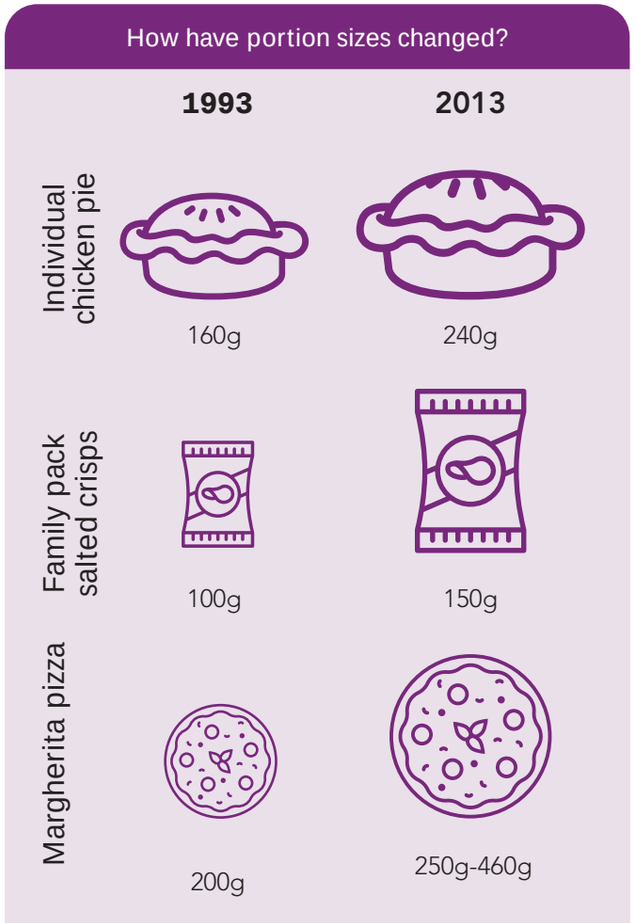
- An availability of less healthy foods that are high in fat, salt and/or sugar (HFSS).
- We now eat less fresh fruit and vegetables.
- Habits around mealtimes have changed and it is less common for families to sit and eat together. This has been influenced by the increase in lone parent families and where both parents work convenience is a bigger priority (1), especially with changes to employment patterns including more frequent shift work (2).

Increased portion sizes

Over a 20 year period the size of a packet of crisps has increased by 50%, and a margherita pizza has in some cases doubled in size (3). Larger portions, packaging and tableware all result in people eating more which can lead to weight gain (4, 5).

What impact do larger portions have?





Frequency of ready meals/take aways

The boom in home deliveries during lockdown saw a significant increase in the consumption of food made outside of the home, and the trend continues (1). Eating food from restaurants or fast-food outlets leads to higher intake of saturated fat, salt and an increase in daily total energy intake of around 200 calories (6). Despite moves to restrict the density and influence the location of takeaway outlets within communities (7) the speed of developments in the fast-food sector far outpace local government planning. An example of this includes companies trialling the use of drones to deliver food to customers (8).

Breastfeeding rates

In Northumberland (2021/22) under half (42.0%) of all babies were breastfed at 6-8 weeks after birth. This is slightly higher than the regional average (NE 37.0%) but lower than the England average (49.3%) (9). The good news is that in Northumberland breastfeeding has been increasing over the past 3 years and the gap with the England average has narrowed. Breastfeeding is incredibly important and protects against childhood obesity, particularly if continued for a longer period i.e. at least 6 months (10, 11).

Family budget

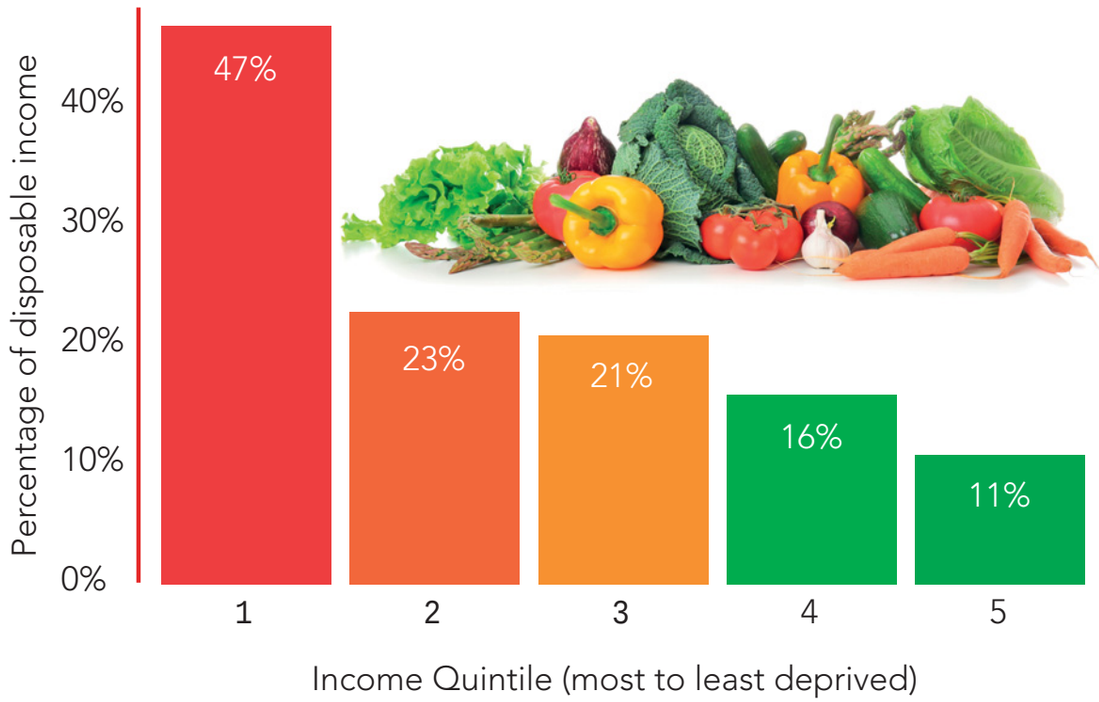
The poorest fifth of UK households would need to spend nearly half (47%) of their disposable income on food to meet the cost of the Government recommended healthy diet (12).

The current cost-of-living crisis means the price of food will be even more at the forefront of people's minds.

Highly processed foods – high in salt, refined carbohydrates, sugar and fats, and low in fibre – are on average three times cheaper per calorie than healthier foods (1).

The need to save on energy bills is also restricting the use of ovens, hobs and microwaves increasing reliance on ready-prepared food and less cooking from scratch.

Percentage of disposable income required to afford the Eatwell Guide by income quintile



Increased use of food banks

Increased use of food banks means more families are reliant on food that may not be nutritionally balanced, and this widens inequalities. Food banks are charity-run organisations which provide individuals who cannot afford food with emergency support in the form of food parcels. They rely on donations from individuals and businesses (such as supermarkets) and tend to stock food which is easy to store and has a long shelf-life (such as canned food) to ensure donations can be spread across the year (13). Food bank parcels are more likely to contain disproportionately high levels of sugar and carbohydrates and inadequate levels of vitamins such as vitamin D when compared to UK guidelines (14, 15).

Stress and anxiety

Living with financial hardship is extremely stressful, causing people to feel overwhelmed which makes it more difficult for parents to make healthier food choices or plan and cook meals (16). When we are tired or anxious, we often overeat and eat foods which make us feel better. As sugar, fat and salt stimulate the release of 'feel good' chemicals in our brains 'comfort food' is often high in these ingredients (1, 17, 18).

Access to basic equipment

There are currently an estimated 1.9 million people in the UK living without a cooker; 2.8 million people without a freezer; and 900,000 people without a fridge (19).

Lack of good quality sleep

Lack of good quality sleep has been linked to unhealthy weight in children, with studies finding that later bedtimes and sleeping less increased children's risk of developing overweight and/or obesity from infancy to adolescence (20-23). Lack of sleep could also lead to an increased intake of energy drinks, which will be covered more in the 'Healthy weight in schools' chapter.

Opportunities to build on

Breastfeeding support

We can increase the number of babies who are breastfed by further providing support to mothers and families. Despite breastfeeding being less common than we would like, the percentage of babies being breastfed in the first few months post birth in Northumberland has increased by over 5% since 2015/16 (9). This is likely to be the result of ongoing initiatives being led by midwives, health visitors and family hubs.

HENRY

The Health, Exercise and Nutrition for the Really Young (HENRY) programme is delivered across Northumberland, providing support for parents of children aged 0-5 years old. The programme comprises of eight sessions, working with families to help them in making positive changes that create happier and healthier home environments. Recent reports indicate that there is good engagement in Northumberland, with 87% of families completing all sessions and feedback from families is positive. Measures of success include healthier eating in parents and children as well as increased physical activity levels in parents and children (24). From 2023 we are investing in two additional HENRY programmes, one specifically designed for supporting parents in the antenatal period and the other supporting families with children aged 5 years and above (24).

Healthy Start scheme

Healthy Start is a UK-wide scheme which aims to provide a nutritional 'safety-net' for those who are pregnant and children under 4 years old in low-income families. The scheme provides families with support in buying milk and formula, fresh, frozen or tinned fruit and vegetables and pulses. Holders of a Healthy Start card can also request free vitamins during pregnancy and breastfeeding, or vitamin drops for their child. The most recent data from March 2022 suggests uptake of the scheme in Northumberland was at 80% (25).

Support to families

Northumberland County Council Public Health team, alongside wider stakeholders, are reviewing how best to support families of children who have been identified as being overweight or obese from the NCMP.

Case studies

HENRY

HENRY is a national charity supporting parents and carers through the Healthy Families: Right from the Start programme.

This 8-week intervention offers parents a chance to share ideas and gain new skills and tools to address lifestyle issues in a supportive and fun environment. The programme adopts a holistic approach and focuses on five research-identified risk factors for childhood obesity: parenting efficacy, family lifestyle habits, emotional wellbeing, nutrition and physical activity. HENRY's holistic approach to a healthy start helps children to flourish throughout childhood and beyond.

Last year within Northumberland 88% of participants in HENRY would 'definitely' recommend the programme to other families and 100% of families reported a healthier family lifestyle. Over half of children involved were active for 3+ hours a day and over 90% of people reported improved family eating habits (24).

Slow cooker sessions

Locally delivered food, cooking and eating sessions take place across the county. Many of these involve slow cookers which use less energy, are easy to use and quick to wash up. One example is Blyth Rotary Club, who have been running cooking sessions for five years in the Briardale Centre. Parents access these sessions via local schools and community groups, undertaking a course run by a local professional cook. This year, recipe booklets were provided by The Full Circle Food Project, a charity based in Hirst Park that educates people living in Northumberland about growing food to eat, healthy cooking on a budget and supporting healthier lifestyles.

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Case studies

Infant Feeding Team

Claire, a young mum aged 20, first met the Infant Feeding Team after the birth of her second child. When her baby was 5 days old, she was experiencing initial difficulties with engorgement, sore nipples and a sleepy, jaundiced baby. As she hadn't breastfed her first daughter, Claire had normal concerns if she was doing ok with breastfeeding, so was supported during weekly home visits.

Later when Claire required surgery, the service provided advice on painkillers compatible with breastfeeding as well as equipment needed to express milk prior to going into hospital. As a result, her baby drank expressed breast milk during her hospital stay and she was able to continue breastfeeding on return home.

Now her baby is 12 weeks old, and Claire continues to exclusively breastfeed, praising the benefits to her and her baby's health as well as the economic benefits for her family. She regularly attends local 'walk and talk' sessions sharing her experience with other local mums, making new friends and normalising breastfeeding within her community.

1. Dimbleby H. National Food Strategy: The Plan (Part Two: Final Report). 2022.
2. Cheetham M, Rushmer R. Research findings from Fit 4 the Future: a place-based, community led, transformative approach to improve wellbeing and address childhood obesity. Teesside University; 2017.
3. Marteau TM, Hollands GJ, Shemilt I, Jebb SA. Downsizing: policy options to reduce portion sizes to help tackle obesity. Bmj. 2015;351.
4. Hollands GJ, Shemilt I, Marteau TM, Jebb SA, Lewis HB, Wei Y, et al. Portion, package or tableware size for changing selection and consumption of food, alcohol and tobacco. Cochrane database of systematic reviews. 2015(9).
5. Zlatevska N, Dubelaar C, Holden SS. Sizing up the effect of portion size on consumption: a meta-analytic review. Journal of Marketing. 2014;78(3):140-54.
6. Nguyen BT, Powell LM. The impact of restaurant consumption among US adults: effects on energy and nutrient intakes. Public health nutrition. 2014;17(11):2445-52.
7. Council NC. Northumberland Local Plan 2016 - 2036. 2022.
8. Morrison O. 'This will all begin to scale across Europe from 2023 onwards': Food delivery by drone prepares for take-off after UK watchdog approval Food Navigator.com2021 [Available from: https://www.foodnavigator.com/Article/2021/04/20/This-will-all-begin-to-scale-across-Europe-from-2023-onwards-Food-delivery-by-drone-prepares-for-take-off-after-UK-watchdog-approval.
9. OHID. Fingertips: Public health profiles: Northumberland: Breastfeeding 2022 [Available from: https://fingertips.phe.org.uk/search/breastfeeding#page/1/gid/1/pat/6/ati/402/are/E06000057/iid/92517/age/170/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1.
10. Rito AI, Buoncristiano M, Spinelli A, Salanave B, Kunešová M, Hejgaard T, et al. Association between characteristics at birth, breastfeeding and obesity in 22 countries: The WHO European Childhood Obesity Surveillance Initiative–COSI 2015/2017. Obesity facts. 2019;12(2):226-43.
11. Yan J, Liu L, Zhu Y, Huang G, Wang PP. The association between breastfeeding and childhood obesity: a meta-analysis. BMC public health. 2014;14(1):1-11.
12. Goudie S, Hughes I. The Broken Plate 2022: The State of the Nation's Food System The Nuffield Foundation; 2022.
13. Trust TT. How Food Banks Work [Available from: https://www.trusselltrust.org/what-we-do/how-foodbanks-work/.
14. Fallaize R, Newlove J, White A, Lovegrove JA. Nutritional adequacy and content of food bank parcels in Oxfordshire, UK: a comparative analysis of independent and organisational provision. Journal of Human Nutrition and Dietetics. 2020;33(4):477-86.
15. Hughes D, Prayogo E. A nutritional analysis of the trussell trust emergency food parcel. Trussell Trust, University College London, London. 2018.
16. Laraia BA, Leak TM, Tester JM, Leung CW. Biobehavioral factors that shape nutrition in low-income populations: a narrative review. American journal of preventive medicine. 2017;52(2):S118-S26.
17. Avena NM, Rada P, Hoebel BG. Evidence for sugar addiction: behavioral and neurochemical effects of intermittent, excessive sugar intake. Neuroscience & Biobehavioral Reviews. 2008;32(1):20-39.
18. Reyes T. High-fat diet alters the dopamine and opioid systems: effects across development. International journal of obesity supplements. 2012;2(2):S25-S8.
19. Cave T, Evans L, Geer M. Living Without: The scale and impact of appliance poverty. Turn2Us; 2020.
20. Morrissey B, Taveras E, Allender S, Strugnell C. Sleep and obesity among children: a systematic review of multiple sleep dimensions. Pediatric obesity. 2020;15(4):e12619.
21. Xiu L, Ekstedt M, Hagströmer M, Bruni O, Bergqvist-Norén L, Marcus C. Sleep and adiposity in children from 2 to 6 years of age. Pediatrics. 2020;145(3).
22. Li L, Zhang S, Huang Y, Chen K. Sleep duration and obesity in children: a systematic review and meta-analysis of prospective cohort studies. Journal of paediatrics and child health. 2017;53(4):378-85.
23. Miller MA, Kruisbrink M, Wallace J, Ji C, Cappuccio FP. Sleep duration and incidence of obesity in infants, children, and adolescents: a systematic review and meta-analysis of prospective studies. Sleep. 2018;41(4):zsy018.
24. HENRY. Healthy Families: Right from the Start: Annual Report 2021/22. 2022.
25. NHS. Get help to buy food and milk (the Healthy Start scheme) 2022 [Available from: https://www.healthystart.nhs.uk/.

Healthy weight in our communities

Maintaining a healthy weight is challenging because of the complex interaction of social, political and environmental factors which shape our food environment. The availability, advertising and accessibility of food influences what, where and when we eat.

Part A: Food environment

Availability of healthy food is decreasing in our communities. On an English high street, more than 1 in 4 places to buy food may be fast food outlets, and this has been increasing since 2019 (1). There is a clear association between poverty and the density of fast-food outlets in the UK, with almost twice as many in the most deprived areas (2, 3), a pattern also seen in Northumberland (4). This can make accessing healthy food even harder for those with less disposable income.

We buy more unhealthy food than other European countries. Half (50%) of UK household food purchases are ultra-processed foods compared to 46% in Germany, 14% in France and 13% in Italy (2). Processed or ultra-processed foods are often HFSS and lower in fibre and water (2). Not only is eating processed food worse for our health, but we also tend to eat more of it (2, 5).

Access to healthy food for families is influenced by public or personal transport and distance to shops. Nationally around 3.3 million people cannot purchase raw ingredients within 15 minutes by public transport and the lowest income households are less likely to have a car (2, 6). In Northumberland's rural communities, access to healthy food can be a real challenge.

Advertising and promotions on foods high in fat, sugar and salt significantly influences what families buy. Those from lower socio-economic groups are 50% more likely to be exposed to adverts for HFSS foods than those from higher socio-economic groups (1). Foods marketed for children including breakfast cereals and yoghurts are often high in sugar and 'Buy One Get One Free' (BOGOF) promotions are disproportionately applied to these foods (7). National evidence suggests that 43% of food and drinks displayed prominently in shops were high in sugar and less than 1% were fruit or vegetables (8).

What is being done?

National legislation

The 2018 Soft Drinks Industry Levy ('sugar tax') led to a widespread reduction of sugar in drinks, and UK residents consumed an estimated 6,500 fewer calories per year (9). Planned Government legislation including banning multibuy promotions on HFSS products and free sugary drink refills in the 'eating out' sector was due to come into force in October 2022 (10). It is unclear whether this policy will be reviewed, and we await an update on progress.

Nourish Northumberland

Nourish Northumberland, a countywide partnership works with communities to create solutions, so our families have resilient access to healthy food.

Projects include:

- Seed to Fork: introducing children to growing food, understanding healthy eating and sampling what is grown.
- Berwick Food and Drink Festival: incorporated free healthy pizza making sessions with children.
- Castlegate Community Garden: a community garden maintained by children/young people from the Community Crew (a local youth group). "Members of the community are encouraged to pick the herbs, and fruit to cook with and eat when passing by and often parents are seen leaping out of a car or stopping with a pushchair to pick herbs before heading home to cook tea!" (Becci Murray, Operations Director, Berwick Community Trust)

Northumberland County Council Hot Food Takeaway Policy (2018)

This policy aims to limit the number of hot food takeaways, particularly where there are high numbers of children and young people, by restricting new hot food takeaways:

- In areas where over 35% of Year 6 pupils have overweight or obesity status.
- In areas where there are already more than a certain number of hot food takeaways per resident.
- Within 400m of a school or college.
- If there would be a cluster of three or more such businesses within 100m of each other.
- If it would replace the last convenience store or public house in a village, or the last convenience store serving a residential area (4).

Part B: Our physical environment

Physical activity combined with a balanced diet contributes to achieving and maintaining a healthy weight. Although physical activity alone is not the most effective way to lose weight, it is important for maintaining healthy weight (11) and has widespread benefits for children including:

- improved academic performance
- reduced risk of depression, anxiety and stress
- healthier lungs, heart, muscles and bones
- increased confidence and self-esteem (12, 13)

In Northumberland, data from Sport England shows 53% of those aged 5-16 years meet the recommended Government guidelines of being active for an average of at least 60 minutes per day, however 21% are active for less than 30 minutes a day (14).

In Northumberland, the number of adults who walk for leisure is higher than the England average (15) but walking and cycling 'for utility' as part of people's daily routine is less common. The number of children who undertake 'active travel' has decreased. Between 2003-2018 the percentage of children walking to school decreased by over 10% and the percentage cycling remained low (15). Encouraging active travel, for example through the use of travel plans, can play a key role in making children and young people more physically active (16, 17).

Challenges to being physically active:

Access to spaces, equipment and/or opportunities influence levels of physical activity for all. Access to green space increases physical activity (18) and helps provide:

- Improved mental health – living within 1km of green space is associated with better mental health especially for children under 12 (19).
- Improved immune system.
- A greater sense of community and social inclusion in children.
- Lower crime in disadvantaged neighbourhoods.
- Lower rates of obesity.
- Reduced exposure to air pollution which can influence cognitive development (18).

Perception of safety, the safer people feel, the more likely they are to be physically active (20-22).

A lack of confidence and skills are common reasons given for not undertaking physical activities such as cycling (23).

Gender differences in physical activity start early and persist into adulthood. Specific activities such as cycling also have a gender gap.

Feasibility and convenience of undertaking journeys by active versus inactive means influence families' choices and routines (24). Households without access to a car make significantly more trips and travel almost three times further on foot than those with access to a car (15).

The impact of technology has changed how young people interact, relax and play. This could explain lower levels of physical activity (25-28), more so in our older children. Of the children surveyed, Northumberland's Health Related Behaviour Questionnaire (HRBQ) suggests time spent on devices including a computer, games console, tablet or smartphone ranges from 1 hour up to over 5 hours (29).

Opportunities to build on

The Government has set new national targets for cycling and walking including:

- Ensuring cycling and walking become the first choice for many journeys, accounting for half of all journeys in towns and cities by 2030.
- Increasing the percentage of children aged 5 to 10 who usually walk to school from 49% in 2014 to 55% in 2025.
- Doubling cycling by 2025 (30).

Improving infrastructure

Northumberland County Council is developing Local Cycling and Walking Infrastructure Plans (LCWIPS) to improve cycle pathways and connections across the county to meet these targets. This is all part of the 'Our Way' strategy for Northumberland.

Cycling schools

Northumberland County Council's Go Smarter Team is working within schools to increase confidence and skills of young people, and the ongoing development of 'cycle libraries' aims to increase access to bicycles within communities.

Case studies
Wheels for All

Wheels for All (WFA) is a national charity who provide a platform for disabled people or others who may not have access to a cycling resource. With 50 WFA centres across the UK, the charity provides a network of accessible riding locations to suit a rider's needs, such as traffic free environments, community areas and on road cycle training.

Each centre comprises a variety of accredited WFA leaders and volunteers helping participants plan and work towards their cycling goals, be it for:

- Physical and mental health benefits
- Mobility support
- Transport solutions
- Social interaction

Each centre explores the needs of a rider and finds the right cycle for them. Due to the nature of adapted cycle design, adapted cycle variation and availability is not as common as a standard pedal two-wheel cycle.

Typically, a WFA centre allows its participants both social and private platforms to seek the benefits through riding that matter to them. In many cases participants may use a WFA session to substitute part of their weekly physiotherapy programme. This can often lead to private use of adapted cycles to help with mobility issues, for example when using parks, visiting towns and cities, general exercise or even as a transport solution.

Case studies
School streets

A joint programme between Northumberland County Council's Highways Improvement Team and Go Smarter Safe Routes to School aims to improve road safety and reduce traffic management issues experienced outside schools.

This programme works with schools, to roll out infrastructure solutions alongside promoting alternative modes of transport such as walking and cycling. Where appropriate, School Streets are also considered as a solution to congestion issues outside schools. The introduction of a School Street enables the area around the school to be closed to cars at the start and end of the school day, (residents are exempt); pupils are encouraged to walk, cycle or scoot to school instead.

To date, School Streets have been implemented at five schools: Josephine Butler Primary, Newsham Primary School, Blyth New Delaval Primary School, Hareside Primary School and Seaton Sluice Primary School, with a further six schools under consideration.

Road safety improvements are also introduced around schools, where considered necessary, as part of the Local Transport Plan. These include pedestrian crossings, improvements to footways and cycleways.

The Council also has a policy to introduce 20mph speed limits outside schools across the county provided it is feasible to do so, aimed at slowing traffic and improving safety, and there are a number of School Crossing Patrol sites. These assist with safe crossing of roads at key locations on the route to school and encourage people to make the journey by active and sustainable means.

1. Goudie S, Hughes I. The Broken Plate 2022: The State of the Nation's Food System The Nuffield Foundation; 2022.
2. Dimbleby H. National Food Strategy: The Plan (Part Two: Final Report). 2022.
3. Marmot M. Health equity in England: the Marmot review 10 years on. Bmj. 2020;368.
4. Council NC. Northumberland Local Plan 2016 - 2036. 2022.
5. De Graaf C, Kok FJ. Slow food, fast food and the control of food intake. Nature Reviews Endocrinology. 2010;6(5):290-3.
6. Lucas K, Stokes G, Bastiaanssen J, Burkinshaw J. Inequalities in mobility and access in the UK transport system. Future of Mobility: Evidence Review, Government Office for Science. 2019.
7. Tedstone A, Targett V, Allen R. Sugar reduction: the evidence for action. Sugar reduction: the evidence for action. 2015.
8. Alliance OH. Out of place: the extent of unhealthy foods in prime locations in supermarkets. 2018.
9. Dickson A, Gehrsitz M, Kemp J. How the UK Soft Drinks Levy reduced the population's calorie intake. British Politics and Policy at LSE. 2021.
10. Care DoHaS. Promotions of unhealthy foods restricted from October 2022 2021 [Available from: https://www.gov.uk/government/news/promotions-of-unhealthy-foods-restricted-from-october-2022.
11. Balfour J, Boster J. Physical Activity And Weight Loss Maintenance. StatPearls [Internet]: StatPearls Publishing; 2022.
12. Services USDoHaH. Physical Activity Guidelines for Americans. Washington, DC: Department of Health and Human Services; 2018.
13. Chalkley A, Milton K, Foster C. Change4Life Evidence Review: Rapid evidence review on the effect of physical activity participation among children aged 5-11 years: Public Health England; 2015.
14. RISE. Active Lives: Children and Young People Survey: Academic Year 2019-2020.
15. Transport Df. Walking and cycling statistics, England: 2021 2022 [Available from: https://www.gov.uk/government/statistics/walking-and-cycling-statistics-england-2021/walking-and-cycling-statistics-england-2021.
16. Cooper AR, Jago R, Southward EF, Page AS. Active travel and physical activity across the school transition: the PEACH project. Medicine and science in sports and exercise. 2012;44(10):1890-7.
17. Mackett R, Lucas L, Paskins J, Turbin J. Walking buses in Hertfordshire: Impacts and lessons. University College London London, England Retrieved from https://my wpi edu/bbcswebdav/pid-162797-dt-content-rid-867904_1/courses/ID2050-D13-D01/Walking bus report-UCL pdf. 2005.
18. Organization WH. Urban green spaces and health. World Health Organization. Regional Office for Europe; 2016.
19. Maas J, Verheij RA, de Vries S, Spreeuwenberg P, Schellevis FG, Groenewegen PP. Morbidity is related to a green living environment. Journal of Epidemiology & Community Health. 2009;63(12):967-73.
20. Rees-Punia E, Hathaway ED, Gay JL. Crime, perceived safety, and physical activity: A meta-analysis. Preventive medicine. 2018;111:307-13.
21. Cheetham M, Rushmer R. Research findings from Fit 4 the Future: a place-based, community led, transformative approach to improve wellbeing and address childhood obesity. Teesside University; 2017.
22. Fisher E, Keeble E, Paddison C, Cheung R, Hargreaves D. Childhood obesity: is where you live important? 2022.
23. Wills A. Majority of parents believe learning to ride a bike is 'a vital life skill' for children, study reveals. Cycling UK. 2019.
24. Lorenc T, Brunton G, Oliver S, Oliver K, Oakley A. Attitudes to walking and cycling among children, young people and parents: a systematic review. Journal of Epidemiology & Community Health. 2008;62(10):852-7.
25. O'Keefe L. Active Lives Children and Young People Survey: Academic year 2020/21. Sport England; 2021.
26. O'Keefe L. Active Lives Children and Young People Survey: Academic year 2017/18. Sport England; 2018.
27. O'Keefe L. Active Lives Children and Young People Survey: Academic year 2018/19. Sport England; 2019.
28. O'Keefe L. Active Lives Children and Young People Survey: Academic year 2019/20. Sport England; 2021.
29. Unit SHE. The Northumberland Children and Young People's Health Related Behaviour Survey 2021. 2021.
30. England AT. The second cycling and walking investment strategy (CWIS2). In: Transport Df, editor. 2022.

Healthy weight in schools

School is an important part of most children's lives and has a role in helping children and young people achieve and maintain a healthy weight (1). School is important as:

- **a food environment**
- **a learning environment**
- **an activity environment**

Part A: Food environment

Meal provision

Pupils in primary and secondary schools in Northumberland can either bring a packed lunch or eat a school meal.

We know that children who are hungry find it harder to concentrate which can impact on their and others' learning (2). In England, since 2014, under the Universal Infant Free School Meal (UIFSM) policy (3) children in:

- Reception to Year 2 (ages 4-7) are offered a free school lunch regardless of parental income (3).
- Year 3 and above, may be eligible for free school meals (FSM) (4, 5).

Many schools go the extra mile, providing breakfast clubs and ensuring children have a hot nutritious meal beyond the FSM provision offer.

Infants who eat FSM are more likely to maintain a healthy weight as UIFSM have low fat content (3, 6). However, inconsistent reach and uptake means that not all children who would benefit receive an FSM. Uptake is not universally consistent and has been found to be lower in communities experiencing inequalities (7, 8). Children from lower-income families who are ineligible for FSM are more likely to take a packed lunch which may be less healthy (2). Similarly, whilst FSM eligibility is based on access to certain benefits, this excludes those (nearly 2 in 10 people) experiencing 'in-work poverty' (12) which, in 2020, meant that more than 1 in 6 households may have been unable to access FSM (7, 8). Current cost of living pressures mean that this gap could increase even further in future.

In 2022 the proportion of children receiving FSM in England was the highest since the 1990s (5). In the North East, 3 in 10 pupils receive FSM compared to the 2 in 10 England average (9). Northumberland has the lowest percentage of children receiving FSM within the North East, however data does not identify variations in uptake across the county.

In England, school meals must meet School Food Plan (2014) standards including portion size, provision of healthy drinks and frequency of provision of certain foods (10). Northumberland schools can commission a local authority (LA) school meals plan which provides summer and winter menus, calculated according to Government nutritional guidelines. In Northumberland, those schools that take up the LA offer are known to provide a menu in-line with governmental nutritional standards.

Part B: Learning environment

The School Food Plan requires schools to teach cookery and nutrition to all children up to age 14 (2). Beyond this, including healthy weight themes in the Personal, Social, Health and Economic (PSHE) curriculum is not mandatory.

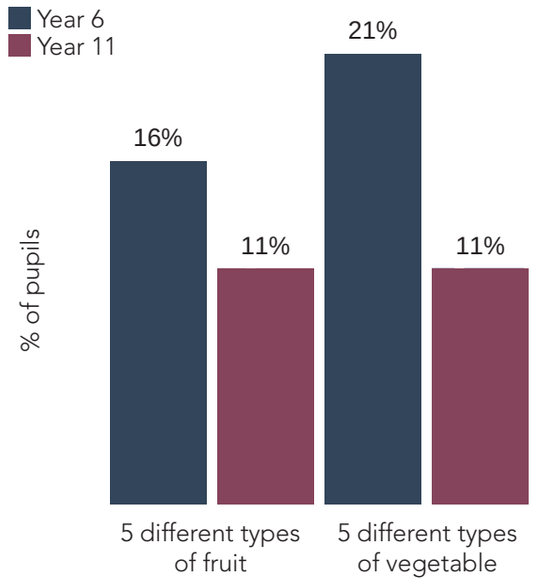
As children get older, they gain more independence, and parents and school often have less influence over what and when they eat. Eating breakfast and energy drink consumption are examples of how young people's behaviour can change as independence around choice shifts.

- Young people who eat breakfast may sleep better, exercise more frequently, have a healthier diet and better school attendance (11). Eating breakfast has also been linked to drinking less caffeine including cola, coffee or energy drinks (11). However, children are more likely to miss breakfast as they progress through secondary school (11).
- Sales and consumption of sports and energy drinks within the UK have increased rapidly over the past decade. Evidence identifies that up to a third of children in the UK consume caffeinated energy drinks weekly (12). An average energy drink contains more than the entire maximum daily recommended UK adult sugar intake (30g) (13). Many of these drinks are consumed by children, for whom the recommended daily sugar intake is lower (19g 4-6yrs old, 24g 7-10yrs old).

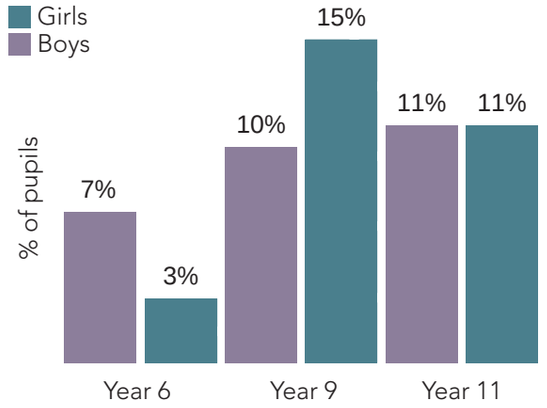
In Northumberland the 2021 Health-Related Behaviours Questionnaire (HRBQ) provided insights into eating patterns of school-age children. While young people's behaviour is influenced by home and community environments their responses identify some issues that could be addressed at school. We know that:

- Intake of more than 5 types (not portions) of fruit and vegetables decreases with age:
    - 16% of Year 6 pupils report eating over 5 different types of fruit a day, 21% over 5 different types of vegetables.
    - By Year 11 this is 11% for both fruits and vegetables (14)
- 3% of Year 6 pupils stated they don't normally have anything to eat or drink before school, for Year 11 pupils this was around 18% (11, 14).
- A quarter of Year 6 pupils and a fifth of Year 9 and Year 11 said they do not normally drink water every day (14)
- For Year 6 boys the second most popular daily drink (after water) was fruit juice, for girls this was diluted juice/squash/cordial. In Year 11 for boys this was fizzy drinks / pop, for girls it was tea or coffee (14)
- In Northumberland the number of children who drink energy drinks each day increases as they get older, which follows national trends(12).
    - 7% of Year 6 boys and 3% Year 6 girls
    - 10% of Year 9 boys and 15% Year 9 girls
    - 11% of Year 11 boys and 11% Year 11 girls (14)

Pupils eating fruit and veg a day (%) according to the Northumberland 2021 HRBQ



Pupils who drink energy drinks normally each day (%) according to the Northumberland 2021 HRBQ



Part C: Physical activity environment

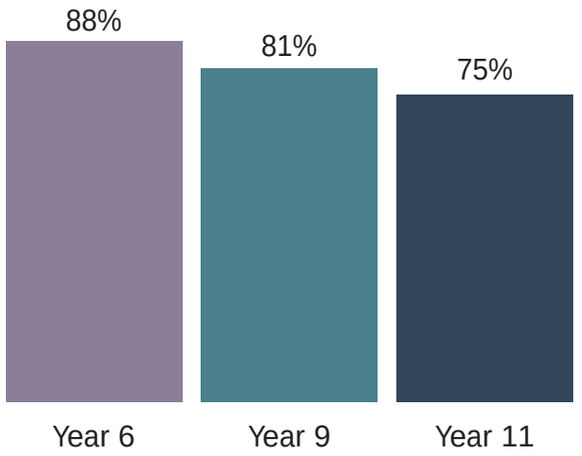
Curriculum

Physical Education (PE) is a part of the national curriculum across all key stages (up to age 16), including mandatory swimming in either key stage 1 or 2 (Ages 5-11) (15, 16). Whilst many parents are keen to see more time in the curriculum for PE a recent Ofsted report found that only 69% of 60 primary schools visited timetabled two or more hours of PE each week (8).

Activity levels and enjoyment of sport and exercise in young people decrease with age (14), which can be related to increased interest in/use of technology for recreation. During school hours mandatory PE could be a good way of encouraging consistent levels of activity across age groups.

(Year 6 (88%), Year 9 (81%), Year 11 (75%) of pupils responded that they 'agree' or 'strongly agree' that they enjoy taking part in exercise and sport).

Pupils who 'agree' or 'strongly agree' that they enjoy taking part in exercise and sport according to the 2021 HRBQ



Challenges to being physically active in school can include:

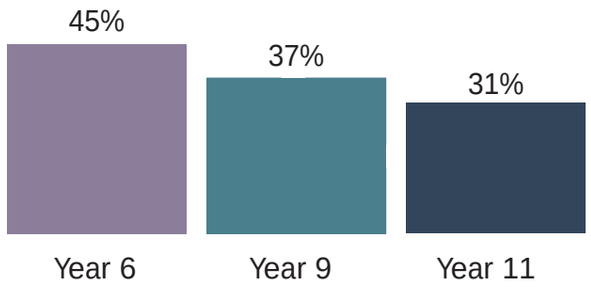
- Cost, however low-cost alternatives can be introduced and enjoyed (8).
- Gender Specific Barriers - often adolescent girls report experiencing social pressures, fear of forced competition and negative experiences relating to school PE kit and changing facilities (17, 18).
- Traffic levels and lack of safe cycle or scooter storage can deter parents and children from taking up active travel opportunities (17).

In Northumberland, the 2021 HRBQ highlighted that:

- 45% of Year 6 pupils and 31% of Year 11 pupils stated that they were physically active for an hour or more on at least 5 days in the last 7 days (14). This, despite the majority (88% in Year 6, 75% in Year 11) saying they enjoy taking part in exercise and sport (14).
- One in ten Year 11 pupils reported high levels of inactivity, saying they were physically active for less than one hour on any one day in the 7 days before the survey (14).

(Year 6 (45%), Year 9 (37%), Year 11 (31%) of pupils responded that they were physically active for an hour or more on at least 5 days in the 7 days before the survey)

Pupils who were physically active ≥ 1 hour on at least 5 out of the 7 days preceding the survey according to the 2021 HRBQ



Opportunities to build on

In Northumberland we have:

- A good PE support offer available to schools through Active Northumberland schools games programme which encourages an extra 30 minutes of daily activity.
- Targeted support with SEND schools in South East Northumberland through the Ability2Play programme https://www.facebook.com/Ability2Play
- As set out in the 'Healthy weight in our communities' chapter work is underway around the broader cycling infrastructure (LCWIPS) and road safety and traffic management infrastructures around schools (School Streets) which will increase availability of opportunities for walking and cycling for all. In addition, work is being taken forward by the Go Smarter team which will support young people to have increased confidence and access to equipment to enable them to take up these opportunities.
- Health Trainers from Northumberland County Council Public Health Service continue to work in partnership with Alnwick Garden to develop the fun and engaging Roots and Shoots programme. This offers unique education and gardening sessions for school children to increase their knowledge around healthy eating and the importance of having an active lifestyle.

Case studies

Holiday Activities and Food Programme (HAF)

Northumberland County Council and Leading Link have been running holiday activities for four years and this year is being supported with funding from the Department for Education (DfE).

School holidays can be difficult for some families because of increased costs and reduced incomes. Children from lower-income families may have less access to fun activities and experience 'unhealthy holidays' because of changes in their diet and physical activity.

HAF supports families across Northumberland so that children can:

- eat healthily and be active over the school holidays
- take part in a wide variety of engaging and enriching activities which help build resilience and support their wellbeing and educational attainment
- be safe and are not socially isolated
- have a greater knowledge of health and nutrition
- be more engaged with school and other local services.

The programme has received national recognition and is co-designed with community partners, young leaders, children and their families.

Children and young people who would benefit are invited to attend through their school and other partners. Most children who attend are eligible for free school meals and around 14% of children who participate in HAF have additional needs.

Work is underway with DfE to develop a programme for secondary school aged pupils linked to life skills and employment.

1. Brazendale K, Beets MW, Weaver RG, Pate RR, Turner-McGrievy GM, Kaczynski AT, et al. Understanding differences between summer vs. school obesogenic behaviors of children: the structured days hypothesis. International Journal of Behavioral Nutrition and Physical Activity. 2017;14(1):1-14.
2. Dimbleby H. National Food Strategy: The Plan (Part Two: Final Report). 2022.
3. Parnham JC, Chang K, Millett C, Laverty AA, von Hinke S, Pearson-Stuttard J, et al. The impact of the Universal Infant Free School Meal policy on dietary quality in English and Scottish primary school children: evaluation of a natural experiment. Nutrients. 2022;14(8):1602.
4. Council NC. School Meals [Available from: https://www.northumberland.gov.uk/Education/Schools/Meals.aspx.
5. Long R, Danechi S, Roberts N. School Meals and Nutritional Standards (England). The Commons Library; 2022.
6. Holford A, Rabe B. Impact of the universal infant free school meal policy. Colchester: Institute for Social and Economic Research. 2020.
7. McNeil C, Parkes H, Garthwaite K, Patrick R. No longer'managing': the rise of working poverty and fixing Britain's broken social settlement. 2021.
8. Lewis S, Holmes S, Morris S. Obesity, healthy eating and physical activity in primary schools. 2018.
9. Gov.uk. Schools, pupils and their characteristics: Pupil characteristics: Free school meals 2022 [Available from: https://explore-education-statistics.service.gov.uk/data-tables/fast-track/87182242-6c3a-4eb1-b5fc-d91da60207e9.
10. Education Df. School food standards practical guide 2022 [Available from: https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/school-food-standards-practical-guide.
11. Richards G, Smith AP. Breakfast and energy drink consumption in secondary school children: breakfast omission, in isolation or in combination with frequent energy drink use, is associated with stress, anxiety, and depression cross-sectionally, but not at 6-month follow-up. Frontiers in Psychology. 2016;7:106.
12. Khouja C, Kneale D, Brunton G, Raine G, Stansfield C, Sowden A, et al. Consumption and effects of caffeinated energy drinks in young people: an overview of systematic reviews and secondary analysis of UK data to inform policy. BMJ open. 2022;12(2):e047746.
13. Hashem KM, He FJ, MacGregor GA. Cross-sectional surveys of the amount of sugar, energy and caffeine in sugar-sweetened drinks marketed and consumed as energy drinks in the UK between 2015 and 2017: monitoring reformulation progress. BMJ open. 2018;7(12):e018136.
14. Unit SHE. The Northumberland Children and Young People's Health Related Behaviour Survey 2021. 2021.
15. Education Df. National curriculum in England: Key stages 1 and 2 framework document. 2013.
16. Education Df. National curriculum in England: Key stages 3 and 4 framework document. 2014.
17. Guideline N. Physical activity for children and young people. 2009.
18. Barr-Anderson DJ, Neumark-Sztainer D, Lytle L, Schmitz KH, Ward DS, Conway TL, et al. But I like PE: Factors associated with enjoyment of physical education class in middle school girls. Research Quarterly for exercise and Sport. 2008;79(1):18-27.

Healthy weight in healthcare

Overweight and obesity are linked to many long-term health conditions. People who are overweight or obese are more likely to be seen in General Practice or admitted to hospital.

In 2019/20 there were over 6,300 obesity related admissions in Northumberland (1). This was an increase of 39% from 2018/19 (2). Although admissions linked to obesity remain low in under 24 year olds, we know that children who are overweight and obese are more at risk of becoming overweight or obese adults.

Healthcare settings are ideally placed to start the conversation about healthy weight: brief and opportunistic conversations in primary care can significantly encourage people to manage weight (3). Although healthcare staff (particularly in primary care) are well-placed to start discussions with families around a child's healthy weight there are several key barriers that can make this difficult.

Barriers

Lack of recognition by the parent and/or healthcare staff that a child is overweight. Almost a third of parents (31%) underestimated their child's BMI when asked to identify their child's weight status (4). Parents were far more likely to identify their child as overweight when they fell at the extreme ends of the spectrum.

Increased prevalence of overweight / obesity in society is changing our perception of what a 'healthy weight' body type looks like and making these conditions harder to recognise (5). This is exacerbated by the fact that media portrayals of obesity often feature examples of severe obesity that do not reflect the appearance of most individuals who are overweight or obese (6).

Personal weight stigma is a term used to describe the negative perceptions associated with overweight or obesity (7). These are often portrayed in the media as controllable conditions and people with them are seen as lazy, greedy and lacking in self-discipline (8, 9). This type of portrayal can reinforce the idea that overweight and obesity are an entirely personal responsibility and can increase dislike for people with these conditions (8).

In Northumberland over a quarter of Year 9 children (aged 13-14) say they have been picked on or bullied for their size or weight (10). Weight stigma can have a significant impact on children's mental health and wellbeing including increasing their risk of depression (11, 12) and even suicidal thoughts (13). Weight stigma has even been linked to poorer physical health as teenagers who experience it are more likely to develop type 2 diabetes and cardiovascular disease (which can lead to heart attacks and strokes) in later life (14).

Professional weight stigma can occur when healthcare professionals approach overweight and obesity in a negative way. A recent study which pulled data from social media comments (totalling over 5,500) highlighted that people who identified as living with overweight or obesity felt their quality of care was significantly lower, particularly around effective treatment and emotional support (15).

Local referral pathways

NICE Guidelines focus on discussing lifestyle changes with recommended regular and long-term follow-up, as well as referral to a weight management programme if it is available (16). There are currently no specific weight management services for children in Northumberland. At a North-East regional level there is a lot of variability. There is a local pathway for children with health issues related to their weight (see Appendix 1). However, this is designed to manage these health conditions and does not provide continued support for achieving a healthy weight. Development of referral pathways is further complicated by the fact that there is no clear evidence that one type of intervention is effective. Instead interventions need to be tailored to the child and their family and integrated across all the systems where they live and play (17).

What is available to health care providers?

Earlier recognition of unhealthy weight

There is ongoing work to try and increase parents' accuracy of recognising their child's weight status (18). Researchers from Newcastle University have developed the MapMe Tool which shows where children fall on a healthy weight scale (19).

Brief intervention and making every contact count

Opportunities to discuss weight status include:

- The Personal Child Health Record (PCHR) or 'red book'. This is a national standard health and development record given to parents / carers. It includes a record of key growth and development information including growth charts that identify when a child is straying outside of a healthy weight for their age / height.
- Immunisation appointments
- In Reception (~5 years) following receipt of NCMP letter.
- In Year 6 (10-11 years) following receipt of NCMP letter.

Good uptake of the NCMP has been identified as key by many areas with stable or declining childhood obesity rates (20). Northumberland has excellent engagement with over 95% of schools involved in the NCMP every year. This is consistently higher than the England average (21). However, while engagement with the NCMP is strong, the data collected is rarely shared directly with General Practices. Better data sharing may help to identify families who need support earlier and help to situate that support within their community networks.

Talking about weight

Talking to a young person or parent about healthy weight often remains a difficult conversation. A national toolkit encourages weighing children within a consultation to help parents or carers recognise when their child is overweight or obese, as well as reinforcing to families that there is a wide range of healthy weight for children depending on age, height and sex (22). Focussing on brief interventions is key, as lack of time was quoted by UK healthcare professionals as one of the most common reasons they did not discuss weight in an appointment (23).

Prevention and early help interventions

The HENRY (Health, Exercise and Nutrition for the Really Young) programme works with whole families to encourage them to create healthier home environments (24). Both healthcare staff and families can request a place on a HENRY course. There are no criteria other than that the family wish to attend, the child is under 12 years of age, the child/family are registered with the Family Hub /Children's Centre and live in Northumberland.

Further details of the HENRY programme can be found in the 'Healthy weight in the home' section. Registration forms are available online at: https://form.northumberland.gov.uk/form/auto/childrens_centres_reg

Found out more at https://www.henry.org.uk/content/animated-explainer-video

Specific weight management for overweight / obese children

A regional healthcare needs assessment is underway and due to report early 2023 on recommendations for childhood weight management pathways in the North East.

In Northumberland the Northumbria Healthcare NHS Foundation Trust will take referrals for children who have co-morbidities associated with their overweight/obese status (see Appendix 1).

Case study

A school asked the Northumberland 0-19 school nursing team to help a young person who was struggling with anxiety and was more frequently avoiding going to school.

The school nurse completed a holistic Health Needs Assessment with the young person and their parents. They found that the young person had issues with their body image and was being bullied. Their parents were worried that their child was overweight and that they also struggled to be healthy.

By working together with the family, a referral was made for the parent to the Northumberland Health Trainer service to help them with their nutrition and health behaviours. The young person was supported on a one-to-one basis to help them explore their emotional wellbeing and to adopt healthier behaviours. They were put off physical activity because they lacked confidence but after discussion, they agreed to be referred to YouthLink Peer support (Children North East charity). YouthLink provided mentoring support which helped build the young person's self-confidence and resulted in them participating in several physical activities in the community.

This highlights the complicated relationship between healthy weight, activity and emotional wellbeing and the impact on education and family life. Having a family approach was important, with the young person and their parent felt both feeling that they had made positive changes.

1. Digital N. Statistics on Obesity, Physical Activity and Diet, England 2021 2021 [Available from: https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/england-2021/part-1-obesity-related-hospital-admissions.
2. Digital N. Statistics on Obesity, Physical Activity and Diet, England, 2020 2020 [Available from: https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/england-2020.
3. England PH. Let's Talk About Weight: A step-by-step guide to brief interventions with adults for health and care professionals. London; 2017.
4. Black JA, Park M, Gregson J, Falconer CL, White B, Kessel AS, et al. Child obesity cut-offs as derived from parental perceptions: cross-sectional questionnaire. British Journal of General Practice. 2015;65(633):e234-e9.
5. Oldham M, Robinson E. Visual weight status misperceptions of men: Why overweight can look like a healthy weight. Journal of health psychology. 2016;21(8):1768-77.
6. Johnson F, Beeken RJ, Croker H, Wardle J. Do weight perceptions among obese adults in Great Britain match clinical definitions? Analysis of cross-sectional surveys from 2007 and 2012. BMJ open. 2014;4(11):e005561.
7. Flint SW, Hudson J, Lavallee D. UK adults' implicit and explicit attitudes towards obesity: a cross-sectional study. BMC obesity. 2015;2(1):1-8.
8. Kite J, Huang B-H, Laird Y, Grunseit A, McGill B, Williams K, et al. Influence and effects of weight stigmatisation in media: A systematic. eClinicalMedicine. 2022;48:101464.
9. Flint SW, Hudson J, Lavallee D. The portrayal of obesity in UK national newspapers. Stigma and Health. 2016;1(1):16.
10. Unit SHE. The Northumberland Children and Young People's Health Related Behaviour Survey 2021. 2021.
11. Luppino FS, de Wit LM, Bouvy PF, Stijnen T, Cuijpers P, Penninx BW, et al. Overweight, obesity, and depression: a systematic review and meta-analysis of longitudinal studies. Archives of general psychiatry. 2010;67(3):220-9.
12. Keramat SA, Alam K, Rana RH, Chowdhury R, Farjana F, Hashmi R, et al. Obesity and the risk of developing chronic diseases in middle-aged and older adults: Findings from an Australian longitudinal population survey, 2009–2017. Plos one. 2021;16(11):e0260158.
13. van Vuuren CL, Wachter GG, Veenstra R, Rijnhart JJ, Van der Wal MF, Chinapaw MJ, et al. Associations between overweight and mental health problems among adolescents, and the mediating role of victimization. BMC public health. 2019;19(1):1-10.
14. Rubino F, Puhl RM, Cummings DE, Eckel RH, Ryan DH, Mechanick JI, et al. Joint international consensus statement for ending stigma of obesity. Nature medicine. 2020;26(4):485-97.
15. Flint SW, Leaver M, Griffiths A, Kaykanloo M. Disparate healthcare experiences of people living with overweight or obesity in England. EClinicalMedicine. 2021;41:101140.
16. NICE. Obesity: identification, assessment and management 2014 [Available from: https://www.nice.org.uk/guidance/cg189/chapter/Recommendations.
17. Smith JD, Fu E, Kobayashi MA. Prevention and management of childhood obesity and its psychological and health comorbidities. Annual review of clinical psychology. 2020;16:351-78.
18. Ashley Adamson AJ, Bronia Arnott, Elizabeth Evans. Can embedding the MapMe intervention, a tool to improve parental acknowledgement and understanding of childhood overweight and obesity, in the National Child Measurement Programme lead to improved child weight outcomes at one year? 2020 [Available from: https://fundingawards.nihr.ac.uk/award/NIHR127745.
19. Jones A, Tovée MJ, Cutler L, Parkinson K, Ells L, Araujo-Soares V, et al. Development of the MapMe intervention body image scales of known weight status for 4–5 and 10–11 year old children. Journal of public health. 2018;40(3):582-90.
20. Ibrahim RI, Bonham AC, Garfitt KJ, Viner RM, Sewell K, Gahagan A, et al. Learning from local authorities with downward trends in childhood obesity. 2020.
21. OHID. Fingertips: Public health data: Obesity Profile: Northumberland 2022 [Available from: https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/4/gid/8000022/pat/6/par/E12000001/ati/302/are/E06000057/yrr/1/cid/4/tbm/1.
22. Thompson L, Blackshaw J, Coulton V, Albury C, Tedstone A. Let's talk about weight: a step-by-step guide to conversations about weight management with children and families for health and care professionals. 2017.
23. Hughes CA, Ahern AL, Kasetty H, McGowan BM, Parretti HM, Vincent A, et al. Changing the narrative around obesity in the UK: a survey of people with obesity and healthcare professionals from the ACTION-IO study. BMJ open. 2021;11(6):e045616.
24. HENRY. Healthy Families: Right from the Start: Annual Report 2021/22. 2022.

Recommendations

As this report has shown, healthy weight in children is a complex issue. To be healthy, young people and their families need access to affordable, healthy food, and opportunities to be physically active, through play, leisure and safe active travel. All children deserve the same chance to thrive and be healthy, no matter where they live in Northumberland. This report highlights the impact of inequalities within Northumberland and the additional challenges faced by many of our families. Not everyone has the same access to things which children need to be healthy or can afford healthy food which makes achieving and maintaining a healthy weight an even bigger challenge.

These recommendations aim to firmly place children's healthy weight as a top priority in Northumberland. We can build on the inspiring work already happening in our communities, some of which is shared in this report, and take specific steps to help Northumberland's children and young people live the happy and healthy lives they deserve.

Reframing our approach

Achieving and maintaining a healthy weight can be challenging. Overweight and obesity have historically been considered through the lens of individual responsibility; the result of insufficient knowledge or willpower to make healthy choices. This could not be further from the truth for the vast majority so we need to look more widely at the ways in which our homes, communities, schools and healthcare systems can better support children to live healthy, active lives. The floodgates of less healthy options are wide open and overwhelming young people and families. By working upstream, with families and communities, we can filter the flow of less healthy options and direct our focus and energy on opening new channels for health.

Communication and sharing good practice

There are fantastic initiatives across Northumberland which are helping to ensure children are leading happier and healthier lives. Sharing good practice will help us to pool knowledge and experience, to celebrate and build on successes and extend these across Northumberland. Good communication will make it clearer what support is available to help families achieve and maintain healthy weight and how to access this support.

Collaboration

Developing a healthy weight alliance: A complex issue like healthy weight needs a collaborative system-wide approach. We have an opportunity to build on the good work already being done across Northumberland by establishing a healthy weight alliance, bringing communities and agencies together to build on these strengths and ensure we have a coordinated approach. This would provide governance and accountability, reporting to the Health and Wellbeing Board and overseeing the Healthy Weight Declaration, helping to take us further and faster on our journey of change.

Strategy development and implementation

We need to prioritise childhood healthy weight as a core priority in new and existing strategies to ensure there are concrete steps in place to improve the opportunities for Northumberland's children to stay healthy. We know that some families do not have the same access to healthy options as others, and inequalities must be at the heart of system-wide plans. We need to ensure that the following address this ambition:

- Northumberland Food Insecurity plan (new): Understand and support the food economy within Northumberland to identify how communities and the council can work together to ensure that all families have improved and reliable access to affordable, healthy food. Work together to increase the prominence of healthy foods to make healthier choices easier.
- Northumberland Physical Activity Plan (refresh): Understand how children and families move around in Northumberland. Make it easier for families to access green spaces, make spaces where children play feel safer and more appealing. Make it easier, safer and more enjoyable to use active travel so that walking and cycling become the first choice for everyday journeys (such as to and from school).

Using data and local insights

We need to make better use of NCMP data to inform plans and ensure work is prioritised and targeted to those areas where it is most needed. We need to fully involve communities to understand what is important to them when it comes to children's healthy weight and how they are best supported in this. By building our understanding we can develop action plans around the following key questions:

1. What can communities do for themselves?
2. What can communities do with some help?
3. What can't communities do that agencies / institutions can?

Appendix 1

Northumberland referral pathway to secondary care for children with underlying health issues associated with obesity

Referral criteria:
A child with:

- A BMI >98th centile. (For children under 2 years, professional judgment should be used when assessing height and weight percentiles)

AND at least one of the following:

- Short relative to weight i.e. height less than the 50th Centile
- Obese from preschool
- Suggestion of an associated genetic cause:
  a. Learning difficulties b. Visual problems c. Unusual facial appearance
- Family history (parent or sibling aged under 40 at onset) of: a. Diabetes Mellitus (type 2) b. Ischaemic heart disease c. Hypertension
- Evidence of endocrinological co-morbidity
  - a. Menstrual disturbances (secondary amenorrhoea)
  - b. Hyperandrogenism (hirsutism)
  - c. Acanthosis nigricans (pigmentation in groins and axillae)
- Evidence of respiratory co-morbidity
- Evidence of orthopaedic co-morbidity
- Extreme obesity (BMI significantly above the 99.6th centile).

Referral process

A clinical assessment to discuss possible underlying clinical causes of the obesity may also be required and should be completed by a registered health practitioner and a referral made to specialist support if required.

GPs/Practice Nurses, Public Health Nurses, Dieticians, Health Visitors and School Nurses can complete this assessment. Plotting the child's BMI on the growth chart with the parent is good practice and can help the parent identify that there is a weight issue, and that action/change is required. If a child or young person's BMI is equal or greater than the 98th centile on the UK 90 BMI chart, and the child also has secondary co-morbidities referral to a local paediatrician should be made.

North Tyneside and Northumberland paediatricians will take referrals from health professionals who are concerned and require a more advanced clinical assessment for the family. This referral is usually in the form of a letter. The paediatrician will see the family for assessment and investigation. This paediatric assessment may lead to referral to secondary care dietetic support or referral to tertiary care where more specialist support is required e.g., genetic or endocrine problems.

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Harrogate and District NHS Foundation Trust

0-19 Growing Healthy Northumberland

Summary Report January 2023

Report to: **Northumberland Health and Wellbeing Board**

Report Author: **Ashley Iceton, 0-19 General Manager Northumberland/Gateshead. Harrogate and District NHS Foundation Trust**

Report contents.

Purpose

The purpose of this summary report is to provide an update to the Northumberland Health and Wellbeing Board on the 0-19 Growing Healthy Service, describing progress to date and giving assurance that the team deliver a high quality, responsive and effective service to the children, young people, and families (CYP&F) of Northumberland.

Background

Harrogate and District NHS Foundation Trust (HDFT) has provided 0-19 Health Visiting and School Nursing services in Northumberland from the 1st of October 2021, working in partnership with Northumberland County Council through a Section 75 Partnership Agreement. Our vision is for every child to have the best start in life, and be happy and healthy, through working in partnership with families in Northumberland. We have a strategic commitment to integrated working to optimise the impact of collective resources on health and wellbeing outcomes across Northumberland and reduce inequalities.

The Healthy Families Partnership Board and Design Group

The Healthy Families Partnership Board (HFPB) provides governance for the partnership and was established to achieve the goals of developing and delivering an integrated 0-19 service for Northumberland. The HFPB is chaired by the NCC Executive Director of Public Health and Community Services and includes senior staff from HDFT and NCC public health, children's services and education and skills. The HFPB Design Group is a subgroup of the board and was established to identify appropriate operational developments within the service, manage the implementation of change and provide management oversight to meet the outcomes of the service.

The New 0-19 Service.

Transformation of the workforce to a 0-19 Service model, to develop and deliver the service through skill mix and the introduction of new roles to meet the key priorities of the partnership arrangements and support integration and collaboration with local authority partners, Family Hub model and key stakeholders. Model is based on the restructure changes which are influenced by experience and best practice. The model will evolve and develop, responding to local and national changes and need.

Agile working supports the 5 day working model and hybrid working across all teams and bases, and is supported by the estates strategy. The admin structure will support a Single point of contact.

0-19 Locality Managers – manage colleagues across 0-19, each with a thematic lead area to promote service transformation and quality improvement (Quality and Performance Management, Vulnerability, HCP and Universal, SEND, Systm1, Digital and Service User Experience).

We have developed 3 pillars to deliver the 5-19 service – Safeguarding, Emotional Health and Resilience and Public Health, with a dedicated Screening Service team to support delivery of National Child Measurement Programme, and each pillar has a lead.

Transition into the New Model.

In preparation for transition the 0-19 senior management team have reviewed local authority wards, Family Hubs locations and the number of service users within geographical areas against the number of Locality Managers. We have now aligned the three Service Managers and Locality Managers proportionately across Northumberland. We have agreed three areas of the North, Central Southeast and Central West. We are recruiting a full-time substantive Locality Manager into the North and a full time 12-month fixed term Locality Manager into the Central Southeast area. This will support capacity, ensuring Thematic leads are driven forward and HDFT's 0-19 Performance management strategy is embedded.

The integrated management team are developing an action plan to safely move into the transition phase of implementing the new model. The action plan will include supporting staff health and wellbeing whilst implementing a Single point of Contact, progressing the estates strategy, establishing clear lines of communication and a robust and safe governance structure across all teams.

0-5 Growing Healthy Service

The 0-19 Healthy Child Programme (HCP) provides an evidence-based universal offer of core contacts, mandated by the Department of Health, leading to early identification of needs and provision of early intervention, enhanced offer and early help through both single agency and wider multi-agency interventions.

The 0-19 HCP in Northumberland is delivered by the 0-19 Healthy Child Team, HDFT. The service is delivered by a skill mixed workforce led by Specialist Community Public Health Nurses (SCPHN), enhanced by clinical leads and thematic roles.

Core contacts are to be delivered at home, with the introduction of the Family Health Needs Assessment and Home Environment Assessment tool at the Antenatal contact. Where there are staffing pressures, Service Managers are developing and leading on local action plans to

meet the needs of the population. Underpinning the process will be HDFT's Safe Staffing tools including OPEL levels.

Specialist Community Public Health Nurse recruitment continues, we are using both local adverts and the HDFT recruitment events to attract staff to the area. In March 2023 two Health Visitors will come into post from the Northumbria University SCPHN course. In September 2022 six existing staff nurses commenced SCPHN training, after successful completion of the course SCPHN posts will be available within Northumberland. We continue to recruit into staff nurse posts, this strategy will strengthen the specialist workforce whilst providing opportunities within the local area.

In preparation for 2023-24 the education leads are completing a scoping exercise looking at SCPHN recruitment for September 2023 using Northumbria University.

In January 2023 we have eight Public Health Staff nurses joining the service. They will receive a preceptorship that includes a bespoke competency/training offer. This will enable the Service managers to use analysis from the Demand and Capacity tool to support safe delegation to skill mix in line with Safer Staffing policy. The Family Health Practitioners are flexing their target age range from 0-5 to 0-10 years, following appropriate training.

Key Performance Indicator Data: 2021-2022 / 2021-2022 / 2022-2023 / 2022-2023

Contact	Q3	Q4	Q1	Q2
Antenatal	98.5%	99.2%	93%	90.4%
New Birth Visit	92.4%	91.5%	93.8%	95.3%
6-8 Week	94%	90.4%	90.2%	93.7%
12 Month	92.5%	88.3%	93.7%	94.7%
2.5 Year	89.6%	89.4%	91.8%	93.7%

<u>The Infant Feeding Pillar</u>

The Band 7 Infant feeding Co-ordinator is developing/introducing the planned model for infant feeding supporting the 0-5 service delivery in relation to Infant feeding support. The plan includes to continue proactive contacts postnatally, increase the number of breastfeeding support groups across the county and introduce a tiered approach to support, bringing the service in line with UNICEF standards.

The service underwent a UNICEF Baby Friendly Initiative (BFI) Progress Review in September due to changes in Infant Feeding Lead and TUPE transfer to HDFT. We have maintained our GOLD Accreditation status with lots of positive feedback. We have one action identified: Within the staff survey, staff reported that they felt they would not be listened to if they raised ideas/concerns. As a management team we felt that this reflected the general feelings within the 0-19 service going through a continuous period of change over the last 18 months and the changes to the service and not specific to Infant Feeding. Through individual 1-1's, staff group meetings and consultation events staff were encouraged to express ideas and feedback. There is an action plan that includes a further staff survey.

Infant Feeding data- 2021-2022 / 2021-2022 / 2022-2023 / 2022-2023

Contact	Q3	Q4	Q1	Q2
10-14 Days	77.1%	75.2%	79.8%	80.4%
6-8 Weeks	45.3%	42.3%	38.5%	39.1%

The Public Health Pillar

To identify, assess and/or delegate targeted, short term interventions to children requiring support above universal criteria. We will sign post families and young people to other services for support.

Public Health Pillar Referral Criteria:

- Level 1 continence.
- Risk taking behaviours.
- Sexual health.
- Healthy lifestyles in line with the Family Hub model
- Healthy Relationships in line with the Family Hub Model
- Transition support

Targeted local health promotion in line with the public health calendar School profiles: Identifying 3 priorities for each school – inclusive of digital delivery, or targeted delivery into schools, or signposting within the system.

National Child Measurement Programme (NCMP) -This year we will provide a whole team approach. From June 2023 screening will be offered all year and by the screening team, this will commence with year 6 pupils.

In 2021-2022 Q3 pressures in the 5-19 service highlighted an increase in referrals and safeguarding into the service which was creating a waiting list for children to access care. Waiting times for children have continued to increase since this time and it has been highlighted to partners that there has been a volume of referrals not appropriate for the service around Emotional Mental Health, Neurodiversity and Continence.

The Management team and NCC Public Health team have been working with partners to understand criteria for all services including gaps in provision.

Post covid 19 pandemic the 5-19 team have seen a significant surge in referrals for children experiencing low-level anxiety and low mood.

Referrals are screening and triaged by a Public Health School Nurse (PHSN) within 2 working days. This process provides a timely response to Safeguarding and Emotional Health needs.

The PHSN develops a safety plan ensuring parents/carers are fully informed around any actions to be taken should the child's presentation deteriorate. A letter is also sent out to parents/carers advising that the service is operating a waiting list and how to contact the service if needed. The letter includes a list of resources for parents/carers/child to access such as Kooth, Young Minds and partners.

An action plan is in place to address and reduce the waiting times within the service, this is being led by the Service managers and includes safe delegation to the skill mixed team and the use of NHS Professionals (NHSP).

Referrals - Waiting times 2021-2022 / 2021-2022 / 2022-2023 / 2022-2023/ 2022-2023

Area	Q3	Q4	Q1	Q3	From Q3 2021 to Q3 2022
North	61	123	106	107	117 - 11 weeks – 44 weeks
Central	156	78	117	120	167 - 26 weeks – 57 weeks
South East	166	200	230	256	234 - 20 weeks – 52 weeks
West	43	67	69	102	81 - 8 weeks – 41 weeks

Emotional Health and Resilience Pillar (EHR).

Our focus will be around early intervention and resilience building. We will provide evidence-based interventions to support CYP& F in Northumberland. In partnership with parents and carers we will aim to build resilience and problem solving.

We have secured funding from the NCC Public Health reserve to train eight practitioners in Relax Kids and eight practitioners in Charge Up. Four Family Health practitioners from the 0-19 service and four practitioners from the Family Hubs will be undertaking the Relax Kids training. Four emotional health staff nurses from the 0-19 service and four practitioners from the family hub will be undertaking the Charge Up training. Training is coordinated by the 0-19 service, and we are planning co-delivery with Family Hubs staff. This is a new approach to ensure integrated delivery between services in the form of both virtual and face-to-face contact, and resilience in delivery across Northumberland.

Relax kids is delivered in a group setting and will allow higher numbers of children to be supported within a quicker waiting time. This will have a significant impact upon the current 5-19 waiting lists and on future referrals into the service. Relax Kids have arranged to complete and induction with all staff on 23rd January and the online modules will be completed by 0-19 and family hub staff throughout the week commencing 23rd January 2023. We are aiming for courses to be organised within each locality immediately after completion of the modules to ensure that staff retain their knowledge and confidence in delivering the sessions.

The Service Manager for EHR has been working closely with partner agencies around establishing robust criteria for intervention, review of the Northumberland graduated response and in negotiating support for children and young people with their mental health post diagnosis of autism and/or attention deficit hyperactivity disorder (ADHD). Task and finish groups will continue to meet monthly to ensure progress is maintained and will also include representation from the parent/carer forum. This work will continue to link into the development of the sensory pathway and closer working with education to ensure children and young people with possible neurodiversity have access to the support they require.

We have recently recruited into the Clinical Lead for Emotional Health and Resilience vacancy, and she has commenced in post. There is currently one vacancy for a band 5 emotional health staff nurse. We have a long-term plan to include 4 x Children's Psychological Wellbeing Practitioners (CWPs) into the pillar, which will build upon our parent led support and early intervention for children/young people experiencing low mood and/or anxiety. Due to the CWP academic entry requirements we are currently supporting a number of staff to access other learning to ensure they are able to meet this requirement in the future. Three Training places have been reserved on the Enhanced Evidence Based Practice (EEBP) course, which is due to commence in March 2023 and is funded by Health Education England.

Safeguarding Pillar.

We have appointed into the band 7 Safeguarding clinical lead posts; their role will include supporting face to face complex case management within the priorities of the role. They will be vital in supporting external and internal staff into the new pillar. We are working through recruitment into the Strategy Nurse post, Band 5 Staff nurse and Child lived experience practitioners.

The Safeguarding team have introduced Induction packs/ competency packs for all skill mix staff. Staff moving into the pillar have completed their self-assessment and met with the band 7 Safeguarding Specialists Nurses, completing shadowing opportunities prior to transfer into the pillar. The team have embedded a Signs of Safety training package for all staff on induction into the service.

- Level 3 training compliance 98%
- Safeguarding Supervision Compliance 83%
- Front Door response time and strategy attendance 100%

Innovative Roles.

The Community Anchor, we have developed an action plan to support the development of the role, including integration across the system, scoping the various community projects and initiatives that are in place. This role will work very closely with the NCC public health team. They will participate in community profiling work with the family hub/early help project team and meeting with the 0-19 service managers to understand the strategic vision around future service delivery.

The community anchor will be involved with the development of the family hub model and will link in with the perinatal/parent and infant relationships workstream, 5-19 workstream and parenting workstream. They will spend time with the family hub managers to understand the trailblazer plans and how the 0-19 service can add value. The community anchor will be required to undertake some community asset training alongside colleagues in the local authority, this will also be cascaded across the 0-19 service.

The Community Triage Nurse. The role of the Triage nurse will be to support the flow of referrals across the system, representing the Public Health Pillar. They will work in an integrated way with NCC, being embedded within the NCC Early Help Hub three days a week. The role will be pivotal in providing a timely response to referrals, ensuring agreed waiting times are adhered to. They will also signpost referrals to partners deemed most suitable to meet the needs of children, young people and their families.

Their role within the Public Health Pillar will include having an oversight of demand and capacity to co-ordinate and allocate referrals to the team. Support SEND referrals by engaging partners across the system to meet individual service user needs. The post will include the analysis of impact and outcomes for Children, Young people, and their Families by providing meaningful qualitative data.

The Project Support Officer role. This role includes responsibility for implementing and transforming the digital platform. The role supports the mobilisation in continuous improvement within the digital offer and supporting 0-19 practitioners with training and development.

Across the wider footprint the Project support officer links in with the “Doing it differently group” to support the service digital lead. The role is instrumental in linking with external contractors to further develop the HDFT 0-19 app localising it to their 0-19 area.
The project support officer supports the clinical digital leads to coordinate timely relevant social media posts to service users. The role collates data from platforms in terms of numbers following, liked etc which allows an understanding of the reach of the posts and themes across local areas/teams

Estates

There has been substantial work to design a sustainable estates strategy which meets the needs of the service and residents. Initially, the 0-19 service occupied approximately 50 bases across Northumberland, some in very small teams and some accommodation costs did not represent best value for money. This estates plan provides administrative bases for 0-19 teams across Northumberland using a hub and spoke model. This ensures that staff have appropriate contact with their teams and that maximum resources are invested in providing clinical services for children young people and families.

It is important to note that clinical bases are unchanged.

North Locality Solution

A hub has been identified in the Alnwick area of the North locality with Heads of Terms now agreed and the lease with Solicitors to agree the proposed occupation by HDFT from early 2023.

The spoke elements of the estate are already within the existing demise as detailed below, together with what property will be vacated:

Hub/Spoke	Base	Building Owner
Hub	Alnwick – Linnet court	Northumberland Estates Ltd
Spoke	Amble Health Centre	NHS PS
Spoke	Tweedmouth Clinic	NHS PS

Premises to be vacated for non-clinical Space	Building Owner
Alnwick Medical Group	GP Practice
Widdrington Clinic	Widdrington GP Practice
Broomhill/Hadston Health Centre	NHS PS

Timescales are still being finalised for the North locality moves but anticipated to take place before March 2023.

West Locality Solution

HDFT are in the process of moving into St Matthew's House in the Hexham area of the West locality with heads of Terms agreed and a lease in place. The spoke elements of the estate are already within the existing demise as detailed below, together with what property will be vacated by the end of March 2023:

Hub/Spoke	Base	Building Owner
Hub	St Matthew's House, Hexham	Joyce Developments
Spoke	Ponteland Primary Care Centre, Ponteland	NHS Property Services
Spoke	Oaklands Health Centre, Prudhoe	NHS Property Services
Spoke	Dene Park House, Hexham	NCC

Premises to be vacated for non-clinical Space	Building Owner
Corbridge Medical Group	Costs passed on to Trust from GP via NHS Property Services
Haltwhistle Health Centre	NHS Property Services
Haydon Bridge & Allendale	GP Practice
Hexham Primary Care Centre	NHS Property Services
Prudhoe Medical Group	GP Practice

South East Locality Solution

A hub has been identified in the Cramlington area of the South East locality for the premises at Berrymoor Court. Heads of Terms are being considered by both landlord and HDFT as well as the preparation of a lease. The spoke elements of the estate are already within the existing demise as detailed below, together with what property will be vacated:

Hub/Spoke	Base	Building Owner
Hub	Unit 19 Berrymoor Court	Tantallon Commercial Ltd
Spoke	Eddie Ferguson House	NCC Building

Premises to be vacated for non-clinical Space	Building Owner
Brockwell Medical Group, Cramlington	GP/ NHS PS need to confirm rooms
Ward One Blyth	NHCT
Cramlington Health Centre	NHS PS
Netherfield House	GP

Timescales are to be worked through following further site visits to the proposed hub solution for the South East locality moves, but anticipated to take place in by the end of March 2023.

Central Locality Solution

Agreement has been reached for HDFT to maintain the demise established at Ashington and Bedlington Children's Centre in partnership with NCC.

Hub/Spoke	Base	Building Owner
Hub	Ashington Children's Centre	NCC
Spoke	Bedlington Children's Centre	NCC
Spoke	Lynemouth	GP

All of the below to be vacated dependent on the ongoing conversations with the Central and the South West locality.

Premises to be vacated for non-clinical Space	Building Owner
Morpeth NHS Centre	NHS PS
Newbiggin Health Centre	NHS PS
Wansbeck Hospital	Northumberland Healthcare

Notice is being served for the premises to be vacated in the West locality following the signing of the lease and installation of IT connectivity.

Conversations with the respective landlords for the North and South East Localities are continuing to enable the proposed moves to take place and enable the vacation of the properties no longer required for use by the service.

Key Achievements and Quality Improvements 2021-2023

The Senior management team have agreed their geographical areas, Rachel Rispin (North), Sam Anderson (Central/West) and Louise Shirley (Central/Southeast). Across the management team we have identified Thematic leads that are responsive to emerging needs and in line with the Family Hub model. We will be moving into 0-19 teams aligned to family hubs and geographical areas as part of the transition.

The team have successfully appointed to Clinical lead posts within the Emotional Health and Resilience Pillar, Infant Feeding Pillar, and the Innovative roles in the new model.

On the 7th of March we will move to a single Systm One 0-19 Northumberland Unit, improving the timeliness of accessing and recording information across the service.

We have two Specialist Community Public Nurses qualifying in March 2023 that have been successfully appointed into the Southeast Teams and six SCPHN students qualifying in September 2023. We continue to be flexible and innovative in our approach to recruitment,

using broad and local advertising mechanisms. Senior managers are representing the service at recruitment events.

The Infant feeding team have maintained their UNICEF Gold accreditation.

The team continue to work with partners to drive service transformation and mitigate service gaps in line with the Family Hub offer.

The 5-19 service have been awarded HDFT Team of the Month in December 2022. Please find an extract from the nomination:

"The 5-19 service have demonstrated incredible resilience and teamwork over the last 6 months, managing not only an increase in referrals to the service but also managing the transformation of the service which has been challenging due to ongoing change management. The team have contributed to decision making, working solution focused and adapting practice to meet the needs of the service during a period of management change, sickness, and vacancies.
Throughout this period the team have demonstrated kindness to one another including taking time to listen to each other and checking in with each other daily".

Key Challenges and Areas for Development 2023.

We will develop a robust Staff health and wellbeing offer. The management team will role model and embed the KITE (Kindness, Integrity, Teamwork and Equality) values across the workforce. We will engage staff to develop local opportunities to promote staff health and wellbeing. Our aim will be to create a happy, healthy workplace.

Local performance panels will be implemented in a proactive approach to understand specific issues in teams or localities impacting on their capacity and ability to consistently deliver a quality service. Performance Panel will also evidence areas of good practice and celebrate success.

We are working towards the implementation of a Single Point of contact across all the Geographical areas in Northumberland.

The senior management team are undertaking an audit of Wellbeing clinic to analyse uptake, impact and offer consideration around alignment to infant feeding groups to maximise impact and develop specialist infant feeding clinics.

The Enhanced Parenting Pathway (DPP). The lead will develop an EPP action plan to drive service development and implementation. Key actions to include the development of an integrated EPP pathway, workforce training including a training need analysis, reporting systems on outcome measures and Communication/launch to partners.

Family hubs improving integration. The senior management team are promoting a vision that seeks to improve and embrace connections. The 0-19 service will work with partners to maximum collaborative opportunities and share resources to meet the needs of families within the Family Hub offer.

We will continue to work in partnership on integrated pathways including the sensory pathway, Emotional Health and Resilience offer and opportunities for Infant feeding.

We are in the process of replacing Chat Health, the senior management team are working through the decommissioning process whilst in preparation for the launch of our virtual nurse offer, supporting staff with expectations. Developing and embedding an 0-5 duty rota to support the offer.

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Northumberland
County Council

HEALTH & WELLBEING BOARD

9 MARCH 2023

Health Inequalities funding allocation across the North East and North Cumbria Integrated Care Board

Report of Cabinet Member: Cllr Wendy Pattison - Adult Health and Wellbeing

Lead Officer: Gill O'Neill - Executive Director of Public Health, Inequalities and Stronger Communities

Purpose of report

NHS North East and North Cumbria (NENC) Integrated Care Board (ICB) has been allocated £13.604m in 2022/23 to support targeted reductions in health inequalities. This paper provides a brief overview of the programmes approved by the ICB Executive and highlights how this will benefit residents in Northumberland.

The ICB Executive committed to a three-year plan in order to mainstream existing work, maximise opportunities to scale activity in partnership with the Local Authorities (LAs) and VCSE, as well as support the corporate aims of the ICB. The proposals were supported by the NENC Health Inequalities Advisory Group (and associated sub-groups), the Directors of Public Health and Chairs of the NENC Population Health and Prevention Board.

Recommendations

The Board is recommended to:

- Comment on the agreed proposals in relation to the allocation of the Health Inequalities funding across the NENC
- Comment on the funding allocation for Northumberland County Council and activity that will benefit Northumberland residents.

Link to Corporate Plan

This report is directly relevant to the overarching theme of the NCC Corporate Plan 2021-2024, 'tackling inequalities within our communities, supporting our residents to be healthier and happier'. It also supports the 'Living' priority to 'care for our residents, supporting the most vulnerable in our society as well as encouraging active citizens'.

Key issues

- NHS North East and North Cumbria (NENC) Integrated Care Board (ICB) has been allocated £13.604m in 2022/23 to support targeted reductions in health inequalities.
- The ICB Executive committed to a three-year plan in order to mainstream existing work, maximise opportunities to scale activity in partnership with the Local Authorities (LAs) and VCSE, as well as support the corporate aims of the ICB.
- There are 11 areas of spending activity based on need and evidence-based interventions that can work to address the Core 20 plus 5 priorities[1]. Some funding is dedicated NENC wide whilst others are deemed more applicable at a local level and as such have been distributed based on a % of allocation by weighted population size and inequalities index proportion. The ICB wide funding is to be directed at:
    - A dedicated health inequalities team to sit within the ICS.
    - Developing a health inequalities academy to improve skills and knowledge.
    - Embedding the waiting well programme.
    - Supporting people with multiple and complex health and social care needs.
    - Developing the Deep End practice network.
    - Healthy communities and social prescribing.
    - Poverty proofing clinical pathways.
    - Mitigating against 'digital' exclusion and promoting health literacy.
    - Jointly funding the regional tobacco control office – Fresh.
    - Ensuring there is an Alcohol Care Team (ACT) working 24/7 in every Acute NHS Trust across NENC.
    - Providing Tier 3 weight management services to approx. 1000 patients that meet the agreed minimum standards targeting patients living in the 20% most deprived areas within NENC.

Background

Nationally £200 million has been made available through 2022/23 ICB allocations, targeted towards areas with the greatest health inequalities. It is intended to support the implementation of the Core20PLUS5 approach outlined in the Priorities and Operational Planning Guidance NHS England » 2022/23 priorities and operational planning guidance.

The ICB Executive have approved the following programmes**:**

- Recruitment of a small core **health inequalities team** to ensure health and healthcare inequalities are embedded throughout the Integrated Care System (ICS). The team will ensure the ICS is data and evidence informed, share practice across NENC and lead a NENC Anchor Institutions Network across the public sector organisations including those within Northumberland.

[1] https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/

- Development of a **Health Inequalities Academy** to improve skills, knowledge, and training across the NENC workforce on health and healthcare inequalities.

- Embed the **Waiting Well Programme** which uses a population health management approach to supporting patients to prepare well for surgery and improve their surgical outcomes. It will introduce a tiered support package for patients awaiting surgery, targeting those with the longest projected waiting times, as well as those from clinically and socially vulnerable groups.

- Supporting people with **multiple and complex health and healthcare needs** associated with drug, alcohol and mental ill health to access healthcare locally. It will build on the additional funding that Northumberland has received to support people with drug and alcohol issues with housing, employment, treatment and enforcement as part of the national Drugs Strategy. Northumberland will receive £245,239 between 2022/23 to 2024/25 which will fund an in-reach respiratory clinic for our drug and alcohol treatment service, an additional support worker, and (pending further discussion) dental in-reach. The clinics will help address disproportionate levels of smoking, COPD, and poor oral health among drug and alcohol users within the County.

- Developing the **Deep End GP practices network**, serving the most socio-economically deprived populations in the ICS footprint. Deep End is designed to support practices most affected by the 'blanket deprivation' their registered population experience. It is not designed to address all practices that have areas of deprivation within their catchment area. The primary focus is on Workforce, Education, Advocacy and Research (WEAR) for the practices themselves, providing additional capacity and resource, attracting new primary care professionals and developing new ways of working to address need. Initially this will focus upon clinical psychology, review of opioid / gabapentinoid prescriptions, screening & immunisations and social prescribing. Within Northumberland, these practices are in Blyth and conversations are taking place about engagement and involvement in the programme going forward.

- Providing an approach to **Healthy Communities and Social Prescribing** which includes connecting with communities to promote health messages; engaging with various communities to gather local intelligence to inform planning; and enhancing work through the VCSE sector to increase access to healthcare. During the pandemic, significant work was developed jointly between the NHS, LAs, VCSE and faith communities to increase access to vaccination. In 2022/23 Northumberland County Council will receive £32,252.00 (8.06% share of the £400,000 across NENC) to enhance access to vaccination against covid, flu and pneumonia and amongst others. Additionally, an allocation of £19,351.00 (8.06% of the £240,000 share across NENC) will be allocated directly to the VCSE infrastructure organisation in Northumberland to support targeted work at place to build local VCSE capacity in delivering social prescribing activity. Funding will also expand the NENC Core20plus5Connector pilot which takes learning from existing Covid Champions Programmes across the region. Its initial focus has been on developing Cancer champions but will expand to other clinical areas. Local areas will benefit from shared learning and best practice and opportunities and resources to collaborate on common approaches such as standardised champion training.

- **Poverty Proofing Clinical Pathways** by applying a method used in education settings to clinical pathways. The work will ensure the voice of people living in poverty are able to influence the design and delivery of clinical pathways so that they are more culturally appropriate, accessible and targeted at those that need it most.

- **Mitigating against 'digital' exclusion and promoting health literacy.** The resource will be used to improve access to equipment, support community hubs, increase digital skills to use the internet/apps/devices, provide support for those with a learning disability and removing language barriers. The digital programme will be supported by a health literacy programme by ensuring information is accessible. It will raise awareness through staff training, develop a health literate toolkit and provide information that people understand, enabling them to make active decisions in their care.

- **Jointly funding the regional tobacco control office – Fresh**. Smoking remains a leading cause of health inequalities and premature mortality across NENC. Smoking continues to cost the region approximately £887m per year, with circa. £190m attributed to health and social care costs. In Northumberland, these calculations equate to approximately £86m per year, almost £25m of which relates to health and social care costs. A joint approach funded by the LAs and NHS will support an evidence-based tobacco control programme to include reducing exposure to second-hand smoke, development and delivery of bespoke media, communications and education campaigns which underpin population wide behaviour change; reducing availability and supply of illicit and legal tobacco; reducing tobacco promotion; tobacco regulation and research. This funding is in addition to all existing LA commissioned or provided tobacco control and smoking cessation, and NHS acute tobacco dependency services. In Northumberland the NHS will match fund the Council contribution of £97,470 p.a. to jointly fund Fresh from April 2023 – March 2025.

- Ensuring there is an **Alcohol Care Team (ACT) working 24/7 in every Acute NHS Trust across NENC.** Alcohol is a significant contributing factor to inequality in life expectancy between the region and the rest of England. The region has the highest rate of alcohol specific admissions and a 20.5% increase in alcohol related deaths since 2012. Three Acute NHS Trusts did not benefit from the national NHSE allocation for ACTs – County Durham and Darlington Foundation Trust, North Cumbria Integrated Care Trust and Northumbria NHS Healthcare Foundation Trust. The implementation of ACT provision at scale across the ICS gives an opportunity to ensure a consistency of approach, ensuring equity of access and provision to a vulnerable population who often suffer from complex needs. Additionally, every ACT across the ICS footprint will be provided with funding for a recovery navigator including Northumbria Health Care Trust.

- Obesity is a leading cause of preventable morbidity and mortality, representing one of the most immediate health challenges for the NHS. A regional obesity analysis highlighted that there are approximately 151,101 patients that would be eligible for Tier 3 and 4 services of which 63% are from the 20% most deprived areas of the ICS. The proposal is to provide **Tier 3 weight management services** to approx.

1000 patients that meet the agreed minimum standards targeting patients living in the 20% most deprived areas within NENC.

The table below outlines the Programmes and Interventions that have been developed to date and funding coming directly into Northumberland:

Programme	Intervention	Allocated to	22/23	23/24	24/25	Total
Supporting people with **multiple and complex health and healthcare needs** associated with drug, alcohol and mental ill health to access healthcare locally.	In-reach Respiratory Health MDT One-Stop Clinic delivered to drug and alcohol users within treatment and recovery service in Northumberland.	ICB	N/A	£62,454	£74,275	**£136,725**
	Additional physical health staff resource within treatment service to support delivery of in-reach respiratory clinic and wider healthcare service.	NCC	£4,489	£37,500	£37,500	**£79,489**
	Dental in-reach by a dental hygienist/therapist delivered to drug and alcohol users accessing treatment and recovery services within Northumberland.*	ICB		£14,513	£14,512	**£29,025**
Healthy Communities & Social Prescribing	Targeted support for vaccination by midwife at baby scans, Family Hubs in more deprived areas, antenatal clinics at midwifery-led units and for high-risk pregnant women. (This will be in addition to £25,000 committed from	NCC		£24,999		**£24,999**

	Public Health reserve.)					
	Targeted work to understand facilitators & barriers to vaccination in school-age children in more deprived and rural areas.	ICB		£7,253		**£7,253**
	Targeted work at place to build local VCSE capacity in delivering social prescribing activity.	VCSE	£4,837	£19,351		**£24,188**
Joint fund the regional tobacco control office – Fresh	Using a joint approach to fund Fresh to support an evidence-based tobacco control.	ICB		£97,470	£97,470	**£194,940**

*Dental in-reach project still to be confirmed. If not possible, we will explore funding for respiratory in-reach for other settings such as homeless hostels.

Implications

Policy	This report aligns with the Corporate Plan 2021- 2024Joint Health and Wellbeing Strategy and the Northumberland Inequalities Plan
Finance and value for money	Regionally an evidence-based budget prioritisation exercise was undertaken to determine how best to allocate the resource across NENC. The funding has been distributed across the local authorities based on a % share of funding on health inequalities index and weighted population
Legal	If there are any procurement processes as part of the funding then the Council's legal services team will be duly engaged with. Under the Local Authorities (Functions and Responsibilities) (England) Regulations 2000 and sections 192–199 of the Health and Social Care Act 2012 the matters within this report are non-executive functions within the remit and functions of the Health and Wellbeing Board
Procurement	The majority of the funding will be managed by the ICB. However, should there be any procurement implications for the Council, all procurement regulations will be followed.

Human Resources	There are no human resource implications
Property	There are no property implications
Equalities (Impact Assessment attached) Yes ☐ No X N/A ☐	The whole premise of this report is based on tackling inequalities and the funding has been distributed based on an inequalities framework
Risk Assessment	Regionally this programme has been approved by the ICB and the proportions of money being allocated into Northumberland will fall into each designated organisation's for risk management
Crime & Disorder	Some of these initiatives will directly or indirectly contribute to the reduction of crime
Customer Consideration	The impact of the funding coming into Northumberland will be for targeted improvements across the population
Carbon reduction	Not applicable
Health and Wellbeing	The dedicated areas for spend will all be focused on improving the health and wellbeing of our population and reducing inequalities
Wards	There will be targeted work undertaken based on the 4 domains of inequality and as such some wards will have more dedicated resource than others eg Blyth area which is engaged with the Deep End programme,

Background papers:

Report sign off.

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

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Executive Director of Finance & S151 Officer	Jan Willis
Relevant Executive Director	Gill O'Neill
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NORTHUMBERLAND COUNTY COUNCIL

HEALTH & WELLBEING BOARD

FORWARD PLAN 2022 - 2023

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Updated : 27 February 2023

FORTHCOMING ITEMS

ISSUE	OFFICER CONTACT
9 March 2023	
• Director of Public Health Annual Report • 0-19 Service Update • Health Inequalities funding allocation across the Northeast and North Cumbria • Closed Development Session – Physical Activity Strategy	Gill O'Neill Ashley Iceton Gill O'Neill Lee Sprud/David Turnbull
13 April 2023	
• Northumberland Oral Health Strategy 2022-2025 • Population Health Management • Towards a Collaborative Approach to Reducing Inequalities in Employment Outcomes for our Population • Thematic Groups – Update • Northumbria Police Presentation – Overview of approach to Prevention Strategy, Early Intervention and Serious Violence	Kerry Lynch Alan Bell Sarah MacMillan/Liz Robinson/Kevin Higgins Claire Wheatley
11 May 2023	
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MEETING DATE TO BE CONFIRMED

• CNTW Priorities Report • Urgent and Emergency Care - Strategic Care • Child and Adolescent Mental Health	Summer 2023

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REGULAR REPORTS

Regular Reports	
● Joint Health & Wellbeing Strategy Refresh Thematic Groups – Update (Quarterly – Apr/July/Oct/Jan)	
● System Transformation Board Update	Sir Jim Mackey/Siobhan Brown
● SEND Written Statement Update - progress reports	??
● Population Health Management - (Oct/Jan/Apr/July)	Rachel Mitcheson
Annual Reports	
● Public Health Annual Report	Gill O'Neill (APR)
● Child Death Overview Panel Annual Report	Paula Mead/Alison Johnson (JAN)
● 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 Update of Issues Identified	Paula Mead (JAN)
● Safeguarding Adults Annual Report and Strategy Refresh	Paula Mead (JAN)
● Annual Health Protection Report	
● Northumberland Cancer Strategy and Action Plan	Liz Morgan (OCT)
● Tobacco Control	Robin Hudson (DEC/JAN) Kerry Lynch (DEC)
2 Yearly Report	
● Pharmaceutical Needs Assessment Update	(MAY 2024)

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.	
15.	13.10.22	Northumberland Healthy Weight Declaration	(1) the Healthy Weight Declaration (and its 16 commitments for action) for Northumberland County Council be adopted. (2) A joint launch of the Healthy Weight Declaration between Northumberland County Council, North Tyneside Council and Northumbria Healthcare NHS Foundation Trust be supported.	
16.	13.10.22	Northumberland Joint Strategic Needs Assessment	(1) The JSNA should include both needs and assets to reflect the Northumberland Inequalities Plan 2022-32. (2) The establishment of a JSNA Steering Group to co-ordinate current work attached to the report as Appendix 5 be agreed.	

			(3) the priorities and timelines as attached to the report as Appendix 5 be agreed.	
17.	13.10.22	Population Health Management Update	(1) the presentation be received (2) regular updates be received every three months.	
18.	13.10.22	Health & Wellbeing Strategy	Action plan for each theme to be developed and reported to future Board meeting.	
19.	10.11.22	Northumberland Fire & Rescue Service's Collaborative Approach to Safety and Wellbeing	Presentation and comments be noted.	
20.	10.11.22	Joint Health & Wellbeing Strategy Thematic Groups Updates	Updates from the thematic groups be received**.**	
21	10.11.22	Inequalities Plan – Compact	Partner organisations be requested to formally sign up to the Inequalities Plan at the Health & Wellbeing Board meeting on 8 December 2022.	
22.	10.11.22	Living with Covid	Updates be received.	
23	8.12.22	Developing Northumberland's Collaborative Approach to Tobacco Control	(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.	
24	8.12.22	The Safe Haven/Alternatives to Crisis Northumberland Project	Presentation received.	
25	8.12.22	Northumbria Healthcare Foundation Trust Headline Performance Details and Winter Plans	Presentations received.	
26	8.12.22	Northumberland Communities Together – Cost of Living Crisis	Presentations received.	
27	8.12.22	Integrated Care Board Update on Place-Based Working in Northumberland	Verbal report received.	
28	8.12.22	Joint Health & Wellbeing Strategy Thematic Groups – Wider Determinants	Verbal update received.	
29	12.1.23	Child Death Overview Panel Annual Report (March 21-April 22)	Report and presentation received	
30	12.1.23	Northumberland Children and Adults Safeguarding Partnership Annual Report (September 21 – August 22) Safeguarding Children in Northumberland	Report noted	
31	12.1.23	North Tyneside and Northumberland Safeguarding Adults Board Annual Report 2021-22	Report noted	
32	12.1.23	Better Care Fund and the Adult Social Care Discharge Fund	Endorse the main contents of the Better Care Fund Plan 2022/23 and contents of the additional plan for use of Adult Social Care Discharge Fund during the current winter.	