



Northumberland County Council

Your ref:

Our ref:

Enquiries to: Lesley Bennett

Email: Lesley.Bennett@northumberland.gov.uk

Tel direct: 01670 622613

Date: 31 March 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, 13 APRIL 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, R Mitcheson, R Murfin, G O'Neill, 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



Dr. Helen Paterson, Chief Executive
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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, 9 March 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. TOWARDS A COLLABORATIVE APPROACH TO REDUCING INEQUALITIES IN EMPLOYMENT OUTCOMES FOR OUR POPULATION

(Pages 9
- 24)

To receive a report introducing the topic of 'Health and Work' and providing background information to prepare for a discussion at the Board. The discussion will focus on how organisations represented by the Board can work together to achieve better employment outcomes for those experiencing barriers to work. The report will be presented by Sarah McMillan, Service Director Human Resources.

5. JOINT HEALTH AND WELLBEING STRATEGY - THEMATIC AREAS REVIEW AND NEXT STEPS

To receive a verbal update and presentation from Gill O'Neill, Executive Director of Public Health, Inequalities and Stronger Communities to update Members on the next steps.

6. POPULATION HEALTH MANAGEMENT

To receive a verbal update and presentation on Population Health Management from Alan Bell and David Cummins, NENC ICB Northumberland Place.

7. CORPORATE PLAN REFRESH

To receive a verbal update and presentation from Philip Hunter, Senior Service Director, on the Corporate Plan refresh.

8. HEALTH AND WELLBEING BOARD – FORWARD PLAN

(Pages
25 - 36)

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

9. URGENT BUSINESS (IF ANY)

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

10. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 11 May 2023, at 10.00 a.m. at County Hall, Morpeth.

IF YOU HAVE AN INTEREST AT THIS MEETING, PLEASE:

- Declare it and give details of its nature before the matter is discussed or as soon as it becomes apparent to you.
- Complete this sheet and pass it to the Democratic Services Officer.

Name:		Date of meeting:	
Meeting:			
Item to which your interest relates:			
Nature of Interest i.e. either disclosable pecuniary interest (as defined by Table 1 of Appendix B to the Code of Conduct, Other Registerable Interest or Non-Registerable Interest (as defined by Appendix B to Code of Conduct) (please give details):			
Are you intending to withdraw from the meeting?		Yes - <input type="checkbox"/>	No - <input type="checkbox"/>

Registering Interests

Within 28 days of becoming a member or your re-election or re-appointment to office you must register with the Monitoring Officer the interests which fall within the categories set out in **Table 1 (Disclosable Pecuniary Interests)** which are as described in "The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012". You should also register details of your other personal interests which fall within the categories set out in **Table 2 (Other Registerable Interests)**.

"Disclosable Pecuniary Interest" means an interest of yourself, or of your partner if you are aware of your partner's interest, within the descriptions set out in Table 1 below.

"Partner" means a spouse or civil partner, or a person with whom you are living as husband or wife, or a person with whom you are living as if you are civil partners.

1. You must ensure that your register of interests is kept up-to-date and within 28 days of becoming aware of any new interest, or of any change to a registered interest, notify the Monitoring Officer.
2. A 'sensitive interest' is as an interest which, if disclosed, could lead to the councillor, or a person connected with the councillor, being subject to violence or intimidation.
3. Where you have a 'sensitive interest' you must notify the Monitoring Officer with the reasons why you believe it is a sensitive interest. If the Monitoring Officer agrees they will withhold the interest from the public register.

Non participation in case of disclosable pecuniary interest

4. Where a matter arises at a meeting which directly relates to one of your Disclosable Pecuniary Interests as set out in **Table 1**, you must disclose the interest, not participate in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest, just that you have an interest.

Dispensation may be granted in limited circumstances, to enable you to participate and vote on a matter in which you have a disclosable pecuniary interest.

5. Where you have a disclosable pecuniary interest on a matter to be considered or is being considered by you as a Cabinet member in exercise of your executive function, you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it.

Disclosure of Other Registerable Interests

6. Where a matter arises at a meeting which **directly relates** to the financial interest or wellbeing of one of your Other Registerable Interests (as set out in **Table 2**), you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

Disclosure of Non-Registerable Interests

7. Where a matter arises at a meeting which **directly relates** to your financial interest or well-being (and is not a Disclosable Pecuniary Interest set out in **Table 1**) or a financial interest or well-being of a relative or close associate, you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest.
8. Where a matter arises at a meeting which **affects** –
- a. your own financial interest or well-being;
 - b. a financial interest or well-being of a relative or close associate; or
 - c. a financial interest or wellbeing of a body included under Other Registrable Interests as set out in **Table 2** you must disclose the interest. In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied
9. Where a matter (referred to in paragraph 8 above) **affects** the financial interest or well- being:
- a. to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
 - b. a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest

You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise, you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

Where you have an Other Registerable Interest or Non-Registerable Interest on a matter to be considered or is being considered by you as a Cabinet member in exercise of your executive function, you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it.

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

	<p>where—</p> <p>(a) that body (to the councillor’s knowledge) has a place of business or land in the area of the council; and</p> <p>(b) either—</p> <ul style="list-style-type: none"> 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.
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* ‘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, 9 March 2023 at 10.00 a.m.

PRESENT

Councillor P. Ezhilchelvan
(Chair, in the Chair)

BOARD MEMBERS

Binning, G.	O'Neill, G.
Blair, A.	Reiter, G.
Bradley, N.	Renner-Thompson, G
Charge, Z (substitute)	Snowdon, H.
McCartney, S.	Syers, G.
Mitcheson, R.	Thompson, D.
Moulder, B. (substitute)	Wardlaw, C.

IN ATTENDANCE

S. Anderson	Harrogate & District NHS Foundation Trust
L.M. Bennett	Senior Democratic Services Officer
A. Icceton	Harrogate & District NHS Foundation Trust
J. Lawler	Public Health Consultant
K. Marynissen	Public Health Trainee
P. Phelps	North East & North Cumbria Integrated Care Board

132. APOLOGIES FOR ABSENCE

Apologies for absence were received from Suzanne Lamb, Victoria McFarlane-Reid, Rob Murfin, Claire Wheatley and Councillors W. Pattison, H.G.H. Sanderson, L. Simpson and J. Watson.

133. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 12 January 2023, as circulated, be confirmed as a true record and signed by the Chair.

134. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2021/22 – HEALTHY WEIGHT FOR ALL CHILDREN

Members received the independent Director of Public Health Annual Report for 2021/22 which focused on healthy weight in children and highlighted the importance of creating the conditions to enable all children to be a healthy weight. The report was introduced by Gill O'Neill, Executive Director of Public Health, Inequalities and Stronger Communities, and a presentation made by Kaat Marynissen, Public Health Trainee. A copy of the presentation is filed with the signed minutes.

Gill O'Neill reported that this was Liz Morgan's final report and a good legacy for her on this important issue. Many Board Members had contributed to the report, and it was added that all of the case studies were Northumberland based. Kaat Marynissen highlighted the key points of the Annual Report:

- Healthy weight was incredibly important for physical and mental health being associated with lower rates of anxiety and depression. Children were more likely to do well at school. Economically, there were huge benefits as obesity was the second highest burden on the NHS after smoking.
- In Northumberland in 2020/21, 26.7% of children aged 4-5 years were overweight or had obese and 40% by the age of 10-11 years. 2021/22 figures were very similar. Covid did have an effect with a national trend of increased obesity and there was still an increase on pre-pandemic figures.
- Obesity was more likely to affect boys, particularly relating to severe obesity. The Northumberland trend was following the national trend. Poorer households were disproportionately affected by obesity
- It was now believed that obesity was not just individual responsibility and 'willpower' but also caused by environmental factors. Within the home, barriers to healthy weight included increased portion sizes, healthy food was less affordable than calorie dense alternatives particularly for poorer households. Poorer households had to spend almost half of their disposable income to eat healthily, whereas it was only 11% for the wealthiest fifth of households. The cost of living crisis was creating increased use of food banks. Breastfeeding rates were increasing in Northumberland over the last three years but was still below the national average.
- Reliance on takeaway food had increased during the pandemic and this trend was continuing. Advertising also tended to be for more unhealthy food (HFSS – high in fat, salt and sugar). Barriers to physical activity included access to equipment, confidence and skills (such as cycling). Northumberland was a car dependent culture due to its rurality.
- Schools were trying to add physical activity in the daily routine and provide healthy and nutritious food. There was an issue for some families which were not eligible for free school meals but could not afford to provide a healthy packed lunch and may resort to unhealthier options. Physical activity was known to reduce with age especially in girls.
- There was still a lack of recognition of weight issues amongst parents and healthcare professionals and a lot of stigma surrounding weight. This

made it difficult to breakdown some of the barriers. A lot of data was available and thought needed to be given as to how to use this going forward.

- Northumberland County Council had recently signed the Healthy Weight Declaration and the Joint Health & Wellbeing Strategy and there was a lot of good work ongoing.
- Recommendations of the report were:-
 - Reframing our approach – moving from an individualistic approach to look at supporting children to live health, active lives through schools, the home, communities and healthcare systems.
 - Communication and sharing good practice – clarifying what support was available to help families achieve and maintain healthy weight and how to access the support.
 - Collaboration – develop a healthy weight alliance to build on the good work already being done bringing communities and agencies together to ensure a coordinated approach.
 - Strategy development and implementation – healthy weight to be a core priority in strategies such as the Northumberland Food Insecurity Plan and Northumberland Physical Activity Plan.
 - Using data and local insights – make best use of data to inform plans and prioritise future work to target areas where they are most needed.

The following comments were made:-

- It was queried how easy it was for Northumberland County Council to influence schools which were now academies and how receptive they were to this type of approach. It was explained that it was proposed to have a total reset and start the conversation with schools again. It was hoped that the Healthy Weight Alliance would have a strong education component and build on the good work happening in lots of schools. The 0-19 Team would work collaboratively with schools as part of its new model.
- As yet there were no instances of Northumberland County Council refusing permission for new hot few takeaways within 400m of a school. The policy had been in place since March 2022 and was yet to be tested. It was reported that both Newcastle and Durham had refused takeaways as a result of their policies.

RESOLVED that

- (1) the content of the DPH Annual Report 2021/22 be noted;
- (2) comments on the contribution that Health and Wellbeing Board partners can make to healthy weight in children be noted;
- (3) the findings in the independent DPH Annual Report 2021/22 attached as appendix 1 to this report be agreed and endorsed.

135. 0-19 GROWING HEALTH SERVICE SUMMARY REPORT

Members received 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. A detailed presentation was provided by Ashley Icton and Samantha Anderson, Harrogate & District NHS Foundation Trust and is filed with the signed minutes.

The following key areas were raised:-

- The 0-19 Service Model aimed to meet the key priorities of the partnership arrangements and support integration and collaboration with local authority partners, Family Hub model and key stakeholders.
- Restructuring changes were influenced by experience and best practice and the model would evolve and developing to respond to local and national changes and need. Key contacts and structure was displayed for information.
- Three areas had been agreed; the North, Central South East and Central West. Some managers were in post and recruitment for other posts was ongoing.
- Three pillars had been introduced to deliver the 5-19 service – Safeguarding, Emotional Health and Resilience, and Public Health with each pillar having a lead.
- Key Performance Indicators were displayed covering antenatal to 2.5 years.
- Infant Feeding Pillar – this was led by a specialist nurse and an action plan was in place to lead the service going forward. Support would be available throughout the county in line with UNICEF standards
- Public Health Pillar – referral criteria were listed.
 - School profiles would be offered to all schools in Northumberland and schools would be asked to identify three priorities and these would include digital delivery, targeted delivery into schools or signposting within the system. NCMP screening would be offered throughout the year.
 - There had been a surge in referrals for children with low mood and low level anxiety. A waiting list was in operation and parents/carers received a list of other potential resources which they could access.
- Emotional Health and Resilience Pillar – partnership working to develop a service criteria to support early intervention and level 1 support. Sensory pathway was being developed with partners to enable support for children and young people with possible neurodiversity. There was a long term plan to appoint four Children's Psychological Wellbeing Practitioners.
- Safeguarding Pillar – Safeguarding clinical lead posts had been appointed and their role would be to include face to face support for complex case management
- Innovative Roles – new roles included Community Anchor, Community Triage Nurse and The Project Support Officer
- Estates Strategy – a sustainable estates strategy had been designed to meet the needs of the service and residents. A first move had been made

in the west of the county. Work to develop and strengthen relationships with GP practices would be ongoing. Clinical staff would be able to go out to carry out their work but still have a single point of contact manned by administrative staff.

- Key achievements and quality improvements 2021-23 were listed.
- Key challenges and areas for development were listed.

The following comments were made:-

- Samantha Anderson had met with representatives of the Fire & Rescue Service to discuss systems and process including increasing awareness of fire safety when visiting homes. Fire service staff would also be able to talk about wider issues. A referral form was being developed which could sit within the Harrogate Trust's own systems. Scoping work was being carried out to utilise Hexham Community Fire Station for a weekly infant wellbeing clinic.
- The team was congratulated on being awarded team of the month as this seemed to be well deserved recognition of the work that was being carried out.
- It was important to include the role of primary care and GP practices as they also had an integral role to supporting families. Stakeholder events were to be held where representatives would come out to meet primary care colleagues to start strengthening the relationship and partnership working.
- A lot of integration was embedded within the 0-19 service via the Family Hub development, and it was hoped to co-opt primary care representation on the Family Hubs workstreams and Implementation Group. The Community Anchor role was fundamental and aligned well with the Inequalities Strategy and emphasising capitalising on community assets.
- Family Health Needs Assessment had a section on Fathers including their emotional health and health promotion. This was an important factor in the whole family dynamic. Information on fathers was not routinely collected but it was hoped by doing this (with their agreement) going forward it would enable to share with primary care that this contact had taken place.
- The service had been open and honest in that it had a waiting list and especially around the Emotional Health & Resilience Pillar there had been investment in training and looking at referrals which did not hit the criteria and how these children could be supported. Relax Kids was an emotional wellbeing session and would be supported and then signposting children on to more appropriate agencies if needed. Waiting times were also subject to scrutiny via the Safeguarding Partnership.

RESOLVED that the presentation be noted.

136. HEALTH INEQUALITIES FUNDING ALLOCATION ACROSS THE NORTH EAST AND NORTH CUMBRIA INTEGRATED CARE BOARD

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

RESOLVED that the report be received.

137. IMPROVING PATIENT EXPERIENCE TO ACCESSING PRIMARY CARE

Members received a presentation from Pamela Phelps, Senior Head of Commissioning Primary Care (NENC ICB), and Hilary Snowdon, Local Medical Committee. A copy of the presentation is filed with the signed minutes.

The following key points were raised:

- There were 36 practices which was down 10 since 2013/14 but with an increase in the number of patients of 12,000. The 'weighted' element of that population registered with a practice had increased by 30,000. This was leading to more complexity with patients when converted into workload, and complexities and more time and capacity was needed to support families.
- An overview of the workforce was shown and also the age profile with the population of Northumberland seeking support from Primary Care and General Practice. There had been an increase of 130 in staff employed by practices across Northumberland but a small decrease in the number of GPs. The increase in staff reflected a shift in patients' reliance on just seeing a GP and realising that support was also available at pharmacies, physiotherapists etc.
- An overview of the Primary Care estate, main sites and surgeries had been carried out. A number of surgeries needed to expand due to the number of patients needing to be seen. The required capacity for appointments and in the estate were being looked at and also to align with other services such as the 0-19 service and mental health.
- There was a marked increase in the number of appointments even from before Covid. Details were given of the number of appointments available in Northumberland and the numbers of face to face appointments and home visits. 82% of patients got an appointment within two weeks. The demographics and demand varied between practices and was reflective of the populations registered and the workforce skill mix in each. It was stressed that the data set did not include all appointments. Unfortunately, there was an increasing trend in missed appointments when the patient did not attend.
- In order to improve patient experience, it was important to understand patient experience. A five year Delivery Plan was being produced across the ICB and focusing on primary care, so including dentistry, optometry

and pharmacy. There would be an emphasis on patients being cared for by the Primary Healthcare Team within a practice and not just their GP.

- It was important that the Health & Wellbeing Board had the opportunity to inform this agenda.

The following comments were made:-

- It was noted that work to make healthcare services more accessible to fishermen at Amble had been very well received and it was suggested that a similar arrangement be considered for hill farmers.
- The public did feel that there was an access problem locally and nationally. There was a need to move away from the term General Practice and more towards Primary Care Teams. There was a view by some that if you did not see your GP, then you were not receiving the best care, however, the most appropriate care may be elsewhere.
- There needed to be a realisation about the value received from Primary Care in relation to the amount invested in it and the financial pressures affecting it. Primary Care colleagues should feel supported to try to prevent them from wishing to leave.
- Healthwatch received more queries about access to GPs than any other subject and it was reassuring to learn that there was a plan in place to improve this.
- Before any change to a GP Practice, such as closure, there had to be full engagement with the community and there were meetings with the Health & Wellbeing Overview & Scrutiny Committee, the Primary Care Applications Working Group, and local Councillors. A new framework was coming into place to reiterate where decisions were made and transparency of decision making was at the heart of that. Any decision to close would be made by the ICB.
- The new GP contract required all patients to leave the surgery with an outcome of some sort, whether that be an appointment or being signposted elsewhere.
- Online consultations had been useful during the pandemic and were welcomed by many patients, but not all. These consultations would remain available, however, there was still a pressure to increase the number of face to face consultations. It was noted that the negative aspect of online consultations was that they were an added demand on the GP's time. It was important to do what was best for the individual patient. The ability to receive photographs online or by text had been a very big advantage.

RESOLVED to note the presentation.

138. HEALTH AND WELLBEING BOARD – FORWARD PLAN

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

139. DATE OF NEXT MEETING

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

CHAIR _____

DATE _____



Northumberland County Council

HEALTH AND WELLBEING BOARD

13TH APRIL 2023

Towards a collaborative approach to reducing inequalities in employment outcomes for our population

Report of: Cllr Wendy Pattison - Adult Health and Wellbeing

Lead Officers: Joint Report of Gill O'Neill Interim Executive Director of Public Health, Inequalities and Stronger Communities and Sarah McMillan Interim Director of Regeneration

1. Purpose of report

This report introduces the topic of 'Health and Work' and provides background information to prepare for a discussion at the Board. The discussion will focus on how organisations represented by the Board can work together to achieve better employment outcomes for those experiencing barriers to work.

The discussion will focus on organisation's roles:

- As major employers,
- As Anchor Institutions.
- As commissioners and deliverers of NHS and employability services.

A presentation will also be provided to the Board to provide further background to this topic.

Members of the Board are asked to come prepared to be able to reflect their organisations response to the 5 Key Questions:

1. What **more** could we do collectively to use our **commissioning, purchasing power and supply chains** to reduce inequalities in employment?
2. What opportunities are there for Northumberland **Anchor Institutions** to work in **collaboration to maximise** impact on reducing inequalities in employment?
3. What **more** could we do as employers do make jobs **more accessible and sustainable** to people who are economically inactive?
4. What would a **well-integrated employment and health system** look like?
5. What should be the key priorities for a **North of Tyne employment and health strategy**?

2. Recommendations

The Health and Wellbeing Board are recommended to:

- a. Receive the content of this report and note the recommendations of Northumberland's Inclusive Economy Joint Strategic Needs Assessment (JSNA) at Appendix 1.
- b. Attend the Board prepared to reflect their organisations responses to the 5 Key Questions outlined in section 1.
- c. Agree collectively where the Board can go further and faster in reducing inequality in employment outcomes for our population.

3. Link to Corporate Plan

This report is relevant to the following priorities in Northumberland County Councils Corporate Plan:

- Thriving - by securing good quality jobs.
- Living, Learning – by supporting the most vulnerable to achieve a good quality of life.
- Enjoying, connecting – by delivering high quality employment and health services.

And the overarching themes of:

- Ensuring the Council does all it can to support an inclusive economic recovery.
- Tackling inequalities.

This report is also relevant to:

- Joint Health and Wellbeing Strategy – Tackling the wider determinants of health Theme priority 3 – Increase the number of people with long term health conditions moving into and sustaining work.
- Northumberland Inequalities Plan – Big Outcome – Employment
 - Reducing gap in access to good quality jobs
 - Reducing the employment gap.
- Joint Strategic Needs Assessment Chapter – Inclusive Economy: Work and Health (Appendix 1)

4. Key issues

- Growth in economic inactivity is impacting economic performance by reducing the pool of labour and leading to unfilled vacancies.
- Ill health as the cause of economic inactivity has risen since the Covid pandemic and is currently the largest category for economically inactivity.
- The prospects for people claiming health related benefits to move into or return to work drastically reduces after 12 months of unemployment.
- Delivering better integrated approaches to health and employment support is needed to respond to the increase in health-related economic inactivity.

- Having good quality work accessible to all is central to Northumberland and North of Tyne Inclusive Economy ambitions and is essential for economic growth and for addressing health inequalities.
- Devolution and formation of a North East Mayoral Combined Authority (NEMCA) from 2024 will present opportunities for increased influence over skills and employment support and a commitment to continue the development of a work and health strategy with the ICB and to work together on social care recruitment, retention and workforce and on healthy ageing and population health.

5. Background

There are groups in our population experiencing barriers to work such as the over 50's, the long term unemployed, BAME groups, people with caring responsibilities, disabilities, and health conditions, living in rural and deprived areas and many more. However, due to the role of the Board and its members, attention will focus on those experiencing barriers to getting and sustaining work due to long term health conditions.

Post Covid recovery period has been characterised by relatively weak employment growth, hard-to-fill vacancies, and a shrinking labour pool. Unemployment is low but so is employment and many vacancies remain unfilled (particularly in Health and Social Care). The active pool of labour (both employed and unemployed people) has contracted. There is a noticeable trend showing growth in Economic Inactivity (people not in employment but not looking for work) and the proportion of people who are economically inactive due to ill health.

Three million people are either unemployed or economically inactive people but would like to work. Whilst the UK has a relatively high employment rate, other countries do better. For example, an 80% employment rate could boost our economy by £23 billion per year, save the taxpayer £8 billion per year, and increase the incomes of households by an average £830 per year. (Learning and Work Institute Feb 2022)

National Context

The national context shows a clear trend toward rising economic inactivity due to ill health.

- The proportion of working age population who are long term sick has increased by one-third since 2010, currently 1 in six of the workforce,
- The number of working-age people unable to work due to chronic pain has risen by almost 200,000 in two years and there is a rising incidence of mental health issues.
- Those reporting multiple serious health conditions declined before Covid-19 but increased by 735,000 in the last two years.
- Economic Inactivity fell between 2015-20 but has risen to 9 million. The UK is the only OECD (Organisation for Economic Cooperation and Development) member (other than Switzerland) where inactivity is still increasing
- 1.4 million more older people will retire in the next 13 years than young people entering the workforce.
- Over 1.7 million people outside the workforce want to work (e.g., people with disabilities or caring responsibilities) but need flexibility and support from employers

to sustain work. 1 in 5 who have left the labour market since the pandemic say they would like to return to work.

- Economically inactivity covers a diversity of people that, beyond students, can be broadly grouped into those:
 - *unable to work* due to health and caring commitments,
 - those who *do not need to work* and have retired early,
 - and those who *need help to work* with health, childcare, skills, or employment support

Northumberland Context

In Northumberland, 6,395 residents are out-of-work and on the unemployed claimant count (Jan 2023). The figure had fallen dramatically post-pandemic but has started to show an increase in recent months.

The unemployment rate is relatively low at 4.4% of the working-age population... However;

- 46,300 residents are economically inactive, of which 11,800 are long-term sick, and 9,800 who say they want to work
- Economic inactivity due to ill or poor health has not shown the increase that national data shows but has remained persistently high.

Data shows an uplift in those economically inactive but wanting to work during the height of the pandemic, reflected in those citing long-term sickness as a reason for being economically inactive. Overall, the trend for those not wanting a job has increased slightly; for those wanting a job the trend is relatively flat.

Northumberland Inclusive Economy Joint Strategic Needs Assessment

The Inclusive Economy JSNA for Northumberland highlights the key challenges we face to improve the health and wellbeing of people who work and live in Northumberland and help reduce inequalities. It provides an assessment of the inter – relationship between work and health in the context of the post – Covid economy and cost-of-living pressures facing residents and businesses.

The JSNA identified key priorities as:

- i. Increase the employment rate and reduce the unemployment and economically inactive rate, closing gaps between Northumberland and other areas, and within Northumberland.
- ii. Improve the number of good jobs available to residents (paying the living wage and offering flexible conditions and progression opportunities). This is critically important to address rises in the cost-of-living and a potential economic recession.
- iii. Support more people who are economically inactive into the labour market
- iv. Reach people underrepresented in the labour market (over 50's, people with disabilities and long-term health conditions, residents of disadvantaged neighbourhoods) to make labour market participation more inclusive.
- v. Ensure good quality advice and guidance is available to all residents.
- vi. Better understand data about the impact of health inequalities on the economy, and employment as a key determinant of health.

Next Steps

Public Health and Economy and Regeneration are working with NTCA (North of Tyne Combined Authority), the ICB (Integrated Care Board) and other partners to determine the strategic approach to address the issues raised in this report.

Responses to the five Key Questions from the Health and Wellbeing board will inform the development of a North of Tyne Work and Health Strategy and local action to reduce inequalities in employment outcomes.

NCC will continue to work with NTCA and constituent LAs to develop an approach to work and health that can use opportunities offered through the transition to NEMCA. The devolution deal, currently under consultation, can present opportunities including:

- Increased influence over skills and employment support through devolved powers and funding.
- a commitment to work in partnership and with DWP and DHSC on social care recruitment, retention, and workforce and on healthy ageing and population health.

Implications

Policy	Supporting those furthest from the workplace to achieve positive employment outcomes supports key policy priorities and themes within the Northumberland Inequalities Plan, Joint Health and Wellbeing Strategy and the County Council Corporate Plan and members priorities to reduce inequalities and achieve Economic Growth.
Finance and value for money	There are no direct financial implications.
Legal	The Local Authorities (Functions and Responsibilities) (England) Regulations 2000 confirm that the matters within this report are not functions reserved to Full Council
Procurement	Part of the enabling and supportive actions to develop the right conditions to address inequalities and close the gap is to consider commissioning and procuring differently to generate increase social value.
Human Resources	No specific implications
Property	No specific implications
Equalities (Impact Assessment attached) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> <input type="checkbox"/>	

Risk Assessment	
Crime & Disorder	No specific implications
Customer Consideration	No specific implications
Carbon reduction	No specific implications at this time.
Health and Wellbeing	This report invites consideration of how better to collectively address the needs of those experiencing health barriers to work. Having a good quality job is one of the most effective ways to reduce health inequalities.
Wards	N/A

Background papers:

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
Interim Deputy Chief Executive	Audrey Kingham
Portfolio Holder(s)	Wendy Pattison

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Appendix 1

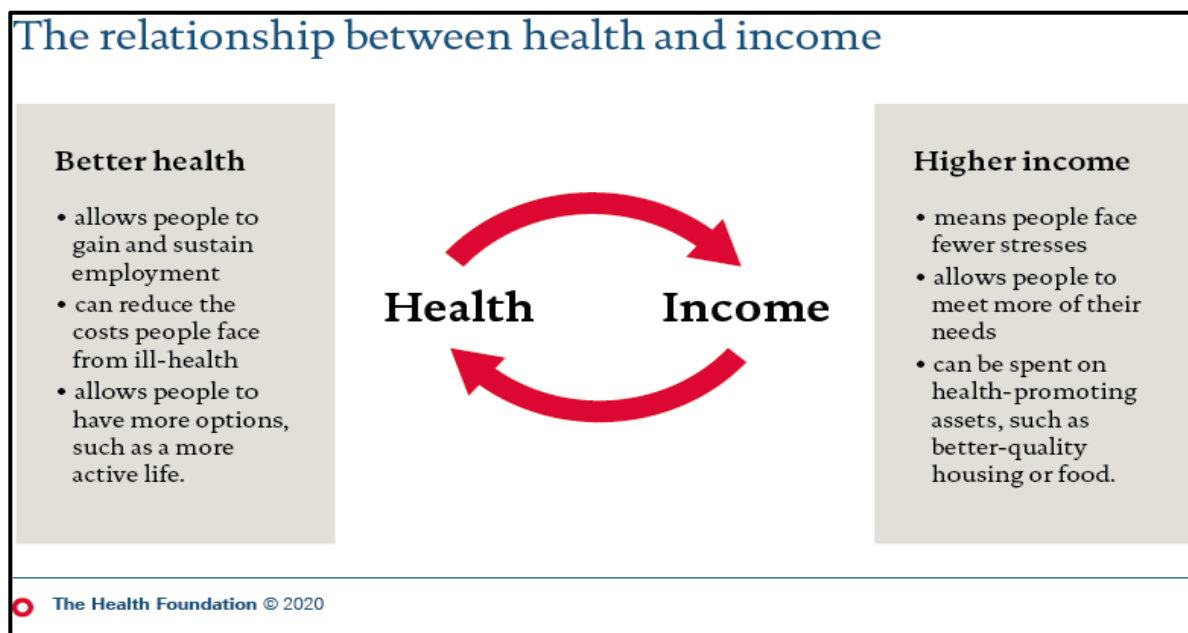
NORTHUMBERLAND JOINT STRATEGIC NEEDS ASSESSMENT

INCLUSIVE ECONOMY: HEALTH AND WORK

1. Introduction: The relationship between employment and health

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

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



There is a compelling body of evidence that being in inadequate quality work, being unemployed or economically inactive¹ adversely impacts both mental wellbeing and physical health and shortens the lives of many of our residents. Low pay and high demands create chronic stress on the body which can lead to higher blood pressure, increased blood sugar and an impaired immune system, it can also lead to health-harming behaviours which all increase the risk of many life shortening diseases such as heart disease and cancer. Long term

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

unemployment or economic inactivity can cause depression, anxiety and lowers self-esteem.

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

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

The distinction must be made between '**Good Work**', defined as employment of high quality, that is secure, well-paid, provides both good physical and psychological working conditions, autonomy, social support, and opportunities for progression, and 'any' work, which can include employment which is precarious, low paid, with poor working conditions and low levels of choice and control. It has been posited that an insecure job can be more harmful for certain health outcomes than unemployment².

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

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

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

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

2. Why is this important in Northumberland?

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

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

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

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

Inequalities also exist within areas of Northumberland:

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

3. Who is at risk and why?

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

- Young people aged 18-24
- People aged 50 and over
- People with disabilities and long-term health conditions
- People in disadvantaged areas of south-east Northumberland, deep rural areas, and coastal areas.

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

Covid pandemic impacts

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

Data show that:

- 28% of adults saw finances deteriorate and the poorest saw debt levels increase
- Long-term unemployment and economic inactivity trends have increased since the pandemic.
- Young people tend to be disproportionately impacted by economic downturns. Though the claimant count for 18–24-year-olds is relatively low and vacancy opportunities have recovered, the pandemic disrupted the education of young people and their transitions to the labour market, which can have a longer-term ‘scarring’ impact on future labour market prospects.
- The pandemic also had a disproportionate impact on people with disabilities and existing health conditions. 71% of disabled people have had their work impacted by the pandemic, compared to 61% of non-disabled people. Disabled people are more likely to be working in sectors that closed during the pandemic, more likely to be at risk of redundancy, and more likely to be working reduced hours than non-disabled people.
- The unemployment claimant count for people aged 50 and over rose sharply during the pandemic but stabilised and is relatively low. However, data show that much of the increase in economic inactivity is in this age cohort. There has been an increase in people aged 50+ and people with

health conditions leaving the labour market and becoming economically inactive. This has resulted in a reduced pool of labour and fewer people job searching or participating in employment support programmes.

- Though the labour market recovered and generated relatively high vacancy rates, many employers report hard-to-fill vacancies and staff shortages. This demonstrates a mismatch of labour demand and supply, and a need for better employment and skills support for residents.
- There is potential that recovery will be stunted by a significant rise in the cost-of-living and a potential economic downturn, further disproportionately impacting those who are unemployed and/or economically inactive and with poor health.

4. Key issues

The following key priorities have been identified:

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

5. What assets do we have in Northumberland?

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

- Northumberland County Council (NCC) delivers a good range of support across the county through Northumberland Skills, in partnership with DWP and other providers.
- As a constituent of the North of Tyne Combined Authority (NTCA), Northumberland benefits from working in partnership across the area and

from investment through devolved funding. This includes devolved Adult Education Budget and Shared Prosperity Fund. The North of Tyne Employability Strategy (*Strengthening our Labour Market, Aug 2022*) commits NTCA and constituent local authorities to work together and with partner organisations to deliver better skills and employment support and identifies areas for investment.

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

The labour market currently has a relatively high rate of job vacancies for a smaller pool of jobseekers. However, vacancies are not always a good match for jobseekers or are spread evenly across areas, and employers report hard-to-fill

vacancies and skills shortages for their jobs. The Council and its partners aim to deliver support to both businesses and residents to help increase the jobs and opportunities available and provide a good match to meet both the needs of residents and the needs of local labour markets.

6. What do people say?

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

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

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

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

7. Conclusions and Priorities for Action

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

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

- Use all available data and intelligence to build a thorough understanding of local issues relating to the economic impacts of health inequalities in order to find solutions to addressing them.
- Continue to build the vision of an Inclusive Economy across a wider network of partners by building alliances and leveraging in the local assets and powers of Anchor Institutions.

- Work with commissioners and funders and partner organisations (including NTCA, Northeast and Cumbria Integrated Care System and NHS Integrated Care Board, Government's Work and Health Unit and the VCSE) to develop services that meet the health and economic needs of Northumberland residents and communities.
- Delivering the North of Tyne Employability Strategy key priorities to (1) provide employment support for the most disadvantaged (2) deliver local community-led and place-based approaches (3) Support people with long-term health conditions, through the development of integrated programmes (with health and employment support services working together) and (4) create good quality jobs.
- Work with commissioners and providers to reduce the disability – employment gap (the gap between the proportion of people with disabilities and long-term health conditions who are in work against those in work who do not have disabilities or long-term health conditions).
- Work with local employers and businesses to help deliver their recruitment and skills needs, and develop ways to support more residents to access jobs and progression opportunities as a key wider determinant of health
- Continue to actively promote standards of good work and best practice in relation to employment and health at work policies.
- Explore opportunities for co-investment, co-design, and co-commissioning to better integrate health and employment support services.

September 2022

Prepared by:

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

References and links to services

[Northumberland County Council Employment and Skills Support Services](#)

[CNTW NHS Individual Placement and Support employment service](#)

[North East Better Health at Work Award](#)

[Advance Northumberland](#)

[Together Northumberland Community Promise](#)

[Work and Pensions Committee, UK Parliament July 2021](#)

North of Tyne

North of Tyne Employability Strategy: [Strengthening our Labour Market \(August 2022\)](#)

[North of Tyne Good Work Pledge](#)

[North of Tyne Wellbeing Framework Report-Jan-22.pdf](#)

[North of Tyne Skills Plan](#)

Data Sources

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

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

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

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

[Annual Population Survey](#)

[Claimant Count](#)

[Paycheck - CACI](#)

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NORTHUMBERLAND COUNTY COUNCIL

HEALTH & WELLBEING BOARD

FORWARD PLAN 2022 - 2023

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Updated : 24 March 2023

FORTHCOMING ITEMS

ISSUE	OFFICER CONTACT
13 April 2023	
<ul style="list-style-type: none"> • Population Health Management • Towards a Collaborative Approach to Reducing Inequalities in Employment Outcomes for our Population • Corporate Plan • Thematic Groups – Update 	Alan Bell/David Cummins Sarah MacMillan/Liz Robinson/Kevin Higgins Phillip Hunter/Hannah Gordon
11 May 2023	
<ul style="list-style-type: none"> • Northumbria Police Presentation – Overview of approach to Prevention Strategy, Early Intervention and Serious Violence • Northumberland Oral Health Strategy 2022-2025 • Pharmacy Needs Assessment 	Claire Wheatley Kerry Lynch Ann Everden/Pam Lee

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MEETING DATE TO BE CONFIRMED

<ul style="list-style-type: none"> • CNTW Priorities Report • Urgent and Emergency Care - Strategic Care • Child and Adolescent Mental Health 	Summer 2023
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REGULAR REPORTS

Regular Reports	
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Updated : 24 March 2023

<ul style="list-style-type: none"> ● Joint Health & Wellbeing Strategy Refresh Thematic Groups – Update (Quarterly – Apr/July/Oct/Jan) ● System Transformation Board Update ● SEND Written Statement Update - progress reports ● Population Health Management - (Oct/Jan/Apr/July) <p>Annual Reports</p> <ul style="list-style-type: none"> ● Public Health Annual Report ● Child Death Overview Panel Annual Report ● Healthwatch Annual Report ● Northumberland Safeguarding Children Board (NSCB) Annual Report and Update of Issues Identified ● Safeguarding Adults Annual Report and Strategy Refresh ● Annual Health Protection Report ● Northumberland Cancer Strategy and Action Plan ● Tobacco Control ● Healthy Families Partnership Board Annual Report 	<p>Sir Jim Mackey/Siobhan Brown ?? Rachel Mitcheson</p> <p>Gill O'Neill (APR) Paula Mead/Alison Johnson (JAN) David Thompson/Derry Nugent (JULY) Paula Mead (JAN)</p> <p>Paula Mead (JAN) Liz Morgan (OCT) Robin Hudson (DEC/JAN) Kerry Lynch (DEC) Jon Lawler (SEP)</p>
<p>2 Yearly Report</p> <ul style="list-style-type: none"> ● Pharmaceutical Needs Assessment Update 	<p>(MAY 2024)</p>

**NORTHUMBERLAND COUNTY COUNCIL
HEALTH AND WELLBEING MONITORING REPORT 2022-2023**

Re f	Date	Report	Decision	Outcome
1	10.5.22	Living with Covid	Receive Report	
2	10.5.22	Pharmaceutical Needs Assessment Update	(1) the draft plan be approved for progression to formal consultation (2) comms be produced in liaison with the Local Pharmaceutical Committee regarding pharmacy opening arrangements and pharmacist availability.	
3	10.5.22	Northumberland Oral Health Strategy Update	(1) the report be received. (2)the impact on dental and oral health action and delivery caused by the COVID-19 pandemic be acknowledged. (3)the extension to the strategy period from 2022/25 be approved	
4	10.5.22	Population Health Management – Quarterly Update	Receive Report	
5	14.7.22	Integrating Services Supporting Children and Young People	(1) the comments of the Board be noted.	

Updated : 24 March 2023

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

			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	<p>(1) Members' comments on the evidence in the report and Advice Services Health Needs Assessment Summary be noted.</p> <p>(2) The importance of the role that advice services have in reducing inequalities be acknowledged.</p> <p>(3) The role of advice services with Northumberland's system-wide Inequalities Action Plan be noted; and</p> <p>(4) The contribution of partners to support access to welfare and benefits advice for their staff, patients, and residents, be agreed.</p>	
9	11.8.22	Board Development Session – Review	<p>(1) the update be received and noted.</p> <p>(2) Liz Morgan and Rachel Mitcheson to discuss development of the task and finish group.</p>	
10	8.9.22	Northumberland Inequalities Plan 2022-23		

			<ul style="list-style-type: none"> (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 own 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	<ul style="list-style-type: none"> (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	<p>(1) that Northumbria Police and the Fire & Rescue Service be invited to each send a representative to join the Health & Wellbeing Board.</p> <p>(2) Dr. Graham Syers remain as Vice-Chair of the Health & Wellbeing Board until further notice.</p>	
15.	13.10.22	Northumberland Healthy Weight Declaration	<p>(1) the Healthy Weight Declaration (and its 16 commitments for action) for Northumberland County Council be adopted.</p> <p>(2) A joint launch of the Healthy Weight Declaration between Northumberland County Council, North Tyneside Council and Northumbria Healthcare NHS Foundation Trust be supported.</p>	
16.	13.10.22	Northumberland Joint Strategic Needs Assessment	<p>(1) The JSNA should include both needs and assets to reflect the Northumberland Inequalities Plan 2022-32.</p> <p>(2) The establishment of a JSNA Steering Group to co-ordinate current work attached to the report as Appendix 5 be agreed.</p>	

			(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.	

33	9.3.23	Director of Public Health Annual Report 2021/22 – Health Weight for all Children	<p>(1) the content of the DPH Annual Report 2021/22 be noted;</p> <p>(2) comments on the contribution that Health and Wellbeing Board partners can make to healthy weight in children be noted;</p> <p>(3) the findings in the independent DPH Annual Report 2021/22 attached as appendix 1 to this report be agreed and endorsed.</p>	
34.	9.3.23	0-19 Growing Health Service Summary Report	Presentation noted.	
35.	9.3.23	Health Inequalities Funding Allocation Across the North East and North Cumbria Integrated Care Board	Report received	
36.	9.3.23	Improving Patient Experience to Accessing Primary Care	Presentation noted.	

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