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Northumberland
County Council

Your ref:
Our ref:
Enquiries to: Andrea Todd
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Tel direct: 01670 622606
Date: 25 August 2022

Dear Sir or Madam,

Your attendance is requested at a meeting of the **HEALTH AND WELLBEING OSC** to be held in the **COUNCIL CHAMBER, COUNTY HALL, MORPETH** on **TUESDAY, 6 SEPTEMBER 2022** at **1.00 p.m.**

Yours faithfully

Rick O'Farrell
Interim Chief Executive

To Members of the Health and Wellbeing OSC

Members of the Health and Wellbeing Board invited to attend for item 6 on the agenda

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 & Wellbeing Overview & Scrutiny Committee held on 5 July 2022, as circulated, to be confirmed as a true record and signed by the Chair.

3. DISCLOSURE OF MEMBERS' INTERESTS

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. FORWARD PLAN (Pages 9 - 18)

To note the latest Forward Plan of key decisions. Any further changes to the Forward Plan will be reported at the meeting.

5. HEALTH AND WELLBEING BOARD (Pages 19 - 24)

The minutes of the Health & Wellbeing Board held on 14 July 2022 are attached for the scrutiny of any issues considered or agreed there.

6. PROVISION OF DENTAL SERVICES IN NORTHUMBERLAND

To receive an update on the level of NHS dentist provision in Northumberland and to receive assurance on the arrangements for dental access in Berwick.

Members of the Health and Wellbeing Board have been invited to attend for this item.

7. REPORT OF THE INTERIM EXECUTIVE DIRECTOR OF PUBLIC HEALTH AND COMMUNITY SERVICES (Pages 25 - 50)

Northumberland Inequalities Plan 2022 - 2032

To present the draft Northumberland Inequalities Plan 2022 – 2032 and share with the Board the proposals for system development and enablers, focused areas of action and short, medium and long-term indicators of progress.

8. REPORT OF THE INTERIM EXECUTIVE DIRECTOR OF PUBLIC HEALTH AND COMMUNITY SERVICES (Pages 51 - 124)

Proposals for the allocation of the Public Health ring-fenced grant reserve to reduce health inequalities

This Cabinet report describes the process undertaken to agree proposals for additional investment in public health interventions from the ring-fenced public health grant to reduce health inequalities; and to make recommendations.

Comments made by this Committee will be reported to Cabinet when they consider the item at their meeting on 13 September 2022.

9. HEALTHWATCH NORTHUMBERLAND ANNUAL REPORT 2021-22 (Pages 125 - 144)

To receive and comment on the Healthwatch Northumberland Annual Report for 2021-22.

10. REPORT OF THE SCRUTINY OFFICER

(Pages 145 - 152)

Health and Wellbeing OSC Work Programme

To consider the work programme/monitoring report for the Health and Wellbeing OSC for 2022/23.

11. URGENT BUSINESS

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.

12. DATE OF NEXT MEETING

The date of the next meeting is scheduled for Tuesday, 4 October 2022 at 1.00 p.m.

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.

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NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Health & Wellbeing Overview and Scrutiny Committee** on Tuesday, 5 July 2022 at 1.00 p.m. at County Hall, Morpeth.

PRESENT

Councillor V. Jones
(Chair, in the Chair)

MEMBERS

Bowman, L.	Hill, G.
Chicken, E.	Hunter, I.
Hardy, C.	Nisbet, K.

ALSO IN ATTENDANCE

Angus, C.	Scrutiny Officer
Bradley, N.	Director of Adult Social Services
Curry, A.	Senior Manager - Commissioning
Liddle, J.	Senior Public Health Manager
Mitcheson, R.	North East and North Cumbria Integrated Care Board (ICB)
Morgan, L.	Interim Executive Director for Public Health and Community Services
Pattison, W.	Cabinet Member for Adults' Wellbeing
Phelps, P.	North East and North Cumbria Integrated Care Board (ICB)
Todd, A.	Democratic Services Officer

10. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors R. Dodd, C. Humphrey and R. Wilczeck.

11. MINUTES

RESOLVED that the minutes of the meetings of the Health & Wellbeing Overview & Scrutiny Committee held on 3 May 2022 and 31 May 2022, as circulated, be confirmed as a true record and signed by the Chair.

12. FORWARD PLAN

The Committee considered the Forward Plan of key decisions (a copy of the Forward Plan has been filed with the signed minutes).

RESOLVED that the report be noted.

13. HEALTH AND WELLBEING BOARD

RESOLVED that the minutes of the Health & Wellbeing Board held on 12 May 2022 be noted.

REPORTS FOR CONSIDERATION BY SCRUTINY

14. REPORT OF THE DIRECTOR OF ADULT'S SOCIAL SERVICES

Delivering on the Extra Care and Supported Housing Strategy

A. Curry, Senior Manager – Commissioning presented an update on the strategy for the development of housing schemes designed to enable people to live independently. (A copy of the report has been filed with the signed minutes).

Members were informed that the Strategy was approved by Cabinet in 2018 which sought to oversee delivery of supported housing projects. Since 2018 work had been undertaken to build, purchase, remodel or commission 39 independent supported living projects, predominantly for adults with learning disabilities and/or mental health conditions. Additionally, one large project for older people had been completed which was positively received and was oversubscribed by prospective tenants. The schemes offered an additional 277 units of accommodation. There were now 750 units of independent supported accommodation in Northumberland, however, there was still an undersupply and the long-term impact of the pandemic on the care home sector could potentially increase demand.

Developments for older people had proved difficult to progress due to site availability and cost. It was anticipated demand for independent supported accommodation for older people would increase and this was an area of focus for Adults Social Care going forward. There remained a market of providers who were keen to progress this type of accommodation.

It was reported that no Council capital investment had been required in any of the schemes delivered to date, investment had been from Government, social or private sources and therefore the Council had capital available.

Discussion followed, of which the key points from members and responses were:

- Members discussed the new development in Cramlington, Rosebrough Court, which had been a great success. There had been an exceptional demand for the 60 units available. The site was a new build close to all local amenities including the shopping centre.

- Update about the possible development at the old Dove site in Spittal, Berwick upon Tweed was provided. It was reported that although the scheme had stalled officers were very keen to continue to pursue the site. It was a perfect location for a development of this kind. There was planning consent for the site and legal advice was being sought as to how to progress.
- It was confirmed that this Strategy was predominantly for adults with learning disabilities and/or mental health conditions, including depression.
- Members welcomed the Strategy which would support people to continue to live in community settings.

RESOLVED that the progress to date and future plans of the Strategy be noted.

15. IMPROVING ACCESS PROJECT FEEDBACK – GP ACCESS

P. Phelps, from North East and North Cumbria Integrated Care Board (ICB) provided members with a powerpoint presentation on the feedback received from engagement work undertaken by the CCG regarding GP access in Northumberland. (A copy of the presentation has been filed with the signed minutes).

The presentation included:

- The background to why the Improving Access Project had been started.
- Overview of the research carried out by Explain Market Research, outreach surveys, focus groups and engagement work.
- The main results of the research survey, which were:
    - The wellbeing of professionals was being impacted by current working pressures with descriptions of burnout and exhaustion.
    - In general, Practice Managers had a positive outlook on how access to appointments were currently working in their respective practices, in terms of ensuring patients were able to get an appointment when needed.
    - The introduction of digital tools was thought of as a positive in terms of improving access.
    - Overall, patients felt that access to GPs had declined post COVID with both satisfaction score for online and on-street respondents showing significant room for improvement.
    - Details of the 8am rush caused by the morning booking system.
    - The availability of pre-bookable appointments was a key area of improvement from the survey.
    - People were willing to wait a few days for an appointment if it was not for an acute issue.
    - Awareness raising required around booking online.
    - The large majority of respondents stated that they preferred to book appointments over the telephone.
    - Younger people showed greater support for booking via an app or online form.

- Telephone appointments were wanted by respondents in older age groups, lower social economic groups, and other protected characteristics.
- The need for a segmented approach as many respondents described positive experiences with telephone consultations.
- Issues with awareness and confidence in the wider healthcare system.
- There was a strong support for out of hours however there was also a lack of awareness of what was currently being provided.
- People were not aware of Hubs although many were willing to travel to be seen quicker.

- Next steps to improve access following the data gathered, including:
  - Consolidating all information from the survey.
  - Understanding the variation of access models currently in place and reflections from the survey.
  - Tackling the perception of general practice.
  - Informing communities and continue to keep them updated.
  - Identifying improvements and alternatives.
  - Defining the language to be used.
  - Improve the wellbeing of staff and recruitment.
  - Develop a working group to oversee the work to take place to help achieve the next steps identified.

Healthwatch Northumberland were not present at the meeting but asked for the following comments to be noted:

- Healthwatch Northumberland commended the work and report about GP access and were pleased to help extend the reach of the survey.
- Much of the findings on patient satisfaction mirrored what Healthwatch had heard (and continued to hear) such as the morning rush to get an appointment, being unable to get through, no availability remaining and the inability to book routine appointments.
- There needed to be better promotion of different roles within surgeries, people were much more likely to get on board with seeing alternative healthcare professionals if reassured that they were skilled or experienced enough to deal with their medical complaints.
- There needed to be more awareness raised about booking online and one of the barriers to this was the lack of patient knowledge. GP websites did not always make the process clear.
- The Healthwatch Click and Connect report highlighted many issues with GP access and had made recommendations. The report could be found on the Healthwatch website.
- Healthwatch was currently in the process of reviewing GP websites. Awareness about eConsult was one area being highlighted within the review. It was questioned what could be done to ensure patients were aware of eConsult. In response it was advised that eConsult was one of many tools available which had been developed to help improve access. However, it was accepted that there was currently a lack of knowledge as to how to access online systems.

- Clarification on what would be a 'segmented approach' to GP access. In response it was confirmed that this would be developed as part of the role for the working group which would include Healthwatch.

Members comments and responses included:

- The concern that patients were now resigned to the fact GP access was not up to standard and no longer felt there was any point in challenging this to improve it.
- Many patients expected to still be able to access face to face appointments but an acknowledgment that there needed to be a variation of access models.
- The national problem of GP retention and staffing which was affecting Northumberland.
- Reports of patients still not being called for their regular health reviews since pre COVID and a concern that some practices seemed not to be back to offering a full service.
- There needed to be fairer and equitable services for patients.
- Confirmation that there were still sickness and welfare issues within the workforce.
- The need to raise awareness so patients understood the different roles within general practice services.
- It was felt that sometimes merging practices created too large a practice which made GP access more difficult. The advantages and disadvantages of combining services were discussed.
- It was confirmed that the ICB would continue to work with any practice wanting additional information, support or guidance to help improve patient experiences.
- The evolving role of Patient Participation Groups (PPG's) and the need for these to have a more substantial role in helping to improve GP access.
- One system does not fit all but patient experience needed to be improved.
- Today, the NHS celebrated 74 years of service. It was a wonderful service which was innovate and had learn to adapt over the years to meet the changing needs of each successive generation.
- The need to work together to improve the entire system to benefit the Northumberland community.

RESOLVED that the:

(a) presentation and comments made be noted.

(b) the Scrutiny Officer contact Members of the Health and Wellbeing Overview and Scrutiny Committee to seek nominations to sit on the GP Access Working Group.

16. REPORT OF THE SCRUTINY OFFICER

Health and Wellbeing OSC Work Programme

The Committee reviewed its work programme for the 2022/23 council year. (A copy of the work programme has been filed with the signed minutes).

RESOLVED that the work programme be noted.

17. DATE OF NEXT MEETING

RESOLVED that the next meeting has been scheduled for Tuesday, 6 September 2022 at 1:00 p.m.

18. EXCLUSION OF PRESS AND PUBLIC

RESOLVED:

(a) That under Section 100A (4) of the Local Government Act 1972, the press and public be excluded from the meeting during consideration of the following items on the Agenda as they involve the likely disclosure of exempt information as defined in Part I of Schedule 12A of the 1972 Act, and

(b) That the public interest in maintaining the exemption outweighs the public interest in disclosure for the following reasons:-

Agenda Item	Paragraph 3 of Part I of Schedule 12A
12	Information relating to the financial or business affairs of any particular person (including the authority holding that information)
AND	The public interest in maintaining this exemption outweighs the public interest in disclosure because disclosure could adversely affect the business reputation or confidence in the person /organisation and could adversely affect commercial revenue.

19. REPORT OF THE INTERIM EXECUTIVE DIRECTOR OF PUBLIC HEALTH AND COMMUNITY SERVICES

Integrated Sexual Health Service for Northumberland – Permission to Tender

The report provided the background to the need to provide a comprehensive open-access sexual health service as part of the council's statutory public health functions; and to seek permission to proceed with a formal tender exercise. (A copy of the report, coloured pink and marked 'not for publication' has been filed with the signed minutes).

L. Morgan, Interim Executive Director of Public Health and Community Services, and J. Liddle, Senior Public Health Manager detailed the main points of the report for members.

Members recognised the importance of preventing poor sexual health, addressing inequality and improving outcomes for the community in Northumberland.

RESOLVED to recommend that Cabinet:

- Consider the contents of this report, the key issues and background.
- Note that the total value of the 4-year contract is approximately £9,522,000.
- Comment on the proposals.
- Authorise the Interim Executive Director of Public Health and Community Services to proceed with the commissioning exercise.

CHAIR _____

DATE _____

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Forward Plan

FORTHCOMING CABINET DECISIONS AUGUST TO NOVEMBER 2022

DECISION	PROPOSED SCRUTINY DATE	CABINET DATE
Adult Social Care Reform To inform the Cabinet about national guidance and funding announcements relating to the adult social care reforms scheduled for implementation from October 2023, and about work in progress to identify financial and other implications for the Council. (W. Pattison/N. Bradley - 01670 622868)	Health and Wellbeing OSC 3 January 2023	13 September 2022
Bamburgh Conservation Area Character Appraisal Section 71 of the Planning (Listed Buildings and Conservation Areas) Act 1990 places a duty on local authorities to "formulate and publish proposals for the preservation and enhancement of any parts of their area which are conservation areas", but, more than that, a conservation area appraisal is a tool to help people understand what is important about a place and manage change within it. Bamburgh Conservation Area Character Appraisal (CACA) provides an evidence base for managing change. By adopting a conservation area appraisal, planning authorities are better placed to give due and proportionate weight to the special interest of conservation areas. This will, in turn, result in better informed and balanced decisions in relation to the historic environment. An appraisal can also be used to	N/A	13 September 2022

support potential strategic plans and policies for the area, and to promote its conservation and regeneration. (C. Horncastle/S, Rushton 01670 622650)		
Energising Blyth: Culture and Placemaking Programme This report updates Cabinet and seeks approval and key decisions regarding the development and delivery of the Energising Blyth Culture and Placemaking Programme (CPP). The CPP is a package of culture and placemaking measures in Blyth. This aims to catalyse Blyth's cultural revival, supporting the benefits of the wider investments in the town. This project is part of the Energising Blyth Regeneration Programme including projects supported by the Future High Streets Fund and Blyth Town Deal. (W. Ploszaj/Lara Baker - 07919 217457)	N/A	13 September 2022
Energising Blyth: Energy Central Campus Phase 1: Learning Hub This report updates Cabinet and seeks approval and key decisions regarding the development and delivery of the Energy Central Campus Phase 1: Learning Hub. The Energy Central Campus (ECC) is a transformational, business-led skills, education and innovation development supporting growth in the low carbon energy sector in Blyth and the wider Northeast. This project is part of the Energising Blyth Regeneration Programme including projects supported by the Future High Streets Fund and Blyth Town Deal. (W. Ploszaj/Lara Baker - 07919 217457)	N/A	13 September 2022

Energising Blyth: OREC Technology and Innovation Centre This report updates Cabinet and seeks approval of the Business Case and other key decisions regarding the development and delivery of the OREC Catapult new Centre. This is a business-led skills, education and innovation development adding to the cluster of facilities at OREC's site at the Port of Blyth and supporting Research and Development and growth in the low carbon energy sector in Blyth and the wider Northeast. It will be a key national asset driving forward the Government's Zero Carbon agenda and will generate. This project is part of the Energising Blyth Regeneration Programme including projects supported by the Future High Streets Fund and Blyth Town Deal. It is also being funded by the North of Tyne Combined Authority, Innovate UK and OREC (W. Ploszaj/Lara Baker 07919 217457)	N/A	13 September 2022
Financial Performance 2022-23 - Position at the end of June 2022 The report will provide Cabinet with the revenue and capital financial performance against budget as at 30 June 2022. (R. Wearmouth/K. Harvey - 01670 624783)	N/A	13 September 2022
Food & Feed, Safety & Standards Service Plan 2022/23 The purpose of this report is to present to Cabinet, for its consideration and endorsement, the Food and Feed, Safety and Standards Service Plan for 2022/23. (C. Horncastle/Peter Simpson 07920 806260)	Communities and Place OSC 31 August 2022	13 September 2022
Haydon Parish Neighbourhood Plan	N/A	13 September 2022

To seek approval to formally 'make' the Haydon Parish Neighbourhood Plan. The Plan passed independent examination in March 2022. A local referendum will be held in the Parish of Haydon on 30 June 2022 and it is expected that there will be a majority vote in favour of using the Plan to make decisions on planning applications. The Council will then be obliged by statute to make the Neighbourhood Plan unless it considers that doing so would breach European Union obligations, and that action should be completed within 8 weeks of the date of the referendum. (C. Horncastle/S. Brannigan 07966 335 508)		
Proposals for the Coquet Partnership This report sets out the feedback received from stakeholders arising from consultation on a proposal to reorganise the Coquet Partnership of schools to a 2-tier (primary/secondary) system of education, with accompanying relevant recommendations in the light of this proposal. Cabinet may also be recommended to permit the publication of a Statutory Proposal in relation to this proposal, which if approved would require Cabinet to make a final decision on the proposal at a later date. (G. Renner Thompson/S. Aviston – 01670 6222810)	FACS OSC 8 September 2022	13 September 2022
Proposals for the allocation of the Public Health ring-fenced grant reserve This report describes the process undertaken to agree proposals for additional investment in public health interventions from the ring-fenced public health grant; and to make recommendations.	Health and Wellbeing OSC 6 September 2022	13 September 2022

There is a requirement when using any funds from underspend to comply with the conditions of the use of the annual public health grant, which means that the funds must be spent on public health functions. This report describes a prioritisation exercise undertaken for allocation of part of the public health reserve that has accumulated from underspend. Criteria were developed and weighted to score bids that were sought from within the public health team and from other teams across the council. Criteria with the highest weighting were: 'Aim to reduce inequalities' (20%); and 'local need', 'evidence of impact/ effectiveness', and 'prevention' (each 15%). A higher score was given if the goal was primary prevention (preventing illness or maintaining health), in line with public health principles. (W. Pattison/J. Brown, 07796 312409/ L. Morgan, 07920 360093)		
Trading Companies' Financial Performance 2022-23 - Position at the end of June 2022 The purpose of the report is to ensure that the Cabinet is informed of the current financial positions of its trading companies for 2022-23 (R. Wearmouth/M. Calvert - 01670 620197) (Confidential report)	Corporate Services and Economic Growth OSC 12 September 2022	13 September 2022
Working together with VCSE – Non recurrent variation to VCSE Infrastructure Contract This purpose of this report is to seek approval to expand the current Northumberland Communities Together (NCT) and Voluntary Community and Social Enterprise (VCSE)		13 September 2022

Infrastructure contract to include additional funding obtained from NHS Northumberland CCG, now the Integrated Care Board, to support the Thriving Together work between Northumberland Communities Together and the VCSE (W. Pattison/M. Taylor - 01670 622430)		
Alnwick and Hexham Shopfront Design Guides Northumberland County Council is committed to retaining the special character of its conservation areas. In market towns such as Alnwick and Hexham, shops and commercial premises are a key element of the conservation areas and have a considerable impact on their overall appearance. Achieving a high standard of design in relation to shops and other businesses is important in underpinning commercial success. The Alnwick Shopfront Design Guide, 2021 replaces the 'Design Guide for Shop Fronts' which was adopted by Alnwick District Council in 1995. It has been produced in partnership with Alnwick Civic Society.· The Hexham Shopfront Design Guide, 2018 is an update of the 'Interim Design Package for Shopfronts and Their Advertisements', which was adopted by Tynedale Council in January 1990 and produced in association with the Hexham Civic Society. The updated Shopfront Design Guides are in line with national and local planning policies and contain guidance to assist developers, retailers, design professionals and building owners to prepare designs for shopfronts and other commercial premises which respond well to local character. They provide the Council with a set of criteria against which to assess the quality of proposed works when determining applications for planning permission and listed building consent.	N/A	11 October 2022

(C. Horncastle/S, Rushton 01670 622650)		
Council Tax Support Scheme for 2023/24 Since 1 April 2013 the Council is required to have its own council tax support scheme to provide assistance to council taxpayers on low incomes. The scheme needs to be approved annually and assistance is by way or a reduction in the amount of council tax that is due. The Council Tax Support Scheme needs County Council approval. (R. Wearmouth/G. Barnes – 01670 624351)	Corporate Services and Economic Growth OSC 10 October 2022	11 October 2022 Council 2 November 2022
Family Hubs Development Northumberland has been selected as one of the 75 local authorities who can receive additional funding to develop the Family Hub offer. The overall amount potentially available for Northumberland between Autumn 2022 and March 2025 is indicated to be between £3.321m and £3.446m. Work has been ongoing to develop the Family Hub model in Northumberland for some time, building on the already established Early Help Locality Model across the county. (G. Renner Thompson/M. Connor - 01670 620349)	FACS OSC 8 September 2022	11 October 2022
“Market Sustainability and Fair Cost of Care Fund" submission To seek Cabinet approval for a submission to the Department of Health and Social Care to comply with the grant conditions of the Market Sustainability and Fair Cost of Care Fund 2022 to 2023. (W. Pattison/N. Bradley - 01670 622868)		11 October 2022

Outcomes of Consultation on Berwick Partnership Organisation This report sets out the feedback received from stakeholders arising from Phase 1 of informal consultation with stakeholders in the Berwick Partnership area and other relevant parties on whether any models of organisation that may be brought forward with specific proposals for schools (Phase 2) should consist of only 3-tier models of organisation or include 3-tier and 2-tier (primary/secondary) models of organisation. Cabinet is also asked to permit the initiation of the Phase 2 informal consultation with stakeholders in the area served by Berwick Partnership and other relevant stakeholders on proposals for individual schools in the partnership. The outcomes of Phase 2 consultation would be brought back to Cabinet at a later date. (G. Renner Thompson/S. Aviston - 01670 6222810)	FACS OSC 6 October 2022	11 October 2022
Revised Joint Charter with Town, Parish and Community Councils This report updates Cabinet and seeks approval for the publication of the revised joint Charter between the Council and the Town, Parish and Community Councils (TPCCs) in Northumberland. This revised Charter includes minor amendments to the 2019 edition and has been prepared following consultation with Northumberland Association of Local Councils (NALC). It defines joint principles to enable the Council and TPCCs to work effectively together to improve the economic, social and environmental well-being of Northumberland. (G. Sanderson/Iain Hedley -07747 473687)	TBC	11 October 2022

Budget 2023-24 and Medium Term Financial Plan 2023-27 This report provides an update on the development of the 2023-24 Budget and the Medium-Term Financial Plan (MTFP) covering the period 2023 to 2027. This report also details budget proposals for 2023-24 to meet the budget gap, as a basis for budget consultation, prior to the receipt of the Local Government Finance Settlement 2023-24 in December 2022. (R. Wearmouth/A. Elsdon 01670 622168)	CSEG 7 November 2022	8 November 2022
Council Tax Base 2023/24 The Council is required to set its council tax base annually. The tax base must be set between the 1st of December and 31st January. The tax base is a measure of the Council's taxable capacity which is used for the setting of its council tax. Legislation sets out the formula for calculation. Cabinet have delegated authority to approve the tax base. (R. Wearmouth/G. Barnes – 01670 624351)	Corporate Services and Economic Growth OSC 12 December 2022	13 December 2022
Financial Performance 2022-23 - Position at the end of September 2022 The report will provide Cabinet with the revenue and capital financial performance against budget as at 30 September 2022. (R. Wearmouth/K. Harvey - 01670 624783)	N/A	13 December 2022
Trading Companies' Financial Performance 2022-23 - Position at the end of September 2022 The purpose of the report is to ensure that the Cabinet is informed of the current financial positions of its trading	Corporate Services and Economic Growth OSC 12 December 2022	13 December 2022

companies for 2022-23 (R. Wearmouth/M. Calvert - 01670 620197) (Confidential report)		
Budget 2023-24 and Medium Term Financial Plan 2023-27 The report presents the updated Budget 2023-24 and Medium Term Financial Plan 2023-27 to Cabinet following the receipt of the provisional local government settlement which is due to be announced during December 2022. The report will also include an update on the deliverability of savings. (R. Wearmouth/A. Elsdon 01670 622168)	CSEG OSC 13 February 2022	14 February 2022 Council 22 February 2022
Financial Performance 2022-23 - Position at the end of December 2022 The report will provide Cabinet with the revenue and capital financial performance against budget as at 31 December 2022. (R. Wearmouth/K. Harvey - 01670 624783)	N/A	14 March 2023
Financial Performance 2022-23 – Position at the end of March 2023 (Provisional Outturn) The report will provide Cabinet with the revenue and capital financial performance against budget as at 31 March 2023 (provisional outturn) (R. Wearmouth/K. Harvey - 01670 624783)	N/A	9 May 203

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

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

PRESENT

Councillor P. Ezhilchelvan
(Chair, in the Chair)

BOARD MEMBERS

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

ALSO PRESENT

Jones, V.	Chair of Health & Wellbeing OSC

IN ATTENDANCE

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

69. APOLOGIES FOR ABSENCE

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

70. MINUTES

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

71. INTEGRATING SERVICES SUPPORTING CHILDREN AND YOUNG PEOPLE

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

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

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

The following comments were made:-

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

RESOLVED that

(1) the comments of the Board be noted.

(2) The evolution/expansion of the Family Hubs model as the mechanism to drive forward CYP integration and the governance process be approved;

(3) The proposed approach to culture and leadership change and interface with community centred/place-based approaches to tackle inequalities be supported.

72. AGEING WELL SERVICE REVIEW

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

The following comments were made:-

- Northumberland's population was ageing, and this was most evident in the rural population. 25.1% of the population was estimated to be aged 65+ in 2020 E to the England average of 18.5%.
- A service review of the Ageing Well Programme was undertaken in 2019 and the Ageing Well Partnership Board was in place to provide strategic leadership.

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

Members made the following comments:-

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

RESOLVED that

(1) the comments of the Board be noted.

(2) the refresh of a strategic Northumberland Healthy Ageing Board accountable to the Health and Wellbeing Board be supported.

(3) Inclusion of the importance of volunteering to be considered during the refresh.

(4) The refreshed Northumberland Health Ageing Board be chaired by the Director of Public Health.

(5) the decision to appoint an independent chair of the Health Ageing Board be delegated to the Director of Public Health in consultation with the portfolio holder for Adult Wellbeing.

73. LIVING WITH COVID

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

Gill O'Neill highlighted the following key areas:-

- Week ending 29 June 2022, ONS survey figures estimated that 1:25 people in England were infected. This was an increase over all areas but

particularly in London, South West, and the North East and over all age groups with the highest prevalence in secondary school and working age adults.

- It was estimated that the BA.4 and BA.5 Omicron variants were now responsible for 60% of cases.
- Hospital admissions with COVID had increased since the end of May with 15 per day in Northumberland and 70 in hospital. However, most were not in hospital because of COVID but were discovered to be positive on testing. Numbers on mechanical ventilation remained low.
- Staff absences remained the biggest issue.
- Northumberland had one of the highest rates of vaccination uptake. Spring booster uptake was approximately 85%. Interim advice had been issued about the autumn booster programme and would include residents in care homes (older adults and staff), front line health and social care staff, 65+ years old, and adults 16-64 years old.
- Nationally comms regarding combined flu and COVID was being looked at.
- A new 'Listen to Liz' video was to be made emphasising the need for people to stay at home if ill, to be vaccinated and wear a mask if in close proximity to vulnerable people.

The following comments were made:-

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

RESOLVED that the verbal update be received.

74. HEALTH AND WELLBEING BOARD FORWARD PLAN

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

RESOLVED that the Forward Plan be noted.

75. DATE OF NEXT MEETING

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

CHAIR _____

DATE _____

Northumberland
County Council

HEALTH AND WELLBEING BOARD

08 SEPTEMBER 2022

Northumberland Inequalities Plan 2022 - 2032

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

Cabinet Member: Cllr Wendy Pattison, Adult wellbeing

Purpose of report

To present the draft Northumberland Inequalities Plan 2022 – 2032 and share with the Board the proposals for system development and enablers, focused areas of action and short, medium and long-term indicators of progress.

Recommendations

The Board is recommended to:

- Consider and comment on the draft Northumberland Inequalities Plan 2022 – 2032.
- Agree on proposals for the shorter term supporting and enabling actions.
- Agree proposed short, medium and long-term indicators.
- Consider and agree levels of ambition and Board members' contribution to the plan.
- Discuss and agree the mechanism to continue to the next stage and develop the longer-term plan
- Agree that Board partners will present the plan at a strategic level within their own organisation for endorsement and agreement on their contribution.

Link to Corporate Plan

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

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

Key findings

- In some parts of Northumberland, residents are dying up to 12 years earlier than those in other areas and spending longer living in poor health.
- The landmark Marmot Review: Fair Society, Healthy Lives[1] outlined the causes of health inequalities and the actions required to reduce them. The Review proposed an evidence-based strategy to address inequalities through the social determinants of health, that is, the conditions in which people are born, grow, live, work and age.
- There is an overarching appreciation that the biggest drivers to level off and start to close the gap in inequalities will take generational change with national policy shift and significant infrastructure improvements through regeneration and employment. This requires long term commitment to our ambitions for change and to make these a reality requires the steady methodical application of the actions over a period of some years.
- In response to the inequalities exacerbated by the COVID-19 pandemic, the Leader of Northumberland County Council instigated a call to action *Summit on Inequalities* attended by Northumberland senior leaders
- Developing a shared understanding of the 4 domains of inequalities (protected characteristics, geographical, socio economic factors and inclusion groups) was a key platform to build from.
- During June and July 2022 almost 400 stakeholders participated in locality-based conversations building on the content of the initial summit and expanded into more focused place-based discussion
- Five principles have emerged to frame the inequalities plan:
    - Look at everything through an inequalities lens
    - Voice of residents and better data sharing
    - Community strengths are considered first
    - Enhancing our services to ensure equity in access to opportunity
    - Maximising our civic level responsibilities
- Three screening questions to be asked in all we do:
    - What can communities do for themselves?
    - What do communities need some help with?
    - What can't communities do (even with help from outside agencies) that agencies/institutions can do.

Findings from the locality events

- Across Northumberland there is a strong indication from a range of professional and volunteer stakeholders that there is more to do to create the conditions which empower communities to take proactive action and maximise working together, especially about coordinated partner behaviours and the development of meaningful neighbourhood level action plans.
- Variation has been considered (through an inequalities lens) across localities and factors such as transport and moving around were seen as less positive in Berwick, Amble and Choppington; whilst feeling safe and a sense of belonging were less positive in Blyth and Ashington. Most areas were a mid-range of feelings of

[1] https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review

satisfaction for factors such as housing and community and play and recreation. Areas such as Hexham and Morpeth showed high satisfaction on natural space and facilities and amenities. The results are a snapshot from multi-disciplinary professionals who work across the County.

- The primary themes to emerge across the 12 events:
    - Deepen the appreciation of inequalities - inclusive of all facets e.g. rurality, deprivation, inclusion groups
    - Improve connections in communities and develop community builder roles
    - Better data and evidence sharing
    - Building on the strengths of communities to empower them to do more for themselves – trust and let go
    - Need improved join up of agencies doing things better together (integration)
    - Improve transport and moving around
    - Increase feeling safe and being socially connected
    - More affordable housing better spread across the County
    - Increase meaningful employment for local people
    - Improve opportunities for children and young people
- The inequalities plan is being built in two phases:
    - Shorter term culture change enabling actions to be embedded by 2025/26
    - A set of Big Ambitions based on the evidence-based Marmot indicators to set the direction of travel. The actions to get us there being drawn from existing plans such as the North of Tyne Wellbeing Framework and the Northumberland Joint Health and Wellbeing Strategy[2]

Background

Why are inequalities important?

'Inequality threatens long term social and economic development, harms poverty reduction and destroys people's sense of fulfilment and self-worth. This, in turn, can breed crime, disease and environmental degradation. Most importantly, we cannot achieve sustainable development and make the planet better for all if people are excluded from opportunities, services, and the chance for a better life.' (UN Sustainable Development Goal No 10).

Covid 19 has exacerbated existing inequalities, hitting the poorest and most disadvantaged communities the hardest. It has shone a spotlight on economic inequalities and the fragility of social safety nets, leaving those with the least resilience to bear the main burden of the crisis.

Inequalities are largely preventable, and it is a social injustice that people in our most deprived communities are dying more than a decade earlier than those in the least deprived. There is also a strong economic case to addressing inequalities. The annual cost of health inequalities alone (the avoidable, unfair and systematic differences in health or access to health between different groups of people) is between £36 billion and £40 billion through lost taxes, welfare payments and costs to the NHS.[2]

[2] https://www.instituteofhealthequity.org/file-manager/FSHLrelateddocs/overall-costs-fshl.pdf

What we also know is that policies aimed at improving health and reducing inequalities that are based on personal responsibility do not work. Personal responsibility is important, but people cannot take responsibility for acting in ways that are socially positive or which reduce health risks if the environment to enable them to do that does not exist. As an example, it is estimated that a family in the lowest income bracket would have to spend 75% of their disposable income to meet the national Eatwell Guide. These families simply cannot afford to eat as healthily as those with higher incomes; for many it is unaffordable. If we want all our communities and residents to thrive, the right building blocks need to be in place, for instance, stable, high-quality jobs, good education and high-quality housing. For some of our communities those blocks are missing and we need to address that.

What the data tells us

In the poorest parts of Northumberland, residents are dying earlier than they should and spending longer living in poor health. When people are lacking the things they need such as warm homes and healthy food, and are constantly worrying about making ends meet, it puts a strain on the way the body functions. This results in increased stress, high blood pressure and a weaker immune system and ultimately, poorer health because of the increased risk of a range of health conditions. This stress has been made worse by the pandemic.

Residents in our most deprived communities have an average life expectancy of 75 years compared to 87 years in the least deprived; 12 years more of life if you have the benefits that come with the lowest levels of deprivation. There is a 17-year age gap in good health (healthy life expectancy) between those living in the least deprived areas and those living in the most deprived communities; 70 years of living in good health compared to 53 years. Figure 1 shows the level of inequalities which exist across the life course for a range of indicators across Northumberland communities.

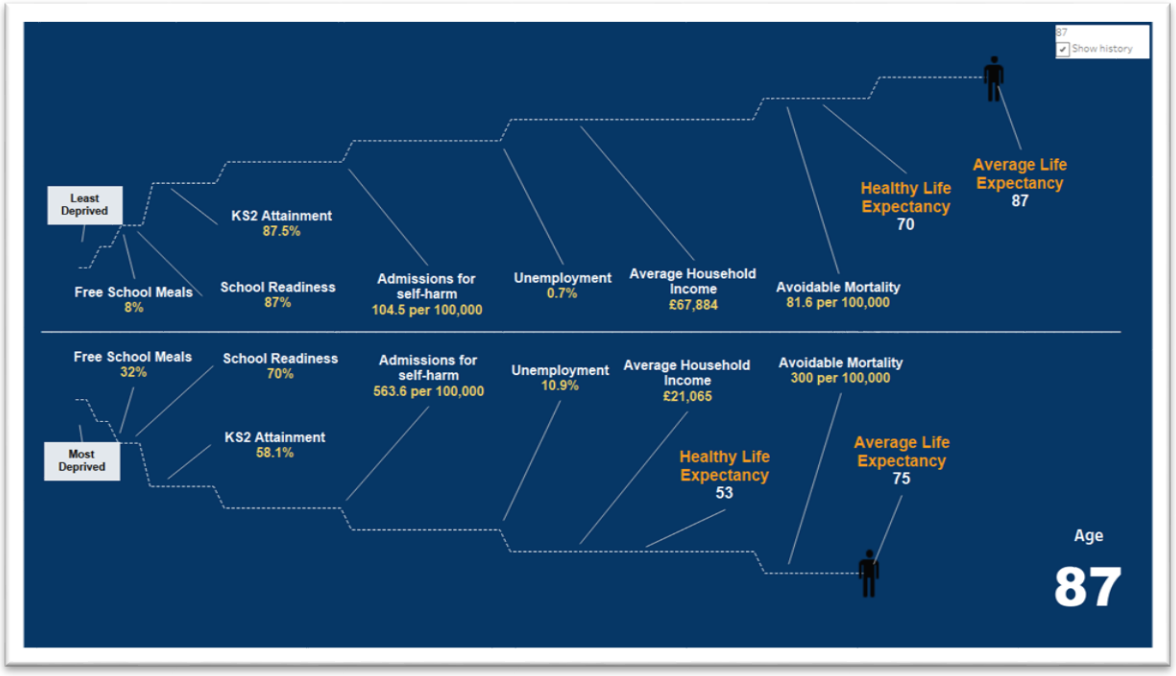


Figure 1. Inequalities across the life course. Source: Northumberland Public Health Team

Current plans and strategies

Most of the partner organisations which make up the Northumberland Health and Wellbeing Board have individual plans which highlight the importance of inequalities faced by our residents and proposals on how to tackle them. The Integrated Care Board (ICB) which launched formally on 1st July 2022 has reducing health inequalities as a core function.

The North of Tyne Combined Authority (NTCA) has developed a wellbeing framework[6] which provides a sub-regional approach to some of the wider determinants of health specifically economic regeneration opportunities.

Figure 2. North of Tyne combined Authority Wellbeing Framework

The Northumberland Joint Health and Wellbeing Strategy (2018 – 2028)[3] has been recently reviewed in the context of the pandemic and has been considered by the Board to remain fit for purpose with its four core themes:

- Giving children the best start in life
- Empowering people and communities
- Tackling the wider determinants
- Adopting a whole system approach to health and care

When mapping all the individual corporate/organisational plans and system strategies there are multiple actions which overlap, duplicate and create a risk of silo effort to tackle the same systemic and intractable issues.

There is a common purpose and ambition to reduce health, social and economic inequalities in Northumberland. To achieve this ambition, it has been agreed that the Northumberland system[4] comes together to focus on a few key enablers which will support an improvement in a focused collection of short, medium and longer-term indicators which will demonstrate that inequalities are narrowing and outcomes for our residents are improving. This requires a willingness from partners to collaborate on delivery and a broad and strong commitment which will survive political, fiscal and organisational planning cycles and leave a lasting legacy.

[3] Northumberland Joint Health and Wellbeing Strategy (2018-2028)

[4] In this context, the Northumberland system is the organisation of people, institutions, and resources that contribute to meeting the health, social and economic needs of Northumberland residents.

Restarting the conversation: Inequalities Summit

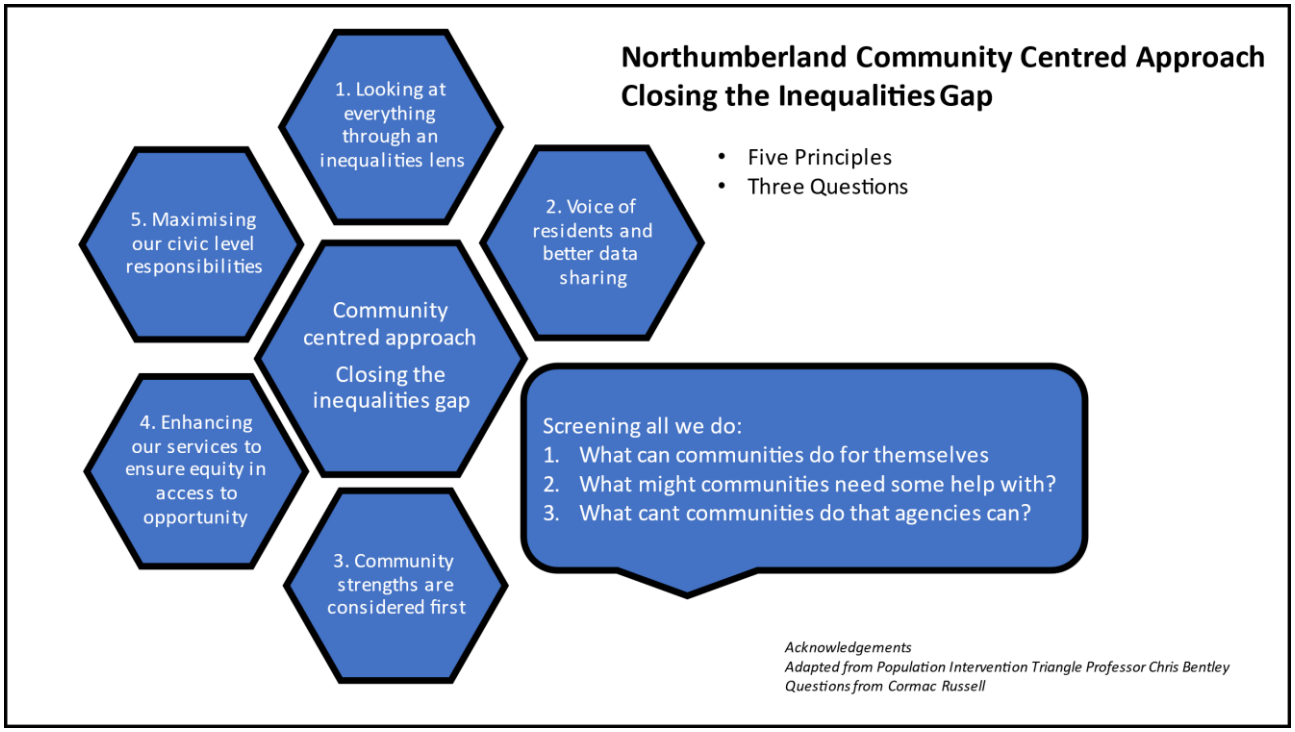
The landmark Marmot Review: Fair Society, Healthy Lives[5] outlined the causes of health inequalities and the actions required to reduce them. The Review proposed an evidence-based strategy to address inequalities through the social determinants of health, that is, the conditions in which people are born, grow, live, work and age.

The evidence tells us that health inequalities are largely preventable. Not only is there a strong moral argument for addressing health inequalities, there is also a pressing economic case driven by higher use of health and social care services, higher unemployment, lower productivity and tax losses.

In response to the inequalities exacerbated by the COVID-19 pandemic, the Leader of Northumberland County Council instigated a call to action on inequalities by the Northumberland system. This was launched at the inequalities summit on 25th March 2022.

The summit was well received and brought public sector, voluntary, charitable, faith sector and private sector senior leaders together. The tone of the Summit was about:

- Developing a shared understating of the broader definition of inequalities which impact on how people live their lives
- recovery from the pandemic and building on the strengths of our communities which had been so visible during its height;
- not reverting to a default solution of delivering services
- transforming our thinking and approach to tackle the same issues but in a different way. These principles are summarised in Figure 3.



[5] https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review

Figure 3. Principles to emerge from the Summit

The keynote speaker at the summit, Cormac Russell, who is a leading international expert in Asset Based Community Development (ABCD) has been contracted to work with the Northumberland system to be a critical friend and expert guide. The focus of the discussion was on what can be done *with* communities but even more so what can be *done by* communities and what can't communities do (even with help from outside agencies) that agencies/institutions can do.

It was agreed at the summit that this was the start of the conversation to build a network of support. Change at scale is only possible if we have a movement of action across senior leaders to front line staff and have a different relationship with our residents which is one of equity.

Twelve locality conversations

During June and July 2022 almost 400 stakeholders such as VCSE, local staff from public sector, private sector (senior officers to front line) town and parish councils and, elected members participated in locality-based conversations based on the content of the initial summit and expanded into more focused place-based discussion. Feedback from the events has been overwhelmingly positive with participants expressing a desire for further roll out to reach more colleagues and spread the message of how to tackle inequalities through a community centred approach. These more detailed conversations have enabled the high-level inequalities plan to be developed and can track our progress where we have moved from individual corporate plans and system strategies to live conversations that are enabling system leaders to demonstrate that there is a shared ownership about closing the gap and that everyone has a part to play. The link between the Northumberland inequalities action plan and existing strategies and plans is summarised in Figure 4.

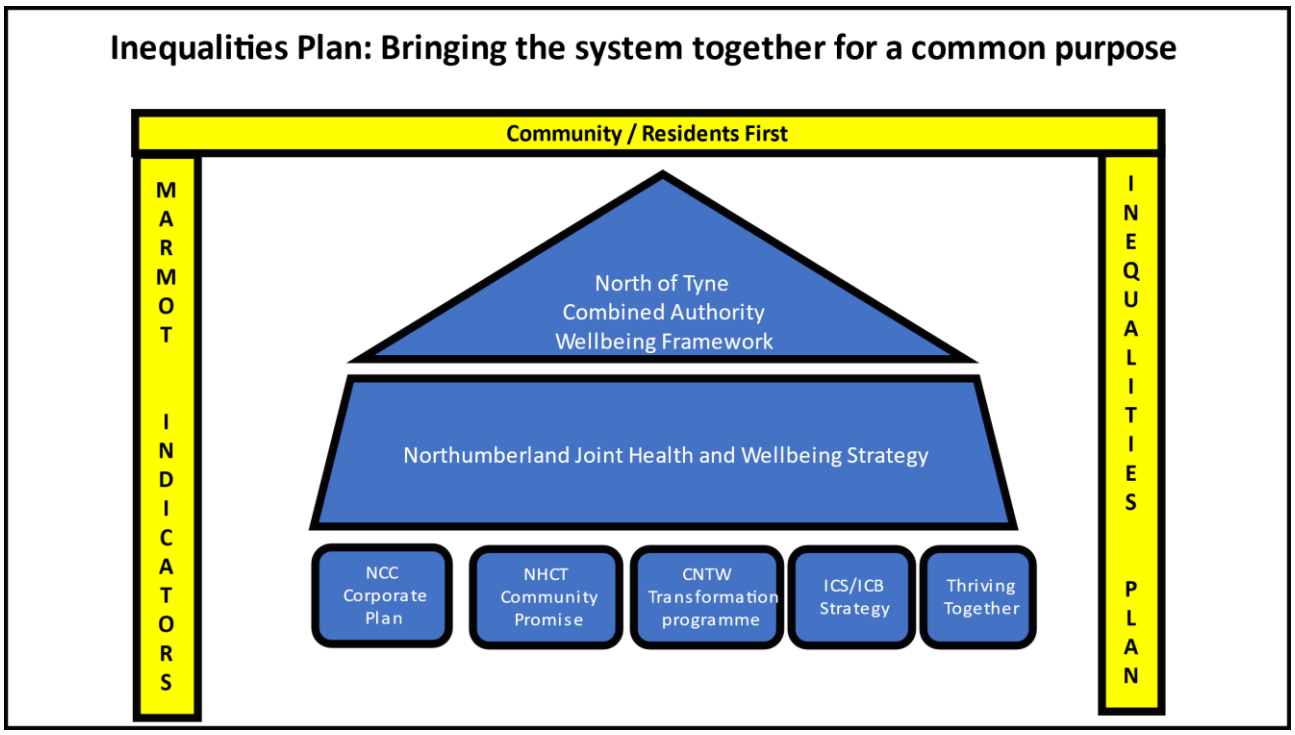


Figure 4. The relationship between existing strategies and action plans and the Northumberland inequalities plan

Key findings from the locality conversations

The locality events focused on the five principles and three questions (see figure 3) from a place-based perspective. Each locality event will have a standalone 'report out briefing' to encapsulate the specific detail for that event (see appendix 1 as an example). For this report a county wide summary has been pooled. In brief initial findings are:

Workshop 1: How mature are we at community centred delivery?

This exercise required participants to consider to what extent community, services and civic agencies were interacting on a scale of 1 (poor/emerging) through to 5 (good/thriving (see appendix 2). The findings highlighted that across Northumberland there is a strong indication from stakeholders that there is more to do to create the conditions which empower communities to take proactive action and maximise working together, especially about coordinated partner behaviours and the development of meaningful neighbourhood level action plans.

Workshop 2; Place Standard Tool

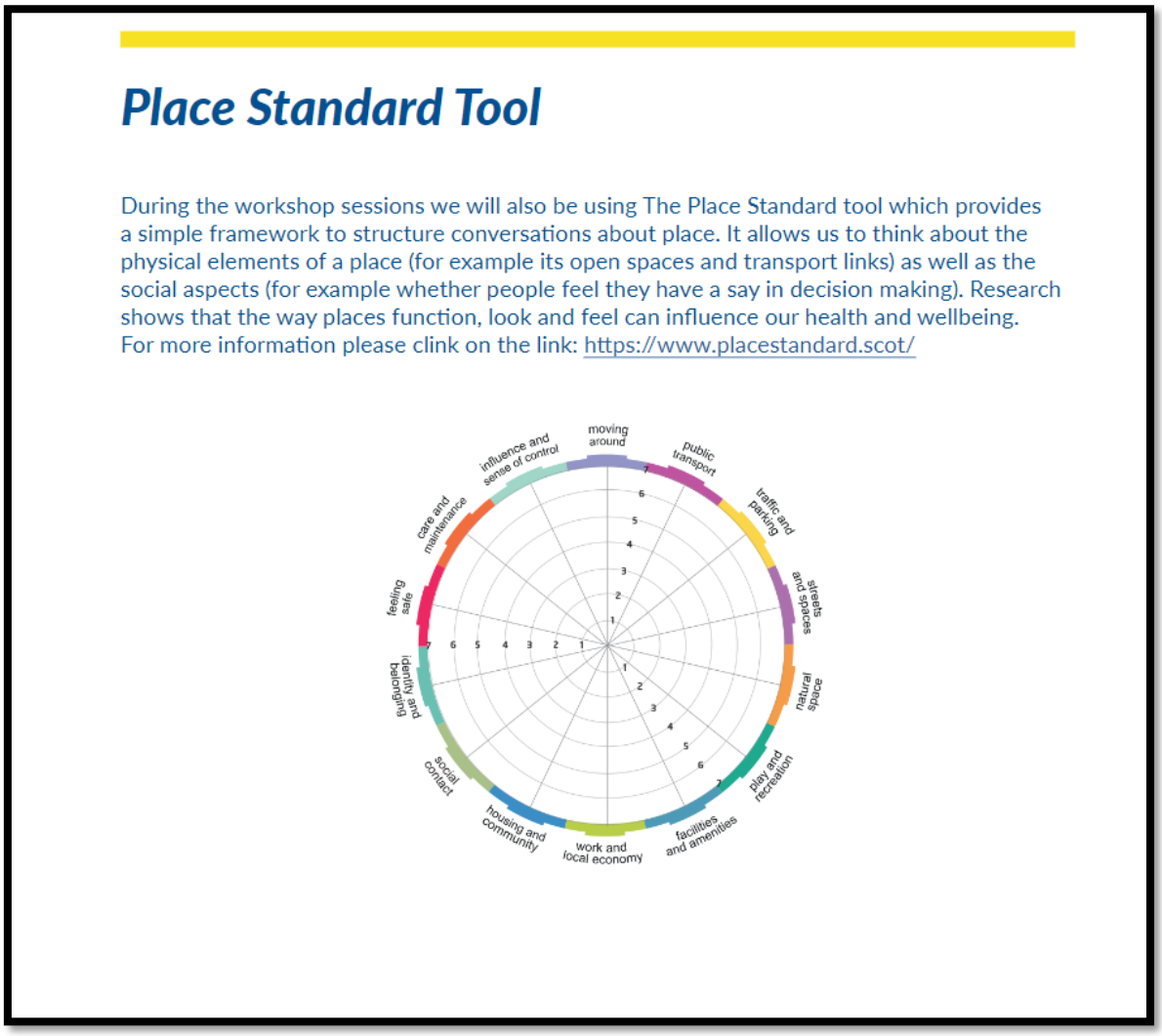


Figure 5: Place Standard Tool

Participants at each locality completed a place standard tool which has been collated into a locality average (see appendix 3). Variation has been considered (though an inequalities lens) across localities and factors such as transport and moving around were less positive in Berwick, Amble and Choppington whilst feeling safe and a sense of belonging were seen to be less positive in Blyth and Ashington. Most areas were a mid-range of levels of satisfaction (3 – 5) for factors such as housing and community and play and recreation. Areas such as Hexham and Morpeth were seen as highly positive on natural space and facilities and amenities. The results are a snapshot from multi-disciplinary professionals who work across the County, and it has enabled the tool to be socialised as a core framework to bring social and economic regeneration together and highlight areas where there are opportunities to close the gap in these social inequalities.

Stakeholders have provided very positive feedback on the utilisation of the tool as a way to engage with residents to understand how to better consider social regeneration as equal to economic regeneration. The intention is for the Place Standard Tool to become a core way to have a different conversation with our residents going forward.

Workshop 3: Top three things to go into an inequalities plan taking into consideration the 5 principles and 3 questions

Bringing all the learning and thinking together towards the end of the locality conversations participants were asked what their key priorities would be for an inequalities plan. All themes identified are already considered within the Northumberland Joint Health and Wellbeing Strategy[2] under the four core themes. The spotlight needs to be on areas of action that can only be done as a system collective. The most dominant themes to emerge included:

1. Deepen the appreciation of inequalities - inclusive of all facets such as rurality or social deprivation or inclusion groups
2. Improve connections in communities and develop community builders roles
3. Better data and evidence sharing
4. Building on the strengths of communities to empower them to do more for themselves – trust and let go
5. Need improved join up of agencies doing things better together (integration)
6. Improve Transport and moving around
7. Increase feeling safe and being socially connected
8. More Affordable housing better spread across the County
9. Increase meaningful employment for local people
10. Improve opportunities for children and young people

There is an overarching appreciation that the biggest drivers to level off and start to close the gap in inequalities will take generational change with national policy shift and significant infrastructure improvements through regeneration and employment. This requires long term commitment to our ambitions for change and to make these a reality requires the steady methodical application of the actions over a period of some years.

The transformation toward a community centred approach means there is a different relationship with each other as public, private and VCSE organisations as well as with our residents which creates a system where everyone is responsible to make the changes happen with shared ownership of resources. This culture change takes time and is fundamental to shifting to looking at everything through an inequalities lens.

There are several supportive / enabling actions which are shorter term measures providing the foundations to create the conditions for the longer-term outcomes that we wish to achieve:

Enabling actions embedded by 2025/26

	Theme 1: Resident's voice equal to data			
	Action	**How measured**	**Who**	**When**
1.1	Residents survey for the system	Statistically relevant returned survey	NCC and partner organisations	Spring 2023
1.2	Community researchers to work into neighbourhoods to run	Community representatives	Thriving Together	Spring 2023

	focus groups to complement survey	trained in community research All dimensions of inequalities reached through focus group community conversations	Health Watch Northumberland NCC ICB	
1.3	Develop neighbourhood networks/ forums combining, where relevant, with existing forums	Grow representation on town boards to better reflect community Community connectors / builders / locality coordinators to attend ABCD training	NCC regen teams NCT PCN Social prescribers Thriving Together	Ongoing through 2023/24
1.4	Develop a system wide intelligence strategy	System strategy signed off and operationally being implemented	System partners	Summer 2023
1.5	Work across the system to ensure Axium as the shared 'data lake' is implemented and delivering for population health management (PHM)	Axium all signed off through information governance and operationalised	ICB NECs NCC	Sumer 2023
1.6	Update the joint strategic needs assessment (JSNA) with locality/neighbourhood level life course infographics and incorporate an Assets and Priorities assessment	Review which indicators can be updated and developed as refreshed dashboard	NCC Public Health	Spring 2023
	Theme 2: Workforce development and coordination			
	Action	**How measured**	**who**	**By when**
2.1	System senior leaders and key influencers to have dialogue with Cormac Russell	5 x 2 hour hearts and minds sessions to build a scale of understanding of ABCD	NCC Public Health to coordinate	Spring 2023
2.2	Community animator roles - Multi agency training on ABCD approach	5 cohorts of 20 multi-disciplinary front-line practitioners trained and utilising new skills	NCC to coordinate with Cormac Russell	Summer 2023
2.3	Improving communications within and across organisations so agencies and residents know what is on offer (complement	Through community connectors and residents groups and town and parish council networks	NCT Thriving Together Town and Parish Councils	Ongoing through 22/23 – 25/26

	Northumberland Front Line) but not only digital inclusion			
	Theme 3: Developing, Commissioning & Delivering services differently (linked to NCC strategic change programme & ICB)			
	Action	**How measured**	**Who**	**When**
3.1	Commissioning teams across NCC & ICB undertake *commissioning through a different lens* training with Cormac Russell	5 x 3 hour training programme for commissioning and procurement teams Contracting differently as a result	NCC ICB NHCT CNTW Thriving Together Health Watch Northumberland	Summer 2023
3.2	All developments and contracts to have ABCD embedded with community-based metrics alongside quantitative outputs	Sample of contracts and specifications to review if ABCD within and outcomes are being measured through an inequalities lens	NCC ICB NHCT CNTW HDFT Thriving Together	Winter 2023/Spring 2024
3.3	Develop place based economic development which starts with understanding social inequalities	All bids for future funding to utilise the Place Standard tool as an approach to having conversations with residents and stakeholders	NCC Neighbourhood networks Residents NTCA	2023/24 and roll out as standard practice
3.4	Integrated working and pooling resources where relevant to do so – starting with best start in life and families as our “leading the way” example	CYP integration senior programme board established collaboration charter being implemented CYP integration forward plan being delivered alongside Family Hubs	NCC HDFT NHCT CNTW PCN Health watch Northumberland	2025/26
3.5	Consider what could communities/residents offer first e.g., volunteering (The Northumberland Exchange), an informal book reading club also offering implicit mutual support to members and families (non-volunteering example)	Develop the volunteering infrastructure with the community connector/builder programme Contract with neighbourhoods in a Northumberland Exchange – ‘if we do this you’ll do that’	Neighbourhood networks /residents forums Health Watch Northumberland Town boards Town a& parish councils H&WB Board partners	2024/25

			Thriving Together	
3.6	Pilot and evaluate a community wealth and equity building programme	Hyper local pilot in self-selecting neighbourhood and test and learn redistribution of resources and difference made	Neighbourhood network NCC Thriving Together Northumbria University	2024/25
	Theme 4: Inequalities Lens			
	Actions	**How measured**	**Who**	**When**
4.1	All organisations adopt the 5 principles and 3 questions in all they do	All H&WB Board members to include in their respective organisational values / mission statements and commission / contract / provide with these in mind	All H&WB Board partners VCSE	2024/25
4.2	Equity reviews as part of all action plans, strategy development, work programmes and adapt service delivery according to results (move beyond only equality impact assessment)	Processes changed for all plans and strategies and service reviews to include an equity audit and outputs and outcomes to reflect equity in access for all services	NCC ICB	2023/24
4.3	Joint working on improving feeling safe and being socially connected within communities. Again using the three questions, recognising that communities have an active function in creating/producing safer environments.	Community safety partnership to come on board with inequalities plan	Community safety partnership Regen NCC Neighbourhood networks NCT	2023/24 and ongoing
4.4	Joint Health and Wellbeing Strategy indicators changed to closing the gap indicators and including a range related to social capital	Review current indicator list and where applicable develop closing the gap indicator dataset. identify and develop social capital indicators e.g. More connections at the local level? More associations active, more clubs and groups including traditionally marginal residents? See Safer	NCC Public Health	2022/23

		and Stronger Communities Fund *Indicators of Strong Communities* (2006)		
4.5	Poverty and hardship action plan inclusive of fuel poverty implemented and monitored	Plan written Cross party members group established and monitoring plan	NCC Members	Autumn 2022/23
	Theme 5: Maximising our civic level responsibilities			
	Actions	**How measured**	**Who**	**When**
5.1	Large employers (anchor institutions) maximise their corporate social value responsibilities – training and employing local people and procuring from local supply chains and encouraging local businesses.	H&WB Board members to provide report into H&WB Board on delivering against their responsibilities Better Health at work award social value evidence Businesses signed up to NTCA Good Work Pledge	NCC NHCT ICB CNTW HDFT TUC Large business e.g. British Volt	Forward plan programme during 2023/24 and then annually thereafter
5.2	Consider how we improve moving into/out of and around the County to maximise opportunities for education, employment and physical health (transport equity audit)	Transport system leaders to sponsor the equity audit and will receive the recommendations Undertake health equity audit on transport inclusive of active travel, public transport, patient transport and community transport Recommendations owned by strategic commissioners and providers JSNA chapter written with recommendations	NTCA & Northeast Joint Transport Committee ICB NCC H&WB Board Cabinet	2024/25
5.3	Work with our small and medium size businesses to ensure staff wellbeing is considered to keep people in good quality work	Develop an employee assistance scheme for SME staff to support health and wellbeing. Evaluate implementation in two local areas	NCC SME NTCA	2024/25 – 25/26

5.4	Improving our town centres as destinations for social connections and economic benefit	Build social connections as a core part of all town centre improvement plans	NCC Neighbourhood networks Town and parish councils	2024/25 and ongoing

If the five supportive / enabling culture-changing actions are delivered within the next three years (2025/26) we will be gaining traction regarding the few key metrics the system can work towards within their individual corporate plans as well as within the overarching Joint Health and Wellbeing Strategy[2] over the next 10 years.

Big ambitions as a system to level off and start to close the gap

To align with the evidence base, as set out by Professor Sir Michael Marmot[6], there are a few core indicators which can track whether an area is levelling off and eventually closing the gap within our communities.

At the time of writing this report England is being impacted by a cost of living crisis and as such there are predicted models estimating many more households are going to be facing poverty and hardship over the coming 6 – 12 months. The current national situation adds to the complexity and uncertainty when developing a local system plan aiming to address the gap in unacceptable and preventable inequalities. Nonetheless, local systems must constantly look to see how and where impact can be made to improve the lives of our residents. It may be over the next two years we see inequalities widen but all will be done to maintain, level off and reduce over the next 10 plus years.

The metrics have been chosen to give short, medium and longer term ambitions for the whole system to sign up to which align with the North of Tyne Wellbeing Framework[7] and the Northumberland Joint Health and Wellbeing Strategy[2].

Alongside the partnership plans there will also be significant work underway over the coming years to tackle inequalities through regeneration programmes such as the Borderlands and Shared Prosperity Funds. The individual anchor institutions will continue to deliver against their corporate social responsibilities and the ICB will grow in maturity as an organisation and deliver against its inequalities agenda.

The actions and process measures to achieve these big ambitions require further consideration as they currently sit across a number of plans and strategies listed above. The Health and Wellbeing Board Task and Finish Group need to refine the more detailed longer term action plan based on if the enabling actions above are approved and endorsed to progress.

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[6] Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J (2020) Health Equity in England: The Marmot Review Ten Years On. Institute of Health Equity.

Marmot M, Allen J, Goldblatt P, Boyce T, McNeish D, Grady M. (2010) Fair Society, Healthy Lives: The Marmot Review. Institute of Health Equity. Available from: https://www.instituteofhealthequity.org/ resources-reports/fair-society-healthy-lives-themarmot-review

[7] North of Tyne Combined Authority Wellbeing Framework

	Big outcomes	Closing the gap ambitions Eng and within Northumberland	How measured	By when
	Best start in life			
1	% of children with good development at 2 – 2.5 yr check	Current gap tbc Trajectory to close tbc	Ages & Stages Questionnaire % across county variation and compared to FSM children	SHORT TERM Baseline 22/23 TBC 2025/26
2	% of children at end of early years with good development	Current gap tbc Trajectory to close tbc	% across county variation and compared to FSM children	SHORT TERM Baseline 2021/22 2025/26
3	% of children with attainment 8	Current gap tbc Trajectory to close tbc	% across county variation and compared to FSM children	SHORT TERM Baseline 2021/22 2025/26
4	% 18 – 24 year olds who are NEET	Current gap tbc Trajectory to close tbc		SHORT TERM Baseline 2021/22 2025/26
	Living conditions			
5	Reducing the gap in communities: feeling safe Sense of belonging Life satisfaction	Differences reported through locality events so need to develop baseline measure	Residents survey Community research Place standard tool in regeneration programmes	SHORT TERM Baseline 21/22 2027/28 closing the gap
6	Reducing the gap in residents eligible to take up benefits and those in receipt	Current gap XX Trajectory to close XX	Citizens Advice Bureau data and intelligence	SHORT TERM Baseline 21/22 2024/25
7	Reducing the gap in fuel poverty[8]	Current gap Trajectory to close	% households in fuel poverty	SHORT TERM Baseline 21/22 2025/26
	Employment			
8	Reducing the gap in access to good quality jobs	Current gap Trajectory to close	% of SME's signed up to North of Tyne Good Work Pledge % employed below living wage	MEDUIM TERM 2026/27
9	Reducing the employment gap. (Women, over 50's, ethnic minority groups, disability and health status)	Current gap xx Trajectory to close xx	% of those with a long term condition / mental health condition and in employment compared to those without LTC/MH	MEDIUM TERM 2027/28

10	Delivering against the whole JHWB Strategy	Including access to good quality health services	Dashboard to be reviewed annually by H&WB Board and adults and health OSC	MEDIUM TERM 2027/2028
	Quality and length of life			
11	Healthy Life expectancy	Current gap Trajectory to close modelled		LONG TERM 2032
12	Life expectancy	Current gap Trajectory to close modelled		LONG TERM 2032

Governance

The inequalities plan will be governed by the Health and Wellbeing Board and will be driven forward by the emerging ICB Place Based Board which is replacing the current System Transformation Board. Work is still underway to align all the various health inequalities groups which are operational across the system.

In addition to this, a cross party members group is being convened to provide support and challenge to the inequalities plan and specifically, the poverty and hardship component of it.

Appendices

Appendix 1. Report from Locality Event

Appendix 2. Maturity matrix for community-centred delivery

Appendix 3. Northumberland Place Standard tool

Implications

Policy	The Northumberland Inequalities Plan supports key policy priorities and themes within the County Council Corporate Plan and member priorities; one of the priorities of the NENC (North East and North Cumbria) Integrated Care System; and the corporate plans of a variety of partner organisations integral to successful delivery of the plan.
Finance and value for money	The cost of health inequalities can be measured in both human terms, lost years of life and active life; and in economic terms, the cost to the economy of additional illness. In 2010, the Marmot Review estimated the cost of inequalities and concluded that health inequalities lead to: Productivity losses of £31-33 billion per year; lost taxes and higher welfare payments in the range of £20-32 billion per year; direct NHS healthcare costs of £5.5 billion (but this figure related only to costs associated with acute activity, prescribing and mental health activity, which represent approximately one third of the NHS budget. https://www.instituteofhealthequity.org/file-

[8] Note with the cost of living crisis and predicted significant additional financial pressures placed on families during 2022/23 and into 23/24, every effort will be to maintain levels and not further widen the gap with more households finding themselves in poverty. There is ambition to do all possible at a local level to reduce the fuel poverty gap whilst being aware that many of the levers are national policy and fiscal changes required.

	manager/FSHLrelateddocs/overall-costs-fshl.pdf). Addressing inequalities using evidence-based interventions will increase economic output and reduce health, social and welfare costs in the longer term.
Legal	The Equality Act 2010 does require public authorities to think about the need to: remove or reduce disadvantages suffered by people because of a protected characteristic; meet the needs of people with protected characteristics; and encourage people with protected characteristics to participate in public life and other activities. Section 1 of the Equality Act 2010 requires authorities, also including local councils, the police and most government departments, to carry out their functions having "due regard to the desirability of exercising them in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage" but has not been effected in England. Local authorities have a duty to take appropriate steps to improve the health of their 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	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.
Human Resources	The Northumberland Inequalities Plan has a significant workforce development element to shift how we work differently with our residents
Property	No specific implications for property
Equalities (Impact Assessment attached) Yes ☐ No ☐ N/A x	An EIA has not been completed because the whole purpose of the action plan is to reduce inequalities across a wider spectrum than the protected characteristics.
Risk Assessment	
Crime & Disorder	Taking a more community centred approach to tackling inequalities will include consideration of anti-social behaviour and working towards more cohesive connected communities with local solutions. Communities with greater social cohesion and social capital generally have lower levels of crime and ASB

Customer Consideration	The inequalities plan has taken into consideration the views and feedback from the locality events. One of the pillars of the plan is to strengthen communities and the council's community focus.
Carbon reduction	Measures intended to reduce carbon emissions e.g.carbon and energy taxes and restricting support to install replacement heating systems may disproportionately affect the finances of lower-income households and contribute to greater levels of fuel poverty. This can jeopardise the acceptability and effectiveness of such climate policies. All policies which are primarily about carbon reduction should have the aim of reducing both social inequality and greenhouse gas emissions (e.g. improving energy efficiency in buildings or investing in sustainable public transport and active mobility). In some instances there is a tension between the two which will need to be acknowledged and addressed.
Health and Wellbeing	The inequalities plan will focus on a few key metrics to measure progress towards addressing the health, social and economic inequalities faced by many of our residents and thus improving the health and wellbeing of the population
Wards	All

Background papers

Fair Society, Health Lives (The Marmot Review)

Estimating the costs of health inequalities Frontier Economics Ltd, London. A report prepared for the Marmot Review

Northumberland Joint Health and Wellbeing Strategy (2018-2028)

North of Tyne Combined Authority Wellbeing Framework

Report sign off.

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

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

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Appendix 1: Locality report out briefing template

See below an example of a newsletter that will be used as a template and adapted for each area/locality.

Thriving Together

Inequalities Plan Locality Events

Newsletter – August 2022

Thriving together to tackle inequalities in Northumberland

Key stakeholders across the county are working on a major plan to tackle inequalities in Northumberland.

Recent local events took place, following a summit earlier this year when key stakeholders and senior leaders from the County Council, the NHS, voluntary and private sector including businesses came together. It marked the first in the series of conversations which gathered organisations together to start to plan a way forward to tackle inequalities which includes working differently with our communities.

Life expectancy for people living in the least deprived areas of Northumberland is 87 years whilst for those living in the most deprived areas it is 75. This is a 13-year gap which is preventable and unacceptable as some people are ill too soon and dying too young.

Information from the local stakeholder events is now being collated and considered. An initial high level Inequalities plan will be developed and presented to Health and Wellbeing board in September for approval before the next layer of conversations deeper into local communities.

Alnwick Locality Event

Thank you once again for joining the *Alnwick* locality event. Your involvement will help us to develop the Inequalities Plan and thanks to your input it will reflect the whole of the county and the wider voices of key stakeholders.

Together we looked at the wider determinants of health and how we can influence them. Other issues and considerations were also made and will be explored in more detail outside of this workstream, with contacts made at the event.

On the day we heard a presentation from Cormac Russell, international leader in asset based community development.

Cormac is a social explorer, an author and a much sought-after speaker. He is Managing Director of Nurture Development and a faculty member of the Asset-Based Community Development (ABCD) Institute, at DePaul University, Chicago. Over the last 25 years, Cormac's work has demonstrated an enduring impact in 35 countries around the world. H

We also had *a video inject from the Forget Me Nots*, a great example of building community strengths.

Delegates worked together to assess where we were in against the maturity index. Findings can be seen here:

Graphic to be inserted

What next?

Inequalities is a key priority for us and the Northumberland Inequalities Plan will be presented to the Health and Wellbeing Board in the autumn of 2022.

Northumberland
County Council

Appendix 2

Maturity matrix

Workshop 1: How mature are we here [NAME OF PLACE:] in community-centred approaches at the level of place?			
factors	**Emerging definition**	**Thriving definition**	**On a scale of 1-5, how close are we to thriving?**
Graduated community support	No apparent priority given to address need for community development.	Evidence that support to communities has improved their capacity, capability and engagement.	
Learning and training	Learning and training schemes about community engagement and development are haphazard and uncoordinated, with little overall strategy.	Planned learning, skills development and support for community participants is strong and consistent. Training for community champions and volunteers is well developed and widespread. Joint training with statutory sector staff takes place regularly.	
Monitoring and evaluation	No real joint work between voluntary and charitable (VCSE) sector members and their funders around setting up monitoring and evaluations systems.	Regular feedback provided on positive effects of community engagement and any issues of concern. Learning is reviewed and recorded to improve future joint working.	
Practical asset mapping	Little account taken of community assets or locally identified lack of assets. Planning is top-down rather than ground-up.	Up-to-date knowledge of key assets (e.g. local leaders; well-used community venues and infrastructure etc.) are shared systematically by working partners and	

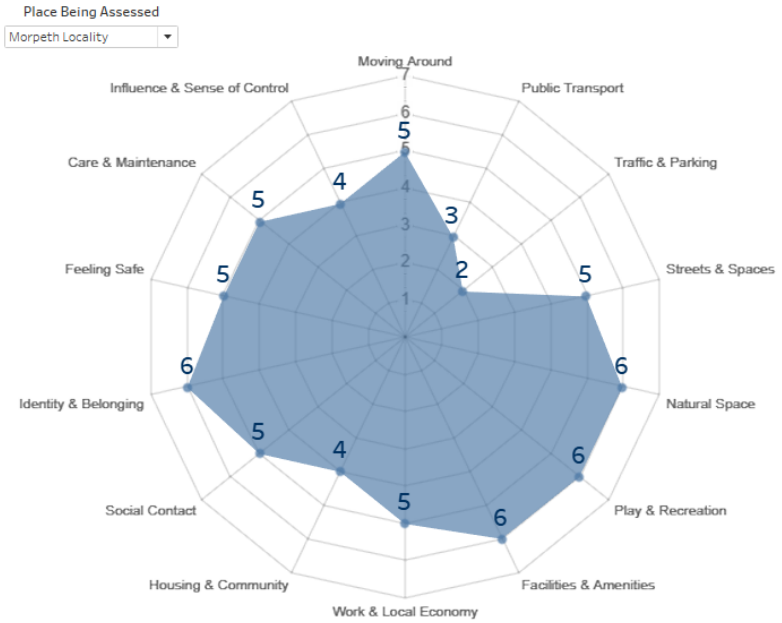
		community leads. Planning happens jointly whenever possible.	
Community based perspectives	Community consultation on plans with formal representatives is limited and takes place at a late stage in the process.	The assessment of a community's needs, wants, barriers and aspirations is completed by trained and supported community members. Their research and findings ensure all community development work reflects the wishes of that community.	
Neighbourhood action plans	A range of community-focussed goals and actions established separately by different external stakeholders.	The agreed contributions of community and other interested parties (external stakeholders) are clear. Formal mechanisms are in place to check all parties are sticking to the agreed principles of behaviour.	
Coordinated partner behaviour	External organisations from a range of different sectors continue to work in priority communities in largely uncoordinated schemes.	Integrated systems enable individuals and families to determine key decisions and set priorities.	

Appendix 3

Place Standard Tool Data Analysis - Visual Example – showing Morpeth locality (partially complete further data still to input)

Northumberland **Place Standard Tool**

Below, you can see the results of your responses in the radar chart on the left, alongside the overall average rating for all responses in the table on the right. Hover over any figure for more details.



1. Can I easily walk and cycle around using good-quality routes?	4.5
2. Does public transport meet my needs?	3.5
3. Do traffic and parking arrangements allow people to move around safely and meet the community's needs?	3.6
4. Do buildings, streets and public spaces create an attractive place that is easy to get around?	5.3
5. Can I regularly experience good-quality natural space?	5.6
6. Can I access a range of space with opportunities for play and recreation?	5.2
7. Do facilities and amenities meet my needs?	5.5
8. Is there an active local economy and the opportunity to access good-quality work	4.8
9. Do the homes in my area support the needs of the community?	4.1
10. Is there a range of spaces and opportunities to meet people?	5.2
11. Does this place have a positive identity and do I feel I belong?	5.8
12. Do I feel safe here?	5.5
13. Are buildings and spaces well cared for?	5.0
14. Do I feel able to take part in decisions and help change things for the better?	4.2

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CABINET

13TH SEPTEMBER 2022

Proposals for the allocation of the Public Health ring-fenced grant reserve to reduce health inequalities

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

Report of Cabinet Member: Cllr Wendy Pattison, Adults' Wellbeing

Purpose of report

This report describes the process undertaken to agree proposals for additional investment in public health interventions from the ring-fenced public health grant to reduce health inequalities; and to make recommendations.

Recommendations

Cabinet is recommended to:

- Approve the allocation of funding from the Public Health reserve as proposed in this report.
- Delegate to the Director of Public Health the precise expenditure of the funding set aside to address issues around poverty.

Link to Corporate Plan

This report is particularly relevant to one of the two overarching themes of the NCC Corporate Plan 2021-2024: Tackling inequalities within our communities, supporting our residents to be healthier and happier. It is also relevant to the Living, Learning and Enjoying priorities.

Key issues

- There is a requirement when using any funds from underspend to comply with the conditions of the use of the annual public health grant, which means that the funds must be spent on public health functions (1).
- This report describes a prioritisation exercise undertaken for allocation of part of the public health reserve that has accumulated from underspend. Criteria were developed and weighted to score bids that were sought from within the public health team and from other teams across the council. Criteria with the highest weighting were: 'aim to reduce inequalities' (20%); and 'local need', 'evidence of impact/ effectiveness', and 'prevention' (each 15%). A higher score was given if the goal was *primary* prevention (preventing illness or maintaining health), in line with public health principles.
- A total of 13 projects costing £2,543,000 were provisionally approved by the senior team assessing and scoring bids, pending Cabinet approval. These ranged from

£1,500 to £1 million in individual cost. Four proposals of relatively low value individually (£23,000 in total) were approved as business as usual. Supported bids with the highest cost were for: poverty (£1 million); a selective licensing scheme for privately rented homes (£710,000); NHS Health Checks programme redesign (£300,000); Children and Young People's Emotional & Mental Health Support (£210,000); and the evaluation of integration of services for children, young people and families in Northumberland (£150,000).

Background

Conditions of the public health grant

Northumberland County Council receives a public health grant from the Department of Health and Social Care. There are conditions for the use of this grant, which is ringfenced for use on public health functions. The grant must be used only for meeting eligible expenditure incurred or to be incurred by local authorities for the purposes of their public health functions as specified in Section 73B(2) of the National Health Service Act 2006. If payments are made out of the fund towards expenditure on other functions of a local authority or the functions of an NHS body, other public body, or a private sector or civil society organisation, the authority must be prepared to demonstrate that those functions have a significant effect on public health (1). If at the end of the financial year there is any underspend, local authorities may carry these over, as part of a public health grant reserve, into the next financial year. In using those funds in following years, local authorities still need to comply with the grant conditions.

A public health reserve has accumulated from underspend over recent years which at the end of 2021/22 totalled £5,149,659. This has largely arisen from a very precautionary approach being taken to committing recurrent or large-scale one-off expenditure in the light of uncertainty about future funding. Up until 2020/21, the grant had been reducing year on year since its inception and information on the envelope of funding for any year was usually only made available in the last few weeks of the preceding year which hampered the financial planning process. For the first time, the Treasury has committed funding for the next three years (2022/23 - 2024/25) which provides some confidence in committing the reserve, knowing that there is less of a risk of a significant reduction in the grant value and therefore a potential gap in planned expenditure and income that the reserve would need to fill to enable an orderly decommissioning of services.

We are now therefore able to commit significant expenditure of the public health reserve in a way which ensures it is not only spent in a timely manner but spent in accordance with the grant conditions whilst ensuring transparency and value for money, improving the health of the population of Northumberland and reducing health inequalities. A prioritisation exercise was therefore undertaken to determine what services and interventions should be funded (and by how much) within this fixed, non-recurrent budget to achieve maximum benefit (referred to as 'allocative efficiency' in economic terms).

Reducing inequalities

In some parts of Northumberland, residents are dying up to 12 years earlier than those in other areas, and spending longer living in poor health. There is a common purpose and ambition to reduce health, social and economic inequalities in Northumberland. To achieve this ambition, the Northumberland system has come together to develop a system-wide Inequalities Plan. This plan will focus on a few key enablers which will support an improvement in a focused collection of short, medium and longer-term indicators which will

demonstrate that inequalities are narrowing and outcomes for our residents are improving. Northumberland County Council has committed to supporting the development and implementation of the Inequalities Plan.

Reducing inequalities has been a key criterion in determining how to propose allocation of funding from the Public Health reserve. Each of the recommended bids can be expected to contribute to reducing inequalities in Northumberland.

Prioritisation process and outcome

In undertaking a prioritisation exercise, the health economic principle of 'opportunity cost' has been paramount. The opportunity cost is the loss of (health) benefits from not investing in a more cost-effective intervention. Building on a previous prioritisation exercise for the entire annual public health budget, a business case template was developed that incorporated and weighted key criteria on which to assess potential bids (see Table 1), similar to multi-criteria decision analysis (MCDA). Bids were requested from the public health and community services, children's services, adults' services and NCT teams . These bids were scored by a team of five assessors within the public health team against the weighted criteria to inform decision making.

Cabinet may also wish to note that £100,000 has already been committed from the Public Health reserve to part-fund a strategic Creative Health Manager. This was agreed at a System Transformation Board meeting earlier in the year; is aimed at supporting the delivery of the recommendations in the 2019 Director of Public Health Annual Report (Creative Health); and supports the Northumberland cultural strategy. The post, which has matched CCG funding, will be working across NHS, local authority, VCSE, communities and cultural organisations over 3 years to increase our capacity to use creativity to improve health and wellbeing and reduce inequalities.

Following scoring and discussion, Cabinet is asked to approve allocation of funding to nine projects or interventions (Table 2), described here in more detail. An example of a completed business case is attached at Appendix 1. A further four projects totalling £23,000 will be supported as business as usual.

Children and Young People's Emotional & Mental Health Support (£210,000)

This funding will provide an additional £210,000 within Northumberland over the next 3 years to help support children and young people with low level emotional wellbeing and mental health needs. The emphasis is on developing resilience and coping in children and young people as we learn to live with COVID-19. NCC will work closely with partners to identify appropriate evidence-based resources.

All services in Northumberland which provide emotional wellbeing and mental health support to children and young people are reporting unprecedented increases in demand. A similar picture is seen across the UK and COVID-19 is a contributory factor. There is evidence that COVID-19 has disproportionately impacted the mental health and wellbeing of children and young people experiencing other forms of disadvantage, those with

existing mental health difficulties, those with special educational needs and disabilities (SEND), and girls and young women.

Providing additional resources will directly contribute to the Northumberland Joint Health and Wellbeing Strategy, helping to give children and young people the best start in life and supporting the cross-cutting theme of improving mental wellbeing and resilience.

Evaluation of integration of services for Children, Young People and families in Northumberland (£150,000)

This initiative will enable NCC to work with local universities to design and undertake an evaluation of the integration of children's services in Northumberland, including the new Family Hubs model. NCC has embarked on a two to three-year programme of integration of services for children and young people. This is innovative, collaborative work which is being undertaken at a system level in Northumberland which recognises that services exist within a complex system and that delivering at the front line and into key settings such as education is where we can achieve the biggest difference in quality and efficiency. The emphasis of this work is on making the best use of our collective resources, addressing health and social inequalities while supporting the development of resilience and resourcefulness of children and families.

The purpose of this evaluation is to identify and share learning about the process of integration and to understand the impact of this work, particularly from the perspective of children, young people and their families. Working with academic partners will enable us to develop a high-quality evaluation, share learning widely, and highlight the innovative work that is being done with partners across the county.

NHS Health Checks transformation (£300,000)

NHS Health Checks aim to reduce the chance of a heart attack, stroke or developing some forms of dementia in people aged 40-74 years. The provision of NHS Health Checks is a condition of the Public Health grant. They are currently delivered exclusively in General Practice based on a tariff per completed health check. However, there is evidence that fewer people from more deprived areas who are most likely to benefit have an NHS Health Check, thus increasing health inequalities.

One-off funding would be used to support a major redesign of the NHS Health Check programme to enable direct delivery by health trainers (and potentially other staff) in community settings outside of General Practice in order to target those most at risk of

premature mortality and reduce socioeconomic inequalities in uptake. Funding will be needed for the following:

- Procurement of point of care testing devices.
- Staff training.
- Procurement of third party to manage the identification and invitation of eligible population (if needed).
- Procurement of electronic health record to record data with interoperability with local GP practice systems.
- COVID-19 cohort catch up: to pay for additional costs owing to the need for the programme to catch up for those eligible who missed a health check during the pandemic.
- Development of a digital offer (if needed).

A hybrid arrangement may be developed whereby General Practices continue to undertake NHS Health Checks for their eligible patients, and this is supplemented by Health Trainers undertaking NHS Health Checks in community settings using an outreach model to reduce inequalities in uptake (funded for 3 years from the Public Health reserve). This will be decided by option appraisal following confirmation of Cabinet approval for funding.

Poverty (£1 million)

It is proposed to contribute £1 million from the Public Health reserve to support the implementation of the NCC Poverty Action Plan (part of the system-wide Inequalities Plan) over 18 months.

It is anticipated that many local households will face considerable financial hardship over the coming winter months. Annual inflation rate is the UK highest since March of 1992, with rising costs of energy, food, and transport having particular impact. Many households will struggle to afford basic necessities. This will have significant long-term health implications on many people in Northumberland, and contribute to increased health inequalities because people on low income will be worst affected.

Several gaps in support available have been identified:

- Central Government funding for the replacement of any condensing gas boilers will cease in July 2022.
- The Warmer Homes Scheme is NCC's new in-house scheme for the delivery of government funding for the retrofit of domestic dwellings. It is targeted at households with an income below £30K/year in low energy rated properties. The total number of properties that the scheme will support is limited to 400.
- The Household Support Fund (managed by Northumberland Communities Together) is primarily used to support households in the most need. The current funding is from 1st April to 30th September 2022, with no confirmation of continuation at this stage.
- Northumberland Emergency Transition Support provides grants or loans to people in a crisis. Awards are limited to two per year of £1000 whichever comes first, the average transition award is £509.
- There is a lack of capacity across the VCS and NCC teams/ organisations to appropriately support individuals to navigate the systems and support in place to help them. Support needs to be tailored, and vulnerable groups require increased

support to help identify bona fide contractors, practical structural help such as loft clearance, accessing proof of benefits.

Final decisions on specific funding will be made once the Poverty Action Plan is developed but the recommendation is that the public health grant contribution will be towards longer term sustainable and upstream interventions rather than short term emergency funding.

Selective Licensing of Rental Properties (£710,000)

Selective licensing is a tool available to local authorities to address the impact of poor-quality housing, management, and anti-social behaviour associated with tenants. It has primarily been developed with the need to tackle these problems in areas of low housing demand that suffer from significant and persistent anti-social behaviour. As well as improving housing standards, selective licensing can create sustainable neighbourhoods providing tenants with a greater choice of safe, good quality and well managed accommodation.

Improvement in health is achieved by preventing exposures to hazards that cause disease or injury and the chronic (housing related) stress which leads to ill health, as well as improving the health of people with chronic disease.

The proposal is to designate the area of Cowpen Quay as an area for selective licensing. Funding is sought for 5 years to meet the costs that cannot be met from the income from the scheme. Evaluation will be built in, the evidence from which will inform a decision about continuing the scheme through the normal NCC budget or PH grant budget setting process.

Table 1. Criteria, definitions and weighting for informing prioritisation exercise for allocation of the Public Health reserve

Criterion	Definition	Weighting
1. Local need	The level of need that is strategically aligned to existing objectives. This is expressed need as well as any predicted need based on intelligence available.	15%
2. Aim to reduce inequalities	The programme aims to close the gap in healthy life expectancy both to England average and within Northumberland.	20%
3. Evidence of impact/ effectiveness	Quality of the evidence available which includes theoretical underpinning of programmes as well as evidence in outcomes: credibility of source, generalisability to real world applicability.	15%
4. Prevention	To what extent is the programme area focused on primary prevention (maintaining people's health before they become ill); the earliest possible intervention	15%
5. Building Community Strengths	The degree to which the programme is community centred. Community-centred approaches are not just community-based, they are about mobilising assets within communities, promoting equity and increasing people's control over their health and lives.	5%
6. Value for money	Extent to which evidence is available that shows that costs and harms are outweighed by the benefits. (This is not higher because published evidence is not always available for public health interventions.)	5%
7. System benefits and inter-dependencies	The impact and level of connectedness between this programme for common outcomes with other services/ partners (including co-commissioning and/ or delivery, quality, flexibility and availability) in the local public and voluntary sector system; reflecting the level of risk to the wider system if this programme was not in place.	5%
8. Outputs / outcomes to demonstrate impact	Reasonable outputs (quantitative and qualitative) that can be tracked and measured to report benefit in spend.	10%
9. Sustainability / exit plan	A well-considered exit strategy given that this is one-off, non-recurrent funding.	10%

Table 2. Projects recommended for funding

Name and brief description	Funding	Average weighted score
1. **Children and Young People's Emotional & Mental Health Support**: see text	£210,000	72%
2. **Evaluation of integration of services for Children, Young People and families in Northumberland**: see text	£150,000	75%
3. **HENRY (Health, Exercise, Nutrition for the Really Young) training for Early Help staff**: evidence-based programme working with families with children from conception to 12 years to promote healthy weight.	£20,000	76%
4. **Lung Cancer Health Checks**: contribution to early adoption of early identification of treatable lung cancer by offering low-dose CT scan to people aged 55-74 years with chronic obstructive pulmonary disease and smoking history in SE Northumberland where incidence is almost twice the national average.	£30,000	67%
5. **Making Every Contact Count (MECC) training grants to voluntary and community sector (VCS) groups**: to cover costs such as backfill, travel, and room hire for training in brief conversations and signposting to improve health and wellbeing (MECC), and community activities to put MECC into practice.	£50,000	71%
6. **NHS Health Checks programme redesign**: see text	£300,000	75%
7. **Poverty**: see text.	£1M	74%
8. **Selective Licensing of Rental Properties**: see text.	£710,000	81%
9. **Vaccination midwife**: short-term funding to promote COVID and other vaccination among pregnant women in Northumberland	£50,000	75%
TOTAL	**£2.52M**	

Implications

Policy	All of the proposed projects are intended to improve health and reduce inequalities in health. Impact on health inequalities is a key criterion on which projects were assessed. The Northumberland Corporate Plan 2021-2024 identifies addressing inequalities as one of two overarching priorities.
Finance and value for money	Funding will be met entirely from the Public Health reserve. The extent to which published evidence is available on value for money of the proposed intervention was a criterion in the prioritisation of projects.
Legal	Funding must meet the conditions for use of the Public Health grant (1). The Local Authorities (Functions and Responsibilities) (England) Regulations 2000 confirm that the matters within this report are not functions reserved to Full Council
Procurement	Several projects will require procurements. Procurement advice will be obtained to ensure that any commissioning or contractual arrangements entered into are compliant.
Human Resources	Several projects will require training of existing staff or recruitment of new staff.
Property	None identified
Equalities (Impact Assessment attached) Yes ☐ No x N/A ☐	Impact on health inequalities was a key criterion of the prioritisation exercise and so has been considered and scored for each project.
Risk Assessment	Risks have been identified in business case templates and project leaders are expected to produce a detailed project plan and risk assessment for projects with a higher value.
Crime & Disorder	Selective licensing of rental properties is expected to have a positive impact on anti-social behaviour.
Customer Consideration	Many of the projects can be expected to improve customer or resident satisfaction e.g. NHS Health Checks, Poverty interventions, Health Trainer website.
Carbon reduction	Carbon reduction has not been specifically assessed within business case templates. None of the projects proposed are expected to increase the release of greenhouse gases that contribute to global heating. Some interventions which may be considered as part of the poverty reduction plan may contribute

	to carbon reduction. Having completed the carbon impact assessment, the overall impact assessment for this proposal is: 0.57 which includes: Policy score: 1 Partnerships and Engagement score: 1 Heating score: 1 Transport score: 0 Renewable Energy Generation score: 1 Carbon Sequestration: 0 Waste score: 0
Health and Wellbeing	All projects are explicitly intended to improve health and wellbeing of Northumberland residents, and reduce health inequalities.
Wards	Most projects are Northumberland-wide, but some cover specific areas e.g. Selective Licensing of Rental Properties covers Cowpen Quay; Lung Cancer Health Checks will initially be in SE Northumberland. All projects are intended to reduce socio-economic inequalities in health and so will be expected to have greater impact in more deprived areas.

Background papers:

1. **Department of Health and Social Care.** Public health ringfenced grant 2022 to 2023: local authority circular. [Online] February 07, 2022 https://www.gov.uk/government/publications/public-health-grants-to-local-authorities-2022-to-2023/public-health-ringfenced-grant-2022-to-2023-local-authority-circular

Report sign off.

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

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Monitoring Officer/Legal	Suki Binjal
Executive Director of Finance & S151 Officer	Jan Willis
Relevant Executive Director	Liz Morgan
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June 2022
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Appendix 1: Provisionally approved Public Health reserves funding bids

1. Children and Young People's Emotional & Mental Health Support
2. Evaluation of integration of services for Children, Young People and families in Northumberland
3. HENRY (Health, Exercise, Nutrition for the Really Young) training for Early Help staff
4. Lung Cancer Health Checks
5. Making Every Contact Count (MECC) training grants to voluntary and community sector (VCS) groups
6. NHS Health Checks programme redesign
7. Poverty
8. Selective Licensing of Rental Properties
9. Vaccination midwife

1.

Children and Young People's Emotional & Mental Health Support

Public Health Reserves Funding Bid Request

Name of scheme:	**Additional emotional wellbeing and mental health support for children and young people**
1. Brief summary of programme/intervention covering: A. **Local need** B. **How will it reduce inequalities?** C. **Evidence of effectiveness** D. **Scale of prevention (primary, secondary, tertiary)** E. **How will it build on community strengths?** F. **Value for money**	This case is for funding to commission additional resource within Northumberland to support the emotional wellbeing and mental health needs of children and young people during the next 2-3 years. Working with partners, additional, evidence-based resources would be commissioned to strengthen the offer to CYP with low level emotional wellbeing and mental health problems: i. To strengthen the prevention offer and develop resilience in CYP ii. To provide additional time-limited capacity to manage increased demand on current services Further work with multiagency stakeholders is required to identify the specific resources / interventions that would have greatest impact. It is anticipated that where possible these would build on existing provision (e.g. expanding offer provided by current VCS partners). Resources / interventions would be child and family focused. Examples of potential interventions include i. Specific programmes such as RelaxKids, or extending provision of Incredible Years ii. Extension of existing VCS provision (e.g. increasing 1:1 counselling support for children, young people and their families) iii. Group approaches for children, young people and families. iv. Fixed term contracts for specific roles (e.g. emotional resilience support workers within school nursing)

	Local need: All services in Northumberland which provide emotional wellbeing and mental health support to children and young people are reporting unprecedented increases in demand. This includes school nursing, the Northumberland Inclusive Education Service, the Primary Mental Health Work (PMHW) Team, Children and Young People's services and voluntary and community services. There is a graduated approach to emotional wellbeing and mental health support to children and young people in Northumberland; support for those with low level needs includes school nursing (including Chat Health), voluntary sector support (mainly in Trailblazer areas of Ashington, Bedlington, Blyth and Hexham) and online resources (Kooth). Referrals to school nursing have doubled compared to pre-pandemic levels. Much of the increase is for emotional and psychosocial advice and support which accounted for 42% of face to face contacts with a school nurse in 2021/22 compared to 19% in 2018/19. This has contributed to sustained increases in waiting times to see a school nurse in Northumberland. All referrals are triaged within 48hrs. Following triage, the maximum waiting time for an intervention is 26 weeks, with the longest waiting times in the Central and South East localities. COVID-19 has disrupted the implementation of whole school approaches to emotional wellbeing and mental health across Northumberland. Inequalities: There is evidence, summarised by OHID, that COVID-19 has disproportionately impacted the mental health and wellbeing of children and young people experiencing other forms of disadvantage, those with existing mental health difficulties, those with SEND and girls and young women. The localities with the longest waiting times and largest number of children waiting for school nursing interventions include the most disadvantaged communities in Northumberland. Prevention levels: This will potentially have an impact on all levels of prevention. The main impacts will be on primary prevention by promoting good mental health and secondary prevention by supporting children and young people who may be at higher risk

	of experiencing mental health problems. Some interventions / resources may support children, young people and families who have existing mental health problems to stay well. <u>Community strengths:</u> Opportunities for utilising community resources would be explored with partners. Strengthening resilience in children, young people and their families will contribute to developing community resilience.
2. Outputs / outcomes expected to be achieved and by when	The expected outputs / outcomes are: • An increased offer of support for children, young people with low level emotional wellbeing and mental health needs (specific resources to be determined by key stakeholders) • Uptake of this offer and positive feedback from children, young people, families and other stakeholders • Reduced referrals to services, particularly school nursing from schools and primary care with low grade EWMH problems • Impact on other services - reduced waiting times will potentially prevent worsening of symptoms and escalation of issues to other services (eg PMHWs)
3. System benefits and interdependencies e.g. • **Health in all policies** • **Joint Health & Wellbeing Strategy** • **Part of PCN inequalities plan** • **Links to Covid inequalities HIA**	The increasing need for emotional wellbeing and mental health support affects the whole system. • This directly supports the Joint Health and Wellbeing Strategy, two of the key themes of which are giving children and young people the best start in life and empowering people and communities. Priority areas in this theme include providing the best quality education and ensuring that all children and young people feel safe and supported in all areas of their lives. Improving mental wellbeing and resilience is a cross cutting theme across all key themes of the JHWS. • The socio-economic determinants that adversely affect outcomes for children and young people are also associated with disproportionate impacts from COVID-19. • PCNs will be involved in Family Hubs and integration; a number have identified children and young people in their priorities

	• Mental health has been identified as the top priority of the North East and North Cumbria's Child Health and Wellbeing Network.
4. Do you anticipate that a procurement will be required?	Procurement may be required but this depends on the specific interventions / resources identified by stakeholders. It is more likely that several smaller commissions would be undertaken which would not require procurement.
5. Funding A. **Total amount requested and over how long** B. **Forecast spend over duration of programme e.g.:** • **All up front (e.g. a purchase)** • **Monthly (staffing costs)** • **Procurement timeline to be worked up** • **Delay and then spend back end of programme** C. **Match funding opportunities?**	• To be confirmed, depending on additional resources identified but estimate £210k over 3 years (e.g. approx. £70k per year). This amount would enable funding of fixed term contracts if required. • This may involve some upfront spending (e.g. purchase of training package / resources) • It is possible that there may be some match funding opportunities from other commissioners.
6. Exit strategy / sustainability plan	This case is to commission additional resource for a fixed period. The intention is to provide additional capacity to help manage immediate levels of unprecedented demand. This would provide some "breathing space" to enable services to collaboratively review and plan a sustainable longer term system-wide response.

7. Risks to be managed e.g. • **Workforce available to recruit** • **Procurement delivers to time** • **Financial risks** • **Safeguarding** • **Risks to credibility, relationships or reputation**	• Securing agreement with partners regarding interventions which will have the most impact • There are challenges in recruiting some specialist roles. However, interventions for those with low level emotional / mental health need may be delivered by non-qualified staff • Existing services, e.g Early Help and schools may not have capacity to implement interventions / programmes if training/resources are provided. VCS organisations may not have capacity or be able to obtain additional resources to expand their offer • Risk of temporary funding: This programme needs to be concurrent with the development of a sustainable longer term multiagency response which will require effective systems leadership. Introduction of additional funding may raise future expectations which need to be managed.

2.

Evaluation of integration of services for Children, Young People and families in Northumberland

Public Health Reserves Funding Bid Request

Name of scheme:	**Academic evaluation of integration of services for Children, Young People and families in Northumberland**
A. **Brief summary of programme/intervention covering:** A. **Local need** B. **How will it reduce inequalities?** C. **Evidence of effectiveness** D. **Scale of prevention (primary, secondary, tertiary)** E. **How will it build on community strengths?** F. **Value for money**	This case is for funding to commission academic partners to design and undertake an evaluation of the integration of children's services in Northumberland, including the new Family Hubs model. Innovative, collaborative work is being undertaken at a system level in Northumberland. The purpose of this evaluation is i) to identify and share learning about the process of integration and ii) to understand the impact of this work, and obtain the perspective of children, young people and their families. There is limited capacity and skills within NCC to design and undertake the robust academic evaluation that a programme of this size warrant. Given the scope and duration of the integration programme it is anticipated that embedded researcher(s) will be required. An initial meeting with academic partners and OHID has been arranged for Friday 17th June. Integration of children's services: Northumberland County Council has embarked on a two to three year programme of integration of services for children and young people. This recognises that services exist within a complex system and delivering at the front line and into key settings such as education is where the difference in quality and efficiency can be maximised. A focus is on making the best use of collective resources, addressing health and social inequalities while supporting the development of resilience and resourcefulness of children and families.

	Two recent major developments have prompted work on integration: • The section 75 partnership agreement between NCC and Harrogate and District Foundation Trust to provide health visiting and school nursing (0-19) services. The developing model for school nursing and health visiting in Northumberland will include a strengthened emphasis on community assets • Family Hubs – Northumberland is one of 75 local authorities eligible for funding to develop Family Hubs which are a way of joining up services locally to improve access, connections between families, professionals, services and providers, with relationships at the heart of family help. An asset-based community approach is integral to the Family Hubs model. <u>Inequalities:</u> Children's services include universal provision (e.g. health visiting and school nursing an education) and targeted interventions (e.g. Early Help, SEND education). Wider determinants including poverty, parental income, quality of housing and access to social networks influence outcomes for children and young people. Reducing inequalities and improving health and social outcomes are primary goals of the Northumberland Children and Young People's Strategic Partnership. <u>The evidence for integration:</u> Health and social care integration has been in progress for adult / elderly care services for a number of years, but the evidence base is limited. There is much potential benefit in exploring what a collaborative delivery model for conception to 19 years (25 years for SEND and care leavers) could look like and how that would work differently. We are not aware of examples of integration of children and young people's services. Central government funding for family hubs will be conditional on undertaking a local evaluation.
B. **Outputs / outcomes expected to be achieved and by when**	The expected outputs / outcomes are to engage academic partners to: • Collaboratively design an evaluation • The research to actively inform the development and implementation of integration • Complete and publish the evaluation, with interim updates as appropriate • Collaboratively produce and submit papers for publication

C. **System benefits and interdependencies e.g.** • **Health in all policies** • **Joint Health & Wellbeing Strategy** • **Part of PCN inequalities plan** • **Links to Covid inequalities HIA**	System benefits have been described in section 1. Key interdependencies include: • Giving children and young people the best start in life and empowering people and communities are key themes of the Joint Health and Wellbeing Strategy. • Wider determinants and associated impact on outcomes for children and young people will be considered in the Northumberland Inequalities Plan • The socio-economic determinants that adversely affect outcomes for children and young people are also associated with disproportionate impacts from COVID-19. • PCNs will be involved in Family Hubs and integration; a number have identified children and young people in their priorities
D. **Do you anticipate that a procurement will be required?**	It is possible that procurement may be required, depending on the total cost and how this is distributed over study period.
E. **Funding** 1. **Total amount requested and over how long** 2. **Forecast spend over duration of programme e.g.:** • **All up front (e.g. a purchase)** • **Monthly (staffing costs)** • **Procurement timeline to be worked up** • **Delay and then spend back end of programme** 3. **Match funding opportunities?**	A. Total amount to be confirmed but very approximate estimate based on experience from other evaluations is £150k over 3 years B. Forecast of spend over duration of programme: To be determined. • There is potential for additional funding from alternative sources eg PHIRST

F. **Exit strategy / sustainability plan**	Not applicable – This is a time limited programme
G. **Risks to be managed e.g.** • **Workforce available to recruit** • **Procurement delivers to time** • **Financial risks** • **Safeguarding** • **Risks to credibility, relationships or reputation**	Potential risks to be managed include: • Suitable academic partner cannot be found • Integration programme does not progress (however, evaluation would still have benefit in this eventuality) • Integration programme takes longer than expected, extending beyond anticipated funding period • Delay in commencing evaluation process. There is time pressure for the family hub evaluation to commence as work on family hubs is progressing. • The government has not yet published guidance for evaluation of family hubs in those local authorities eligible for funding. The amount of funding available for Northumberland is to be determined. Evaluation of Northumberland family hubs will need to meet any national criteria.

3.

HENRY (Health, Exercise, Nutrition for the Really Young) training for Early Help staff

Public Health Reserves Funding Bid Request

Name of scheme:	**HENRY (Health, exercise, nutrition for the really young)** **Training for Practitioners**
1. **Brief summary of programme/intervention covering:** A. **Local need** B. **How will it reduce inequalities?** C. **Evidence of effectiveness** D. **Scale of prevention (primary, secondary, tertiary)** E. **How will it build on community strengths?** F. **Value for money**	The HENRY programme is a core part of the Early Help; Prevention and Intervention Pathway. It is a recognised evidenced based intervention. The programme works with parents to address: • Healthy weight data informs of areas of concern. • behaviour change strategies • parenting skills • improved knowledge about food and activity for under 5s and the whole family During covid we have not had ready access to families, particularly during the periods of isolation, to get the healthy messages embedded or indeed to provide these sessions. Some families have become 'sedentary' to a degree, so exercise and nutrition messaging is vital. Since the start of the Covid pandemic in March 2020 and the procedures and restrictions put in place to limit its spread, we have seen or had reported to us an increase in: • the weight of both children and adults, leading to many more becoming overweight or obese. • Number of parents reporting a negative impact on their mental wellbeing, and an increase in the challenging behaviours of their children, as well as issues around sleep routines.

	• HV teams and childcare settings are reporting that more children are being identified with speech/language/communication and social and emotional developmental delays. The HENRY suite of programmes is targeted at families with babies and children, from conception to 12 years of age. It is a proven approach (Bridge & Willis 2019), which was developed in response to an identified gap for a practical intervention that would deliver the key evidenced based messages contained in *'Tacking obesity through the Healthy child programme – a framework for action'*. The HENRY approach focusses on both the message and messenger to create the conditions for change and to support families to adopt healthier lifestyles, using integrated evidence-based behaviour change models. Research shows that information alone is unlikely to achieve sustained lifestyle change. The HENRY approach enables practitioners to create the conditions for change where parents can put the messages into practice as part of their everyday life. Support from HENRY trained practitioners explicitly builds family resilience through strength-based solution focused partnership approach that supports families to take control of their everyday life. This approach will be able to mitigate some of the effect of Covid, mentioned above, as it would provide parents with the messages, tools and support for both them and their families to live healthier lifestyles. And the changes supported by attendance in the training will: • Enhance their parenting skills • Help them to provide Healthy family routines and a balanced diet. • Lead to increased physical activity and better sleep routines • Improve Emotional well-being for the whole of the family (adults and children). If we were successful in our funding bid we would be able to train more HENRY practitioners covering all 3 HENRY programmes (Anti-natal, 0 – 5 years and 5-12 years). This would allow us to provide more HENRY courses, both face to face and virtual, enabling access to a HENRY programme to families living throughout Northumberland, referred onto this programme, no matter where in the county they life.

	In order to deliver any HENRY programmes, participants need to complete the HENRY Core training, plus face to face facilitators training. This allows them to deliver the 0-5 programme (Healthy families right from the start). Once they have achieved this, they can go on to train to deliver the HENRY 5+ (Healthy families growing up) and/or HENRY anti-natal (Healthy families in the making) If staff did the facilitators training virtually during covid they need to do a face-to-face conversion training to deliver face to face. **Identified need:** We currently have the following requests from our Early Help providers and partners across Northumberland requesting HENRY training for their workers and a commitment for them to deliver the programmes once trained: • 9 for Core training • 10 for facilitators • 10 for HENRY 5+ • 12 for anti-natal HENRY • 4 for conversion to face to face
2. **Outputs / outcomes expected to be achieved and by when**	**Outputs**: 5 training courses to be delivered within Northumberland by HENRY for each of the following programmes within the 2022 –2023 financial year: • Core training, 2 days for up to 16 participants • Facilitator training, 2 days for up to 12 participants • HENRY 5+ half day training for up to 12 participants • HENRY anti-natal, half day training for up to 12 participants • Conversion to face to face from virtual for up to 12 participants **Outcomes:**

	• Increase in the number of HENRY facilitators able to deliver within Northumberland. An increase in 12+ new facilitators. • Increase in the number of courses offered across Northumberland to families from conception to age 12 years. • Families attending will gain an improved awareness/understanding of behaviour change strategies, parenting skills and improved knowledge about food and activity for the whole family • Leeds LA who have adopted the HENRY programmes have found that this has supported improvement in children's healthy weight measure results.
3. **System benefits and interdependencies e.g.** • **Health in all policies** • **Joint Health & Wellbeing Strategy** • **Part of PCN inequalities plan** • **Links to Covid inequalities HIA**	This funding request meets the criteria of: Community-based support for those disproportionately impacted such as the BAME population e.g. early intervention, prevention, and MH support for CYP; domestic abuse interventions. We are also aware that Public Health would like to use the HENRY Programmes as part of their Healthy Weight initiatives, especially following the outcomes from the Healthy Child weight measurement programme within schools
4. **Do you anticipate that a procurement will be required?**	Yes. All training will be purchased from HENRY. HENRY have informed us that if we book training now, they can provide training from October 2022 within Northumberland.
5. **Funding** A. **Total amount requested and over how long**	**£20,000 over 1 year** **Breakdown of duration and costs for delivery of HENRY facilitator training within Northumberland by HENRY:** • Core training, 2 days for up to 16 participants £5000 • Facilitator training, 2 days for up to 12 participants £5000 • HENRY 5+ half day training for up to 12 participants £1500

B. **Forecast spend over duration of programme e.g.:** • **All up front (e.g. a purchase)** • **Monthly (staffing costs)** • **Procurement timeline to be worked up** • **Delay and then spend back end of programme** C. **Match funding opportunities?**	• HENRY anti-natal, half day training for up to 12 participants £1500 • Conversion to face to face from virtual for up to 12 participants £2000 **Total training costs: £15,000** Community venues, and subsistence costs for training: **total costs £700** Refreshments for courses: • £3 per person per day: £96 • Facilitator training (2 days) £72 • HENRY 5+ (half day) £18 • HENRY anti natal (half day) £18 • Conversion (1 day) £36 **Total refreshment costs £240** Contribution towards coordination and admin support **total cost £1,000** stationary/printing etc: **Total resource costs for courses £50** Resources (course packs) for families attending programmes delivered by NCC trained HENRY facilitators: **£3,000**
6. **Exit strategy / sustainability plan**	The increased capacity of trained facilitators will allow us to sustain HENRY provision. It will provide us with the facilitator resources to be able to offer both face to face and virtual programmes which are accessible to families throughout Northumberland.

	The NCC Childrens Centre HENRY lead will link with locality HENRY leads throughout Northumberland to develop and promote the training package for local families, both face to face and virtually. HENRY C.C. lead will proactively seek additional funding from both funding opportunities and partners to be able to refresh facilitators training as and when required. The NCC HENRY Children's Centre leads time will be funded through the Childrens Centre/Early Help budget.
7. **Risks to be managed e.g.** • **Workforce available to recruit** • **Procurement delivers to time** • **Financial risks** • **Safeguarding** • **Risks to credibility, relationships or reputation**	We already have a list of practitioners who require training and a commitment from HENRY to deliver in Northumberland, post October 2022.

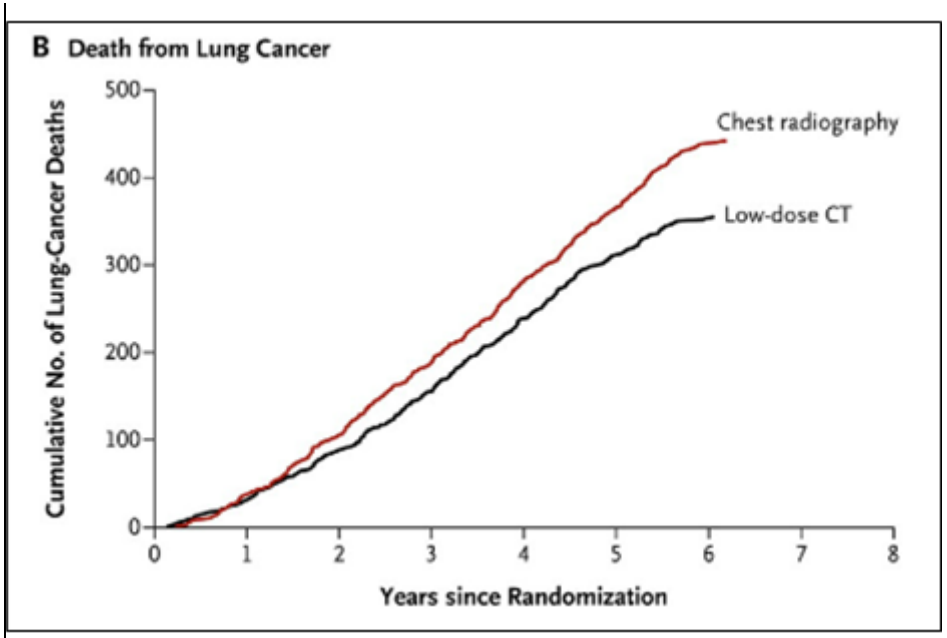
4.

Lung Cancer Health Checks

Public Health Reserves Funding Bid Request

Name of scheme:	Lung cancer case finding / targeted screening
1. **Brief summary of programme/intervention covering:** A. **Local need** B. **How will it reduce inequalities?** C. **Evidence of effectiveness** D. **Scale of prevention (primary, secondary, tertiary)** E. **How will it build on community strengths?** F. **Value for money**	**Brief summary of programme** Lung cancer is the most common cause of cancer death in the UK, accounting for 21% of all cancer deaths in 2018. Around 3 in 20 (16.2%) of people diagnosed with lung cancer in England survive their disease for five years or more (2013-2017). More than 75% of people with lung cancer present with advanced disease; yet lung cancer is potentially curable if found at an early stage. Although there is no national programme in the UK, there have been a number of pilots locally and nationally. The USA and Canada have approved screening programmes for lung cancer. [CRUK] This proposal builds on work undertaken across the region, including North Tyneside, to improve early identification of people with lung cancer. People registered with COPD in SE Northumberland (practices TBC), aged 55-74 years with a >10 pack year smoking history and no CT in the previous 6 months will be offered referral to NHCT during their annual COPD review for a low dose CT scan provided they do not meet 2WW criteria. If lung cancer is suspected, patients will enter the 2-week wait suspected cancer pathway. Incidental findings will be investigated by NHCT through direct referral to the relevant specialty, or referred back to primary care to manage. Patients not diagnosed with a new or changed condition will be referred for life-style advice: primarily this will be Stop Smoking but may include weight loss. A. **Local need** While incidence and mortality from cancer for the whole of Northumberland (all persons) are similar to the England average, there are 10 wards in south east and coastal

	Northumberland that have incidence of lung cancer more than 50% (significantly) higher than the England average. [Local Health, 2014-2018]. Mortality from lung cancer was significantly higher in Northumberland for women in 2017-19. [Fingertips] When diagnosed at its earliest stage, almost 9 in 10 (88%) people with lung cancer will survive their disease for one year or more, compared with around 1 in 5 (19%) people when the disease is diagnosed at the latest stage. And when diagnosed at its earliest stage, 57% of people with lung cancer will survive their disease for five years or more, compared to 3% of people when the disease is diagnosed at the latest stage. [CRUK] Although smoking rates have come down in recent years, because of the lag between smoking and lung cancer diagnosis, early diagnosis and intervention are key for reducing mortality from lung cancer in the short term. B. **Inequalities** Lung cancer incidence rates in England in females were 174% higher in the most deprived quintile compared with the least, and in males were 168% higher in the most deprived quintile compared with the least (2013-2017). [CRUK] Around 14,300 cases of lung cancer each year in England are linked with deprivation (around 6,600 in females and around 7,800 in males). The programme would be provided for patients with COPD registered at practices in areas of higher deprivation and high lung cancer incidence. C. **Evidence of effectiveness** The US National Lung Screening Trial (NLST; n=53,454 people at high risk; 59% male) showed around a 20% reduction in the number of lung cancer deaths in the group monitored annually for 3 years with low-dose CT scans compared to x-rays (see figure)[i]. There was a 3% detection rate. There were a number of limitations: there was no unscreened group; around 4 in 10 people had CT scans that warranted further investigation, but more than 9 in 10 of these cases (96%) turned out not to be cancer and there were a small number of very serious complications from invasive tests; and around 1 in 5 lung cancers detected by low dose CT were overdiagnosed.



Two subsequent trials are the UK Lung Screening Trial (UKLST) and the NELSON trial (based in Belgium and Holland). The UKLST showed that around 85% of the lung cancers picked up through screening were early stage.[ii] But as a pilot – with 2027 people receiving a CT scan and 2028 people receiving no screening – the study wasn't large enough to tell if lung screening reduces the number of people dying from lung cancer.

The NELSON trial, which included more than 15,000 people, showed that offering men at high risk of lung cancer low-dose CT scans reduced lung cancer deaths by 26% after 10 years for men (p=0.0003), and 39% for women (p=0.0054)[iii]. The results of the NELSON trial also suggested there was a favourable balance of benefits and harms. After 10 years, there was around a 20% excess of new lung cancer cases (i.e. cancers that may have been overdiagnosed) in the screening group, but this decreased to around 9% by 11 years.

	In the North Tyneside pilot, 320 patients were screened between January 2021 and February 2022. Lung cancer was detected in 12 people (4%) including 10 people with potentially curative early stage disease. Nodules were identified in 14% of those screened, and other findings were identified in 16%. An additional benefit is that the lung cancer health check appears to encourage people to access stop smoking services.[iv] G. **Scale of prevention (primary, secondary, tertiary)** This is secondary prevention i.e. early identification of disease so as to improve outcomes. H. **How will it build on community strengths?** Nil specific. I. **Value for money** As funding for subsequent investigations will be made by the NHS, and Public Health funding will only be for initial investigation and subsequent lifestyle advice (e.g. stop smoking), this represents a good return on investment from a PH budget perspective in terms of lives saved and improved quality of life. Cost utility adopting an NHS perspective is uncertain. A HTA published in 2018 prior to the results of the NELSON trial found that a single round of screening could be considered cost-effective at conventional thresholds, but there is significant uncertainty about the effect on costs and the magnitude of benefits.[v] A recent (unpublished) update incorporating the results of the NELSON trial has found that all variations of targeted screening are cost-effective: less than £5000 per QALY gained (compared to no screening or the next less costly option) but did not consider lifetime costs for positive cases or follow up of incidental findings.
2. **Outputs / outcomes expected to be achieved and by when**	The following outcomes can be expected for the areas taking part in the programme: • Increased proportion of people diagnosed with lung cancer in stages 1 or 2 – likely within first year • Improved survival from lung cancer – would only be measured after 2 years (for one-year survival) • Reduction in age-standardised mortality rate from lung cancer – likely within first year

3. **System benefits and interdependencies e.g.** • **Health in all policies** • **Joint Health & Wellbeing Strategy** • **Part of PCN inequalities plan** • **Links to Covid inequalities HIA**	This programme links to the **Joint Health & Wellbeing Strategy** cross-cutting theme 'Adopting a whole system approach to health and care'. Not only does it help to refocus the system on prevention, it is an example of integration and pooling of budgets for a common purpose. It will also contribute to smoking cessation by having a clear pathway into specialist stop smoking services, and help to reduce inequalities by focusing on areas with highest deprivation and lung cancer incidence. During COVID, many cancers were detected later. This programme links to the **COVID inequalities HIA** by helping to address late detection of lung cancer.
4. **Do you anticipate that a procurement will be required?**	No
5. **Funding** A. **Total amount requested and over how long** B. **Forecast spend over duration of programme e.g.:** • **All up front (e.g. a purchase)** • **Monthly (staffing costs)** • **Procurement timeline to be worked up** • **Delay and then spend back end of programme** C. **Match funding opportunities?**	A. The total amount requested is £30K. This would contribute to the costs of the first year of the programme. B. The spend would be over 1 year. C. There is funding already secured from the Trusts Bright Charity of £100K. This will support the Project Manager post and analyst support in the first year. The CCG and NHCT are also considering what funding they can contribute, with funding from the Northern Cancer Alliance expected for long-term funding.

6.	**Exit strategy / sustainability plan**	The Northern Cancer Alliance has indicated that funding will be available in the future for areas with higher lung cancer incidence. From 2023/24, NCA will be looking to start delivering on their Targeted Lung Health Checks (TLHC) expansion plans. They have to invite 40% of the Cancer Alliance's eligible population to a TLHC by the end of 2023/24, 60% by end of 2024/2,5 and so on until we reach full coverage by the end of 2026/27. Newcastle Gateshead and the Tees Valley project only cover 28%, so they will be looking to invite an additional 52,000 patients from North Cumbria, North Tyneside, Northumberland, County Durham and South Tyneside and Sunderland in 2023/24 and in each subsequent year. Rollout will be based on lung cancer mortality, targeting the areas most affected first, but they are also mindful of not overwhelming local services so would be looking for as equal a split as possible across the CCG areas. It will be crucial that any plans developed locally dovetail with the NCA's plans for roll-out. The National Screening Committee is currently reviewing evidence on lung cancer screening, and it is likely that targeted screening will become available in the near future.
7.	**Risks to be managed e.g.** • **Workforce available to recruit** • **Procurement delivers to time** • **Financial risks** • **Safeguarding** • **Risks to credibility, relationships or reputation**	The main risk is capacity of radiology services to be able to provide CT scans. Discussions at the NHCT Health Inequalities Programme Board and Lung Cancer Screening Group suggest that this will be resolved and will not impact on existing services or waiting times. Whilst Primary Care appear to be in favour, there may yet be some resistance. It is also likely that this programme will increase referrals into the IWS specialist stop smoking service. As part of the work-up of the project plan, we will negotiate whether some funding should be earmarked for the stop smoking service. There are clear pathways and communications already developed to manage 'false positives' and incidental findings, as well as false reassurance about risk owing to a negative screening result.

5.

Making Every Contact Count (MECC) training grants to voluntary and community sector (VCS) groups

Public Health Reserves Funding Bid Request

Name of scheme:	**Making Every Contact Count: supporting a VCS MECC Movement**
1. **Brief summary of programme/intervention covering:** A. **Local need** B. **How will it reduce inequalities?** C. **Evidence of effectiveness** D. **Scale of prevention (primary, secondary, tertiary)** E. **How will it build on community strengths?** F. **Value for money**	**Provide resources to build capacity for the MECC approach within VCS organisations that support Northumberland residents.** **Building a MECC trained workforce with skills, confidence and resources to enable increased opportunities for healthy conversations across our communities.** A. **Local need** The local need for building and strengthening our local MECC movement is evident from the broad range of conversations that are recognised within the MECC approach: Affordable Warmth, Alcohol, Carers, COVID-19, Crime and Community Safety, Dementia, Domestic Abuse, Employment, Falls & Frailty, Finances, Fire Safety, Green & Blue Spaces, Healthy Diet & Weight, Housing, Library & Digital Services, Long Term Conditions, Mental Health, Oral Health, Physical Activity, Problem Gambling, Screening, Sexual Health & LGBTQ Plus, Smoking, Social Isolation & Loneliness, Substance Misuse, Suicide Awareness, Transport, Vaccines We reflect on local need in MECC training programmes, generating conversations by using PHE Fingertips health indicators and reflecting on priorities in our JSNA. MECC is also a useful tool to address the unique health and wellbeing needs in Northumberland, specifically the combination of urban, rural and coastal inequalities and the pockets of significant deprivation and poor health outcomes, that can often be

masked. Encouraging our wider Public Health Workforce to develop their role in Making Every Contact Count would have a widespread reach to our residents and communities.

I envisage that further local need will be defined by local partners, VCS and our local communities or residents during the series of Thriving Together locality conversations on local inequalities.

B. **How will it reduce inequalities?**

The Marmot Review highlighted a social gradient in health, where the less affluent a person's position, the worse his or her health and provided evidence for reducing health inequalities. It described the importance of measures to address the wider determinants of health as well as interventions to prevent ill health by improving health behaviours.

MECC and MECC plus approaches can help to tackle health inequalities by supporting individual behaviour change across a range of behaviours and addressing wider determinants of health at the individual level.

For example, some local services are using the MECC plus approach to engage local populations in managing debt, action towards gaining employment or in tackling housing issues. The population level approach of MECC can also help address equity of access, by engaging those who will not have otherwise engaged in a 'healthy conversation' or considered accessing specialised local support services, such as for weight management.

C. **Evidence of effectiveness**

PHE Guidance on Making Every Contact Count: evaluation guide for MECC programmes states there is limited published formal research on MECC itself, with most of the evidence being from within policy papers or local evaluations of training.

They suggest that external evaluation is not required but programmes should consider the following:

a) MECC contributes to a cultural change of embedding prevention into organisational policy and strategy

b) the adoption of MECC enables wider workforces to see prevention as part of their role

c) MECC training increases the capability of workforces to undertake healthy conversations as part of their everyday practice

d) MECC motivates and prompts staff to adopt positive health behaviour changes

e) MECC brief interventions promote population health behaviour change

Develop an evaluation plan to measure progress and achievements, using either quantitative and or qualitative data.

See PHE Outcome Framework for MECC – pages 9-10

D. **Scale of prevention (primary, secondary, tertiary)**

The broad scope of the MECC approach gives the potential to reach across the full scale of prevention by using the 3A's of Ask, Assist and Act – traditionally; raising awareness of the issue, benefits of change, choices or opportunities available and signposting people to support, information or services:

Primary in terms of preventing development of illness or disease and focus on interventions to maintain a healthy life (for example, unhealthy or unsafe behaviours) and increasing resistance to disease or illness in relation to exposure (for example, immunisations).

Secondary prevention in terms of reducing the impact of disease or illness by halting or slowing progress; encouraging and empowering people to develop personal strategies to enable people to return to their original health and prevent long-term problems (for example screening to detect disease in its earliest stages or accessing programmes that can support an improvement or 'return to optimum health' in physical and/or mental wellbeing).

Tertiary prevention in terms of alleviating the impact of an ongoing illness or disease by helping people to manage their condition; increasing ability to function, increasing their quality of life and their life expectancy.

Furthermore, MECC provides a platform for conversations around the wider determinants impacting on health, which often supports preventative actions to avoid reaching a point of crisis, for example financial wellbeing.

	E. **How will it build on community strengths?** The MECC approach focuses on empowerment; building self-awareness, self-confidence and self-esteem; enabling people to more aware of their choices and opportunities and retain the autonomy to make their own decisions on their own health and wellbeing. To enable people to have more choice and control, our system wide MECC approach needs to harness the existing expertise, capacity and potential of our community assets, which includes local people and communities. Building our local community capacity – by working with communities to embed MECC - is an approach to supporting people to stay well and build community resilience by enabling people to make informed choices. F. **Value for money** The MECC approach is an established national initiative which is both simple and cost effective. There is limited published formal research on MECC itself, but there is good evidence for the cost effectiveness of brief interventions for alcohol and smoking.
2. Outputs / outcomes expected to be achieved and by when	Outcomes: • To provide resource to enable VCS organisations to access MECC training and other relevant Health Improvement training to develop the skills of their employees and volunteers • To use this training as a foundation from which to develop and deliver a consistent MECC approach within the organisations • To incorporate MECC interactions into day to day business to provide a sustainable approach applied at scale for the benefit of the populations The proposal involves a number of options or opportunities which would require further discussion with key partners, including VCS partners.

	Building on the learning of a similar programme delivered in Gateshead, this would provide resources to build capacity for the MECC approach within VCS organisations that support Northumberland residents. Initially a workshop for interested VCS organisations would be offered to gain further understanding of Making Every Contact Count and co-design the VCS MECC approach; an opportunity to apply for a grant for capacity building and implementation of MECC would follow. The aim would be to build a MECC trained workforce with skills, confidence and resources to enable or increase opportunities for healthy conversations across our communities. It would lead to an increase of a MECC trained workforce and pool of VCS MECC trainers in Northumberland. VCS organisations working with Northumberland residents will be able to access funds to help support them in building capacity for the MECC approach. Identifying staff who can attend Train the Trainer MECC training and ability to cascade this to others in their setting and/or community. As part of the implementation, they would be invited to recruit or host a Community Health Champion/s as volunteer/s who, with further training and support, can help improve the health and wellbeing of their families, communities or workplaces. For any VCS organisations who recruit Community Health Champions, it will be integral to the IWS led programme and signed up to the Northumberland County Council volunteer programme. Following MECC training, the MECC trained workforce, including the VCS leads, will be encouraged to participate in further training modules offered by the Health Improvement Team, via Learning Together, to support healthy conversations linked to health behaviours. For example, key topic sessions on health and wellbeing in relation to alcohol, nutrition and physical activity, tobacco, and mental wellbeing. There would be a single application process across two stages:

	Stage 1: capacity building / access training e.g. cover the cost of attendance at training, for example backfill for staff time. Other reasonable costs associated with attendance at training e.g. travel, childcare, room hire, refreshments etc. Stage 2: funding to put MECC into practice e.g. MECC conversation cafés and/or other activities to enable co-ordinated delivery of health activities with communities - championing health some of which could be linked to Public Health Campaigns Network. The VCS MECC leads along with their Community Health Champions will motivate and empower people to get involved in health-promoting activities, create groups to meet local needs guided by other local partners such as the Health Trainer Service, Communities Together. The 'implementation' or 2 stage of the fund would enable these activities to take place. Associated costs that the grant could be used for would include, as examples: Costs of attending training and developing local programme and an investment of their local expertise e.g. time, transport, Further funding may also cover the development or provision of: • An information/resources assistant to enable regular communication with our MECC Community of Practice – to update the MECC trained workforce on key and current messaging opportunities – but to also manage the sharing of good practice • Series of solution focused workshops focusing on MECC Plus conversations • A toolkit and a suite of resources will be developed for our MECC Community of Practice • Alignment to the Inequalities Plan – workshops to enable the MECC VCS leads to contribute to the development of the Northumberland System Inequalities Plan. Providing insight into community needs, and collaboration, working in partnership and having shared decision-making power in the planning, design, implementation and evaluation of services.

3. System benefits and interdependencies e.g. • **Health in all policies** • **Joint Health & Wellbeing Strategy** • **Part of PCN inequalities plan** • **Links to Covid inequalities HIA**	Expected Benefits: • Increased level of understanding of MECC within VCS organisations in Northumberland which will be determined by a range of formal and periodic evaluations • Increased number of VCS organisations engaged in the MECC approach • Development of innovative/creative approaches to MECC which support sustainability and consistency of MECC principles • Effective delivery of MECC approach with Northumberland residents which organisations are working with • Increased confidence among existing staff in the VCS through enhanced competence to deliver consistent and concise healthy lifestyle messages • Improved staff ability to direct residents to local services that can support them Contributes to issues/priorities identified by the Northumberland Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy.
4. Do you anticipate that a procurement will be required?	No
5. Funding A. **Total amount requested and over how long** B. **Forecast spend over duration of programme e.g.:** • **All up front (e.g. a purchase)** • **Monthly (staffing costs)**	£50,000 over 2 years Single application process across two stages: Stage 1 funding: grant scheme for organisations to access to enable capacity building and access to MECC training delivery. Stage 2 funding: MECC implementation funds to enable VCS organisations to deliver MECC in their settings and/or within their communities

• **Procurement timeline to be worked up** • **Delay and then spend back end of programme** C. **Match funding opportunities?**	Potential to align this with Thriving Communities, further discussion with key partners need to take place e.g. MECC System-wide Steering Group, Thriving Communities, Public Health Team e.g. Health in all Polices, Wider Determinants leads. Further conversations are also planned with MECC lead at Gateshead Public Health and the regional MECC at Scale Co-ordinator.
6. Exit strategy / sustainability plan	The funding is time-limited, therefore requiring clarity of purpose and expectations for all parties. The purpose is to build capacity and provide a resource from which to develop and deliver a consistent MECC approach within the organisation, it will provide a sustainable approach applied at scale for the benefit of the population. Moving towards a sustainability plan, over the two years we will have connected multi-sector partners to form a MECC Community of Practice, which would be continued to be co-ordinated by the MECC Public Health lead along with support from the MECC System-wide Steering Group.
7. Risks to be managed e.g. • **Workforce available to recruit** • **Procurement delivers to time** • **Financial risks** • **Safeguarding** • **Risks to credibility, relationships or reputation**	Workforce available to recruit: - Buy-in, commitment and capacity of VCS organisations to deliver Risks to credibility, relationships or reputation: - Relationships with VCS organisations; risk assess any negative impacts of the proposed delivery - Management of expectations of/for VCS organisations Financial risks: - Risk of failure of delivery of grant recipients - Risk of misuse of public funds e.g. fraud Safeguarding:

	- Ensure understanding of the boundaries and expectations of MECC and assessing level of risk of an individual (and their role in safeguarding)

Making Every Contact Count: evaluation guide for MECC programmes - GOV.UK (www.gov.uk)

Table 1: Outcomes Framework for MECC

Organisational Culture	Extent that prevention is embedded within the organisation	• leadership: buy-in demonstrated for example by managers taking part in MECC training; MECC presentations to managers/Board • MECC on the agenda of team meetings • awareness of MECC amongst staff: MECC publicity in bulletins; MECC workshops • a local MECC brand • MECC written into organisational policies • MECC written into annual reports • having a designated MECC champion • MECC being part of induction and/or mandatory training • MECC principles in job descriptions and personal development plans/workforce appraisal systems • health and social care professionals can deliver a healthy conversation (brief or very brief intervention) • MECC incorporated into relevant service pathways • all public service sites are able to support opportunities for a healthy conversation, for example a suitable room or space for one-to- one conversation, or access to internet for information on sources of local support/referral
Prevention as part of all roles	A shift in recognition for staff (outside of health improvement) of their contribution to preventing ill-health	• the number of healthy conversations (incl. topic discussed) and where these took place , for example outpatients clinic, community service, housing office • the number of referrals and signposting undertaken and the setting where these took place • the use of evidence and information from robust sources, for example All Our Health or MECC

Staff knowledge and skills	The capability of staff to engage people in and conduct 'healthy conversations', also known as VBIs	• the number of training sessions delivered, and which staff groups took part in these • reported levels of workforce satisfaction and confidence following training • number of staff completing training who are then delivering VBIs • refresher courses are made available and follow up conducted on how training is put into practice • use of a consistent training model developed using MECC training quality markers • all relevant health and social care professionals have achieved level 1 of MECC competence (possibly through e-learning) and a proportion achieve level 2 competence
Improvement in staff health and wellbeing	Impact on workforce wellbeing from the MECC approach to address behavioural risk factors ‡	• development of staff wellbeing and health initiatives • staff uptake of services to support behaviour change • staff sickness absence rates • reported staff behavioural risk factor changes, such as stopping smoking, or starting an exercise activity or joining a wellbeing group
Population health improvement	Reduction in behavioural risk factors	• reported behaviour change by individuals or reported contemplation of making change/or planning for change • reported satisfaction from individuals who have been engaged in a MECC intervention • uptake of services enabling behaviour change, for example smoking cessation, weight management • longer term reduction in behavioural risk factors, for example reduced levels of smoking, obesity, or alcohol consumption at increasing or higher risk levels, amongst the population the programme serves

6.

NHS Health Checks programme redesign

Public Health Reserves Funding Bid Request

Name of scheme:	Redesign and delivery of NHS Health Checks
1. **Brief summary of programme/intervention covering:** A. **Local need** B. **How will it reduce inequalities?** C. **Evidence of effectiveness** D. **Scale of prevention (primary, secondary, tertiary)** E. **How will it build on community strengths?** F. **Value for money**	NHS Health Checks (NHSHCs) are currently delivered exclusively in general practice based on a tariff per completed health check. It is proposed that one-off funding is secured to support a major redesign of the NHS Health Check programme to enable direct delivery by health trainers (and potentially other staff) in community settings outside of General Practice in order to target those most at risk of premature mortality and reduce socioeconomic inequalities in uptake. The details are currently being worked up, and an option appraisal will be presented to SMT. It is likely that delivery will be either exclusively or partly delivered outside of General Practices. Funding will be needed for the following: • Procurement of point of care testing devices • Staff training • Procurement of third party to manage the identification and invitation of eligible population • Procurement of electronic health record to record data with interoperability with local GP practice systems • COVID-19 cohort catch up: to pay for additional costs owing to the need for the programme to catch up for those eligible who missed a health check during the pandemic. • Digital offer. A large proportion of the eligible population have missed out on an NHS Health Check due to COVID-19. Evidence states that people with cardiovascular disease, diabetes and obesity are more likely to experience severe outcomes from COVID-19 (2; 3). This highlights the importance of systematically identifying people at risk of such conditions through the NHSHC programme thereby avoiding further exacerbation of health inequalities. The low number of NHS Health Checks completed in 2021/22 means

that significantly fewer people have been identified as high risk of developing cardiovascular disease therefore it is more important than ever that these people are identified through the NHSHC programme.

Local need

In 2017, a Health Equity Audit of the NHSHC programme across Northumberland found that there was less uptake than expected in people living in more deprived areas. In this way, NHSHCs were potentially contributing towards health inequalities.

To address this, a revised service specification has been implemented since April 2018 where payment is weighted by deprivation. However, a Health Equity re-Audit found that although the number of health checks received by those living in more deprived areas had increased, people living in these areas were still less likely to have an NHS Health Check than people living in less deprived areas.

Over the last two years, the COVID-19 pandemic has crystallised the challenge of ensuring that equity is at the heart of the NHSHC local delivery model. The LGA advises that as a result of the pandemic, there is greater awareness of health inequalities and the ways in which they impact on individuals' lives. Therefore, it is vital to drive forward work programmes that reduce inequalities, prevent poor health and improve people's opportunities for better health (1).

Furthermore, suspension of the programme for other priorities and a vast reduction in uptake during the COVID-19 pandemic has demonstrated that capacity to deliver the programme in general practice is limited. An increase in the programme's capacity will also be required in the first 3 years in order to meet the increased demand anticipated due to the 20/21 and 21/22 cohorts requiring catch up after COVID-19.

How will it reduce inequalities?

It is anticipated that delivery in community settings and involving an outreach approach will increase the uptake of NHS Health Check by people living in more deprived areas of Northumberland, who are more likely to develop heart disease, stroke, dementia, type 2 diabetes and dementia at younger ages, and are more likely to die younger.

Evidence of effectiveness

A literature review was undertaken by Kathryn Bush (PH Registrar) to understand the how other NHSHC delivery models can improve equity.

In a mixed method pilot review performed in County Durham (4), 'lay health trainers' offered a mini-health MOT opportunistically in community settings. This included height, weight, BP and screening questions. Those eligible were then offered a full health check.

774 people underwent the mini-health MOT, and of those 239 were eligible for the full health check. 101 people (42%) returned for the full health check advised. Those living in the most deprived areas were more likely to engage than those in the least deprived areas. 449 individuals (60.5%) came from the first and second deprivation quintiles combined, compared with 183 individuals (24.7%) from the fourth and fifth quintiles. However, those in the most deprived areas were less likely to return for the full check than those in the least deprived areas (32.7% vs 44.4%).

Multiple qualitative studies (4; 5; 6; 7; 8; 9; 10) have addressed the acceptability of community based NHSHC in areas of high deprivation (4; 5; 6; 7; 9) or areas with underserved groups', such as low levels of English speaking or specific ethnic minority groups (6; 8). These have shown that community outreach (including telephone outreach (6)) is acceptable and generally welcomed positively (4; 6; 8; 9), although the logistics of service delivery and the associated costs were often more complex than initially estimated (5; 7; 8; 10).

The physical location of the NHSHC had a clear impact upon who was most likely to attend (4; 6; 8; 9; 10), as did the language skills and cultural knowledge of the person performing the outreach (6; 8).

Scale of prevention

Cardiovascular disease (CVD) is a major contributor to health inequalities accounting for the differences in premature mortality between areas in Northumberland and the national average.

	The NHSHC programme contributes to the primary prevention of CVD and type 2 diabetes through the early detection and treatment/ advice of key risk factors such as smoking, hypertension, hypercholesterolaemia, increased levels of blood glucose, reduced physical exercise etc. **How will it build on community strengths?** The involvement of community-based providers to support the delivery of the NHSHC builds on the assets that are available in the communities, such as the IWS team, their community insights and those of partners, community settings such as social clubs and groups, and the communities themselves. The strength of involving the IWS health trainers (or a similar approach) is to build on the local knowledge and partnerships that the health trainers have built with communities to ensure individuals have access to networks and activities which will support their health and wellbeing. **Value for money** It is anticipated that total costs per health check will in the longer term be similar to current costs after adjusting for inflation. Point of care testing will increase costs because, currently GP practices take venous blood samples to check cholesterol and HbA1c levels which are not paid for by the local authority. There is also an additional cost for inviting the eligible population. However, this increase in costs will be offset by lower staff costs because staff are already employed within the IWS with only a small increase in number of staff needed. Furthermore, the value per health check will increase if NHS Health Checks are taken up by people at highest risk.
2. Outputs / outcomes expected to be achieved and by when	• Increased equity: increased number and proportion of health checks taken up by people living in most deprived areas. • Increased quality of the programme delivered. • Increased referrals into local smoking cessation services, and weight management services. • Decreased premature mortality from cardiovascular disease.

<table>
<tr><td>3. System benefits and interdependencies e.g.
• Health in all policies
• Joint Health & Wellbeing Strategy
• Part of PCN inequalities plan
• Links to Covid inequalities HIA</td><td>This work aligns with the Northumberland Joint Health and Wellbeing Strategy by:
• Empowering people and communities through asset based community development
• Taking a whole system approach through primary prevention and health promotion
• Ensuring access to services that contribute to health and wellbeing are fair and equitable

Furthermore, this work aligns with the forthcoming Health Inequalities action plan which will seek to ensure all projects are delivered through an ‘inequalities lens’ to ensure that services (at the least) do not drive/ widen inequalities and (where possible) support a reduction in health inequalities.</td></tr>
<tr><td>4. Do you anticipate that a procurement will be required?</td><td>Yes / ~~No~~ [please delete as necessary]</td></tr>
<tr><td>5. Funding

A. amount requested and over how long
B. Forecast spend over duration of programme e.g.:

• All up front (e.g. a purchase)
• Monthly (staffing costs)
• Procurement timeline to be worked up</td><td>Capital costs are required for the redesign and implementation of a new NHS Health Checks Delivery model with anticipated increased demand as the 20/21 cohort are caught up.
<table>
<tr><td></td><td>Estimated baseline costs</td><td>Set up
2022/2023</td><td>Implementation
2023/2024</td><td>Total</td></tr>
<tr><td>Staff training</td><td>The procurement of a training provider will be required to ensure staff feel confident and competent to deliver a good quality NHSHC and provide high quality advice & guidance</td><td></td><td>£20,000</td><td>£20,000</td></tr>
<tr><td>Procurement of point of care testing devices</td><td>In 2017, a study reported the cost of a</td><td>£70,000</td><td></td><td>£70,000</td></tr>
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• **Delay and then spend back end of programme** C. **Match funding opportunities?**		POCT device was £950 - £1500 (11) With inflation, it is estimated that this cost is likely to be approx. £1100 - £1700/device	(£1700 x 40 devices) • 1 device/ GP practice signed up • Further devices for IWS/ community provider		
	Procurement of third party to manage the identification and invitation of eligible population	Work is ongoing to understand how this has been achieved in other areas. Newcastle use NHS Digital to identify eligible and send offers.		£20,000	**£20,000**
	Procurement of electronic health record to record data with interoperability with local GP practice systems	Continued use of SystmOne or procurement of first year license of new system compatible with local GP practice systems	£20,000		**£20,000**
	COVID-19 cohort catch up It is anticipated that there will be an increase in demand	Increased demand will put additional strain on revenue costs earmarked for the NHSHC programme		**£150,000** £50,000/ year for the next 3 years of the NHSHC delivery	**£150,000**

	over the next 3 years due to eligible cohort not receiving NHSHS during COVID.	(such as increased POCT consumables)			
	Digital offer	This requires further working up. There is an intention for a digital offer to be available from 2025 pending the evaluation of current pilots.			**£20,000**
				Net total:	**£300,000**

6. Exit strategy / sustainability plan	There is a designated sum of money in the public health budget for the running of the NHSHC programme. Staffing costs, payments to incentivise GP practices/ providers (if needed), POCT consumables, software and recurrent costs associated with identification and invitation of eligible population will be covered within this budget (except for £50,000 per year for 3 years for catch up).
	
	The costs estimated above are either associated with the set-up and implementation of a new model of delivery or for the catch up required after the COVID-19 pandemic. Both of these are required for a specified period of time/ short term.
	
	The following outlines the plan for future spending/ exit strategy associated with each cost identified:
	• One-off costs:
	  ○ Staff training
	  ○ Procurement of POCT devices (over estimated to include possible need for replacements due to breakage etc.)
	  ○ COVID-19 cohort catch up
	• Funded from the designated NHSHC fund once the new delivery model has been implemented:
	  ○ Procurement of third party to manage the identification and invitation of eligible population
	  ○ Procurement of electronic health record to record data with interoperability with local GP practice systems
	  ○ Digital offer

7. Risks to be managed e.g. • **Workforce available to recruit** • **Procurement delivers to time** • **Financial risks** • **Safeguarding**	As part of the wider project plan for this work, a risk register is kept up to date and managed by the NHSHC Working Group. Anticipated risks include: • Recruitment of staff may be challenging as an IWS Senior Health Trainer role is both a council and an NHS band 4. The pay associated with this band differs between the health sector and Local Authority. It is higher in the NHS. • There is potential to harm relationships between the Local Authority and GP practices and a reputational risk is associated with this. This will be managed by effective stakeholder engagement.

• **Risks to credibility, relationships or reputation**	• A further reputational risk may also come if access to an NHS Health Check is not good, or the equity/ quality of the NHSHC programme is not improved as anticipated. • A financial risk may be that the overall cost of the running of the redesigned model is more expensive than anticipated. This would require an additional long-term funding appraisal and reprioritisation. • It may not be possible to complete procurement before April 2023. This could mean a delay to the start date until possibly April 2024.

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7.

Poverty

Public Health Reserves Funding Bid Request

Name of scheme:	Poverty and hardship support (Emma Wright, Liz Robinson & Emma Richardson)
1. **Brief summary of programme/intervention covering:** A. **Local need** B. **How will it reduce inequalities?** C. **Evidence of effectiveness** D. **Scale of prevention (primary, secondary, tertiary)** E. **How will it build on community strengths?** F. **Value for money**	It is anticipated that many local households will face financial hardship over the coming winter months at an unprecedented scale. This is likely to have real, long-term health implications for many. This proposal seeks to allocate a significant sum of the public health underspend to strategies addressing this unprecedented poverty and hardship burden locally. Annual inflation rate is the UK highest since March of 1992, as rising cost of energy and food continues to squeeze the living standards. Biggest price increases have been reported in transport (11.5% vs 11.3% in January); furniture and household equipment (9.1% vs 8.4%); clothing and footwear (8.9% vs 6.3%); housing and utilities (7.2% vs 7.1%) namely electricity, gas and other fuels; and food (5.1% vs 4.3%). On a monthly basis, consumer prices jumped 0.8%, the biggest increase since 2011, and reversing from a 0.1% drop in January. The cost of transport fuel is key for a large, rural county like Northumberland. **Relative low income:** • An individual is in relative low income (or relative poverty) if they are living in a household with income below 60% of median household income in that year (1) • Based on the latest ONS and DWP data from 2021, households will be in relative low income if their income is less than **£19,134.60/ year (approx. £368/ week)** (2)**.** • 2021 figures do not account for the rise in inflation and rise in energy bills in April 2022 and October 2022. Households now need more money for basic living costs. Data from the ONS (3) and the Resolution Foundation (4) was used for the following estimations.

April 2020

The ONS reported that households in the lowest 3 income deciles across the UK (on average) spent the following on items such as food, clothing, household goods/services, transport and fuel and power (22).

- **£298.40 per week spend**
- **approx. £15,516.80/ year spend**

April 2022

With 2022 inflation rate of 7.6%:

- **£321.08 per week** (298.40 + 7.6%)
- **£16,696.07/ year spend**

With additional £693 energy cost increase in April 2022:

- **£17,389.07/ year spend**

With additional £900 energy cost increase in October 2022:

- **£18,289.07/ year spend**
- **£351.71/ week**

A. **Local Need**

There are 32,844 Lower Layer Super Output Areas (LSOAs) in England (rank 1 being the most deprived). Northumberland has 23 LSOAs in the most deprived 10%, which represents a population of 38,178 people. A further 17 LSOAs sit in the 10-20% most deprived grouping.

The number of people living in the 10% most deprived decile has increased since 2015, when the population living in the 10% most deprives LSOAs was 23,877.

Of the 14,682 children living in relative low income in Northumberland 2019-20, 6,874 were in lone-parent families and 7,811 lived with a couple. 10,415 of the children were living in 'working families', 4,269 in non-working families. Northumberland has a higher number of children living in poverty in working families, than in non-working families.

	This is true overall and for each individual ward in the region. There are 44,600 people who are economically inactive in Northumberland (16-64yr olds who are neither in employment nor unemployed) of these 11,500 people in Northumberland who are economically inactive and defined by the DWP as being 'long-term sick'. In certain local wards (Isabella, Croft, Newbiggin Central and East, Cowpen, Hirst), over 45% of households have a household income at or below £20,000 (5). They are at risk of experiencing poverty if this is not already the case. The health effects of living in poverty can be detrimental to health due to factors such as stress, limited choices and wider determinants of health including housing, living environment, meaningful work, relationships etc. HES data shows that local hospital admissions for conditions exacerbated by cold homes such as acute bronchitis, asthma, COPD, pneumonia, acute respiratory tract infections in 2021 was greater in areas of deprivation. There are some similarities between the wards with the highest admissions and with the highest percentage of households with an income of < £20,000, these include: Croft, Newbiggin Central and East, Cowpen. This data is reported in the following Tableau dashboard: Fuel Poverty: Views - Tableau Server (northumberland.local) The Benefits and Debt Advice Needs of Northumberland Residents Health Needs Assessment highlighted that benefits and debt advice were two of the top four reasons that people contacted advice services. Furthermore, Northumberland Communities Together (NCT) has received more than 14000 calls since April 2020; with the most frequent support required: 1. Food, 2. Financial support, 3. Utilities support. **Gaps or limitations in current support** The main local VCS organisations providing support include Citizen's Advice Northumberland, Community Action Northumberland, Age UK and within the council, the Housing team, Climate Change team and Northumberland Communities Together. These teams and organisations are all brought together to enhance collaborative action through the Warm Homes Group. The Warm Homes Group has identified that the current demand for support may outweigh the support that is available. Due to the scale of the issue and an additional energy price rise forecasted for October, in the coming winter the demand will be overwhelming. The current gaps in support available is described in the table below:

Support available	Gaps
Central Government funding through ECO/ Help to Heat for households with gross income <£30,000 or in receipt of housing benefit, council tax reduction, or the housing element of universal credit	ECO 4 (commencing in July 2022) will no longer fund the replacement of any condensing gas boilers. Starting to see cases no longer eligible, currently 3 - 4 households/ month in need. Households with old back boilers could be eligible but will be difficult to access because the numbers have been limited to 5000 across the whole of the UK. Gas central heating measures are also limited to homes that are already on gas. Some households due to have a new gas connection have now been told that this is no longer going ahead. LPG and oil installations can be similar to the cost of an ASHP (£5,000 to £10,000) but don't attract any grant support.
Foundations Independent Living Trust GAs Safe Charity Fund. Improves gas safety in privately owned homes of older, disabled and vulnerable people to prevent death, injury and illness caused by dangerous gas and work appliances.	Grants of up to £500 per intervention, and only one intervention per household per year. The average cost of replacement boiler is in the region of £3000.
Warmer Homes Scheme which is NCCs new inhouse delivery scheme for the delivery of government funding for the retrofit of domestic dwellings. It is targeted at households below	The total number of properties in the current scheme which can be supported is approximately 400. This scheme does not start until July 2022.

£30k on low energy rated properties.	
Boiler Upgrade Scheme (managed by the Climate Change team)	£5,000 towards the cost of an air source heat pump, biomass boiler or ground source heat pump installation. This amounts to somewhere around 50% of the actual cost.
Citizen's Advice and Community Action Northumberland	The Benefits and Debt Advice Needs of Northumberland Residents Health Needs Assessment identified the increased demand on Citizens Advice. The short termism of existing funding streams means experienced staff are lost.
Household support fund(managed by Northumberland Communities Together) is primarily used to support households in the most need. The current funding is from 1st April to 30th September 2022, with no confirmation of continuation at this stage.	Average award is £181. Whilst there is no upper limit, the scheme is intended as an emergency assistance payment and not intended to sustain loss of earnings, finances etc. and should reach as many people as possible i.e., high frequency, lower value. That ratio will be/ has been changing with fewer awards and higher payments with each grant allocation
Northumberland Emergency Transition Support provides grants or loans to people in a crisis.	Awards are limited to two per year of £1000 whichever comes first, the average transition award is £509.
All of the above	There is a lack of capacity across the VCS and NCC teams/ organisations to appropriately support individuals to navigate the systems and support in place to help them. Support needs to be tailored and vulnerable groups require increased support to help identify bona fide

		contractors, practical structural help such as loft clearance, accessing proof of benefits.

B. **How will it reduce inequalities?**

Rising energy and food prices particularly affect low-income households, because low-income households spend a larger proportion than average on food, transport, household, fuel/power (1). According to the Resolution Foundation, the poorest quarter of households are set to see their real incomes drop by 6% in 2022/23 (4).

Looking beyond the data, the Health Foundation highlights that as well as lacking basic material resources, poverty is also about exclusion and missed opportunities; the child who is singled out for having free school meals or the person who misses a job interview because they don't have the 'right' clothes (6).

When people are prevented from accessing resources and experiences, it can compromise their ability to participate and feel valued and included in society (6).

The Benefits and Debt Advice Needs of Northumberland Residents Health Needs Assessment highlighted the well-established association between low income and poor health:

- People on low income are less able to purchase goods and services that improve health.
- Due to financial restraints people make choices which may risk or directly damage their health.
- People with physical disabilities, mental health problems, caring responsibilities and single parent families are particularly at risk of low income.
- Children who grow up in poverty are more likely to be exposed to adverse life experiences and have poorer health and educational outcomes.
- Debt is associated with poor mental health
- Accessing the welfare system can be challenging, with some groups finding it more difficult than others

Furthermore, local HES data shows direct health effects of poverty, with increased hospital admissions in areas of higher deprivation. Targeting individuals within these areas to reduce hospital admissions serves to narrow this gap.

Strategies that reduce the carbon used/ emitted locally, while addressing the current climate crisis have the potential to exacerbate inequalities by limiting choice. Lower-income and other disadvantaged groups contribute least to causing climate change but are likely to be most negatively affected by it, they pay, as a proportion of income, the most towards certain policy responses and benefit least from these policies. For instance, a household

which can afford a new boiler is able to purchase and install a boiler, however current support schemes no longer offer to replace boilers. This creates an unjust transition.

C. **Evidence of effectiveness**

- Since the specific intervention is not yet known, below are examples of work undertaken nationally to support households at risk of poverty (and their effectiveness):

Reducing household energy costs through the provision of basic energy efficiency measures could be the most successful and progressive approach to protecting and compensating households who are significantly worse off due to Government energy policy (JRF 2014) The Joseph Rowntree Foundation Report on Solving Poverty shows that acting early and ensuring low income and at-risk households can access the best deals including energy efficiency programmes can be effective.

DfE's Holiday and Food Programme pilot evaluation showed that mental health improved when household financial pressures are eased, and family tensions decreased.

- Locally, the following outcomes have been achieved from support provided by Northumberland Communities Together:

Household Support Grant (previously Covid Support Grant) of £4,880,044 has been distributed between 01/12/20 to 31/03/22 through three 3 separate grant determinations. We have made £167k worth of NETS payments since April 2020. We have a further £2,480,330 until 30/09/22. Being able to make these discretionary payments for funerals, repairs, food, fuel, clothing, beds and may more items, combined with softer supports from the team and local communities working together has been life changing for some of our residents.

D. **Scale of prevention**

Primary prevention

E. **How will it build on community strengths?**

This work seeks to involve individuals/ communities and support them to maximise their wellbeing and health. We seek to build on the partnerships formed between communities and NCC teams and VCSE organisations (for example, The Covid-19 Pandemic Response, Warm Hubs within parish and village halls where CAN run cooking classes with slow cookers and Citizen's Advice provide energy advice to communities. The Thriving Together

	Network and Thematic Partnerships also brings community intelligence to enable solutions to be co-designed to complement existing schemes. By supporting a household in crisis, they are more able to work, learn, manage, stay well, be social, more likely to participate, and connect to the opportunities available in their community and beyond. We have seen much work where communities pull together once they are out of crisis mode, and by initiating conversations and shared actions we can build upon these strengths. We are leading with this emerging model that helps us shape how and what we fund and build provision in place. F. **Value for money** Cost-utility is difficult to assess. However, short-term funding is likely to have lasting impact on individuals', families' and communities' long-term mental and physical health.
2. Outputs / outcomes expected to be achieved and by when	Specific outputs are yet to be determined; this is because any outputs must be in line with the Poverty Action Plan (currently under development) as part of NCC larger inequalities plan. The broad outputs from this strategy include: i. **Reduce the financial pressure of local households** NCT is already delivering a payment system to individuals, partners, and organisations. Extending this is support is being explored with a focus on fuel, food, and prevention; as per Household support Grant - central heating fixes, fuel payments, laundry, eat, sleeping and learning furniture etc. (full and detailed reports on geography, theme, and household makeup system already in place). Clear communication of available support driven into communities where needed most with support of Thriving Together consortia, local schools, and groups. ii. **Use intelligence and data to identify households at risk of financial hardship** The development/ procurement of a data tool is being explored to bring council and policy data together to identify 'in crisis' and 'at risk' households, streets, and wards and demonstrate the financial impact of income intervention – Sept 22. Furthermore, GP practice disease registers could be a useful data source to identify individuals with conditions at risk of worsening with poverty/ fuel poverty.

	iii **Increase individual and household resilience to poverty** iiii **Explore strategies to remove barriers experienced by local households** Longer term outputs: Mitigation against increased financial hardship experienced by the most vulnerable residents in Northumberland following the pandemic and the cost of living crisis – within 1 year. Mitigation against worsening health of people living in the most deprived areas of Northumberland, with potential for lower premature mortality and slope of inequality in mortality in Northumberland compared to comparator LAs without similar intervention in next 10 years.
3. System benefits and interdependencies e.g. • **Health in all policies** • **Joint Health & Wellbeing Strategy** • **Part of PCN inequalities plan** • **Links to Covid inequalities HIA**	This work aligns with the Northumberland Joint Health and Wellbeing Strategy in that it 'tackles some of the wider determinants of health' by reducing poverty associated with ill health. Furthermore, this work aligns with the forthcoming Inequalities action plan which will seek to ensure all projects are delivered through an 'inequalities lens' to ensure that services (at the least) do not drive/ widen inequalities and (where possible) support a reduction in health inequalities. In the immediate term this work will support NCC poverty action plan which will clarify, develop, and strengthen the services, supports, and activities that we have in place to keep residents warm, safe and well during the cost-of-living crisis. Much of this work is driven though Northumberland Communities Together.
4. Do you anticipate that a procurement will be required?	Yes
5. Funding A. **Total amount requested and over how long**	Up to £1m over 18 month period. The NCC Poverty Action Plan will include strategic developments needed to build resilience and alleviate poverty. This funding/pathway to service could be co-designed and added to the NCT service, which is already able to issue payments, support and arrange services. This would ensure residents are also able to connect to the wider offers in place.

B. **Forecast spend over duration of programme e.g.:** • **All up front (e.g. a purchase)** • **Monthly (staffing costs)** • **Procurement timeline to be worked up** • **Delay and then spend back end of programme** C. **Match funding opportunities?**	The funding will be allocated and spent in line with the conditions of the Public Health Grant. (i.e., if payments are made out of the fund towards expenditure on other functions of a local authority or the functions of an NHS body, other public body, or a private sector or civil society organisation, the authority must be of the opinion that those functions have a significant effect on public health) (7).
6. Exit strategy / sustainability plan	This is a crisis response onto which we can better understand how to best use our combined resources – across the system. It will help support residents through winter 2022. Inflation is predicted to go down next year (around 4%), and then again, the year after (1.4%). We also expect the Government to extend the Household Support Grant to replace the old Welfare Assistance (currently no longer a LA requirement, but we have NETS), and that Universal Credit will be reviewed. Free School Meals, food insecurity, and Healthy Start are also likely to be reviewed by the government with the potential for a mini budget this summer.

7. Risks to be managed e.g. • **Workforce available to recruit** • **Procurement delivers to time** • **Financial risks** • **Safeguarding** • **Risks to credibility, relationships or reputation**	Existing workforce and load, strong triage as connected to Swift/EH and welfare rights. The ability to retain skilled, experienced staff. Need for a strong and clear referral pathway (simple for partners but solid for us) will reduce financial risk. Early discussions suggest that funding boilers (if this is a strategy supported by the Poverty Action Plan) which are powered by non-renewable sources will be compatible with our ambitions to carbon net zero if they can demonstrate they are to reduce inequalities and mitigate against unjust national energy policies. Financial risks should be addressed because there is already a robust system in place to use community insights to minimise the risk of fraud. However, there may be spending rules that need to be considered.

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8.

Selective Licensing of Rental Properties

Public Health Reserves Funding Bid Request

Name of scheme:	Selective Landlord Licensing Scheme
1. **Brief summary of programme/intervention covering:** A. **Local need** B. **How will it reduce inequalities?** C. **Evidence of effectiveness** D. **Scale of prevention (primary, secondary, tertiary)** E. **How will it build on community strengths?** F. **Value for money**	What is it?. Selective licensing is a tool available to local authorities to address the impact of poor-quality housing, management and anti-social behaviour associated with tenants. It has primarily been developed with the need to tackle these problems in areas of low housing demand that suffer from significant and persistent anti-social behaviour. As well as improving housing standards, selective licensing can create sustainable neighbourhoods providing tenants with a greater choice of safe, good quality and well managed accommodation. Licences contain conditions with which the applicant must comply over the life of the designation. Local authorities inspect properties in the area and enforce compliance with the conditions of the licence. The licence requires payment of a fee, one part of which covers processing of the application and the remainder supports the associated enforcement scheme. Non-compliance with the condition of a landlord licence is an offence, liable to a financial penalty of up to £5000 per breach, or a formal prosecution in the Magistrate's Court. Most LAs in the NE have a selective licensing scheme. Local need. The proposal is to designate the area of Cowpen Quay as an area for selective licensing, other ongoing projects to improve this area. The selective licensing scheme approach will provide a visible neighbourhood presence in the area in which it will be focused and will form part of the broader programme and integrated strategy for Blyth, helping to tackle areas of social deprivation. A selective licensing designation may only be made if the area satisfies one or more of a number of conditions and Cowpen Quay meets the following: poor property conditions, significant and persistent anti-social behaviour, high levels of socio-economic deprivation, high levels of crime, high levels of private rented accommodation.

	The proposed area for a selective licensing area runs south of Hodgson Road and is bounded on the west by Cowpen Road and Regent Street to the east, with the southern boundary including the town centre down to Waterloo Road. Most properties are terraced houses and flats dating back to the early 1900's. There are over 1000 residential properties in the area of which 55 are long term empty properties, around 420 are privately rented (therefore subject to selective licensing) with 398 owned by social housing providers. Northumberland County Council are the largest social housing provider in the area which will give further weight to the overall improvements in the area and support for the scheme. Private rented properties account for around 40% of all residential properties in Cowpen Quay; high for such a small area. Nationally, the private rented sector currently makes up 19% of the total housing stock in England. How will it reduce inequalities? Housing is a basic determinant of health, recognising the range of ways in which a lack of housing, or poor quality housing, can negatively affect health and wellbeing. Home can be the source of a wide range of hazards and it is the environment in which many people spend a majority of their time. The UK Housing Health and Safety Rating System (HHSRS) provides a health-based assessment of housing-related hazards, and this assessment forms part of the Selective Licensing process. The worse hazards are often found in unlicensed poorly managed properties; unlicensed rented properties are an indicator of the likelihood of Category 1 hazards. The wider local environment around the home is also important in terms of fear of crime and the introduction of a Selective Licensing scheme can have notable benefits in reducing anti-social behaviour. Improvements in any of the selective licensing conditions will reduce inequalities. Evidence of effectiveness. Proactive enforcement is more effective than reactive enforcement. An independent review of selective landlord licensing schemes in 2019 by MHCLG (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/833217/Selective_Licensing_Review_2019.pdf.) concluded that *'The research overall indicates that selective licensing can be an effective policy tool with many schemes achieving demonstrable positive outcomes. However, this study also indicates that when implemented in isolation, the effectiveness of selective licensing is often limited. Schemes appear to be more successful as part of a wider, well planned, coherent initiative with an associated commitment of*

	resources – a finding entirely consistent with the aims of the Housing Act.' and that *'There are a wide range of concrete examples of schemes achieving demonstrable positive outcomes.'* Research by the CIEH *f*ound that 69-84% of properties in licensed areas needed works to be done to bring the properties up to a decent standard (https://www.cieh.org/media/2552/a-licence-to-rent.pdf). Evaluation by Ashfield Town Council in 2021 is available here *(https://www.ashfield.gov.uk/media/ut3lf2wr/evaluation-report-selective-licensing-november-2021-v5.pdf.* This concluded that 'A significant number of tenants in need have been assisted and are now living in safe, warm homes. Thanks for this must be given to local landlords, the majority of whom have worked with the Council in a very positive way.' They recommended that the scheme continue for a further 5 years due to the demonstrable benefits that had been achieved. Scale of Prevention. Primary prevention achieved by preventing exposures to hazards that cause disease or injury and the chronic (housing related) stress which leads to ill health. Secondary prevention to reduce the impact of a disease or injury that has already occurred by identifying people with e.g. substance misuse disorder not in contact with services and supporting them into NRP; people with mental ill health, other physical and mental well being issues and who have a welfare and benefits advice need that could be supported via MECC approaches within the housing team and through signposting; identification of safeguarding issues e.g. DV, modern day slavery. Tertiary prevention e.g. helping people manage long-term, complex health problems and injuries through linking into social prescribing/support planners/self-help groups. Building on community strengths. Reduction in tenant turnover should support the development of sustainable community networks facilitated by the existing Heart of Blyth work. Value for money. Selective licensing schemes have not been subject to any formal cost-effectiveness analysis but leaving vulnerable people living in the poorest 15% of England's housing is costing the NHS some £1.4 billion per annum in first-year treatment costs. That is estimated to be only 40% of the costs to society as a whole. (see https://www.housinghealthcosts.org/res/hhcc.pdf). In view of the nature of the intervention, evidence comes from different Local Authorities who have implemented selective licensing schemes of differing scales and models.
2. Outputs / outcomes expected to be achieved and by when	Outputs expected to be positively impacted (some in the first 2 years) include: • Reduction in ASB incidents in licensed properties

	• Reduce Housing Hazards through assessment using the Housing Health and Safety Rating System • Improve licensing compliance rates and property standards. • Improved tenant welfare through referrals/signposting into NRP, falls prevention, welfare and benefits, MH and other statutory services • Reduced complaints about poor housing Outcomes expected to be positively impacted include: • A reduction in the fear of crime • Improved health and wellbeing • Increased community resilience • Increased social cohesion and capital
3. System benefits and interdependencies e.g. • **Health in all policies** • **Joint Health & Wellbeing Strategy** • **Part of PCN inequalities plan** • **Links to Covid inequalities HIA**	HiAPs – this is a policy focused on improving housing quality and ASB with associated impacts on health. JHWS – contributes to the priority to tackle fuel poverty by increasing the number of households with access to affordable warmth. Inequalities plans – will form a component of the NCC inequalities plan. Poverty action plan (early stages of development) – a future poverty action plan needs to recognise that people on low incomes will have limited housing options which are sometimes difficult to sustain (https://www.jrf.org.uk/report/links-between-housing-and-poverty) A side benefit of a selective licensing scheme is that there will be opportunities to prevent eviction due to financial issues.
4. Do you anticipate that a procurement will be required?	No. There is a statutory process which needs to be undertaken including formal consultation. This will be done by the housing team.
5. Funding	

	Set up	**Implementation**	**Totals**

A. **Total amount requested and over how long**

B. **Forecast spend over duration of programme e.g.:**
- **All up front (e.g. a purchase)**
- **Monthly (staffing costs)**
- **Procurement timeline to be worked up**
- **Delay and then spend back end of programme**

C. **Match funding opportunities?**

	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	
Salary & Oncosts	103,746	106,189	108,691	111,254	113,879	116,498	660,258
IT - Bespoke	10,000						10,000
Marketing & Other Costs	5,000	5,100	5,202	5,306	5,412	5,520	31,540
Legal Support	30,981	31,717	32,471	33,244	34,036	34,819	197,268
Total anticipated Income based on 90% take-up		-37,800	-37,800	-37,800	-37,800	-37,800	189,000
Net Cost	**149,727**	**105,206**	**108,565**	**112,004**	**115,527**	**119,037**	**710,066**
Balance met from Public Health Grant	-149,727	105,206	108,565	112,004	115,527	119,037	710,066

There are an estimated 420 privately rented properties in the Cowpen Quay proposed area for selective licensing. If all these properties were to become licensed this would generate an income of £210,000 during the statutory life of the scheme which is 5 years. Modelling is however based upon a 90% uptake of eligible owners / properties.

	There is anticipated to be political will to support this scheme (mentioned as something we should be pursuing at Communities OSC in the context of the Empty Homes report and Full Council meeting 4 May).
6. Exit strategy / sustainability plan	Evaluation early year 4 with a view to extending (or not) through NCC budget setting process or as part of PH grant budget setting process.
7. Risks to be managed e.g. • **Workforce available to recruit** • **Procurement delivers to time** • **Financial risks** • **Safeguarding** • **Risks to credibility, relationships or reputation**	All risks will be managed through the housing team. The Regional Director of Public Health supports the use of the PH grant for selective licensing schemes.

9.

Vaccination midwife

Public Health Reserves Funding Bid Request

Name of scheme:	Vaccination Midwife/Nurse
1. **Brief summary of programme/intervention covering:** A. **Local need** B. **How will it reduce inequalities?** C. **Evidence of effectiveness** D. **Scale of prevention (primary, secondary, tertiary)** E. **How will it build on community strengths?** F. **Value for money**	A: COVID vaccination is currently provided by bank staff alongside the Public Health Midwife. This has meant that the public health midwife has less time to focus on equally important priorities for improving the health of pregnant women and their unborn children. A dedicated vaccination nurse/midwife would provide a robust, sustainable service to pregnant women in Wansbeck General Hospital antenatal clinic and community settings (currently staffed by bank vaccinators). B: The vaccination nurse/midwife would also cover outreach clinics in areas of low vaccine uptake (data tracked weekly). Of those pregnant women residing in IMD 1; 66.6% have received a 1st dose COVID-19 vaccine, 55.8% 2nd dose and 55.6% booster, compared to IMD 10 (1st: 93.2%, 2nd : 87.7% and booster: 71.0%). C: The service is currently provided by bank staff alongside the Public Health Midwife. However, evidence shows and data supports that a midwife present in a vaccination setting increases women's confidence. Northumberland is consistently in the top 4 areas in the region for COVID vaccination – these numbers can be directly related to the increased presence of maternity staff in outreach areas. Recruitment and staff pressures within the regional maternity services mean that filling the post with a trained midwife may be a challenge. To mitigate this risk, the recruitment of a nurse, who would be supported to complete an enhanced training programme supported by the Public Health Midwife, wider maternity team and obstetricians, would add the value required to improve uptake by facilitating robust counselling and

	discussions with service users. This would be clearly outlined in the patient facing comms. The role can also support flu and pertussis vaccine uptake which are also relatively low, particularly in more deprived areas. This is in part because they are delivered by primary care staff or midwives within primary care settings, where there may not be the dedicated time to vaccinate. The vaccine coverage would increase if the service were able to offer vaccination at scale – almost every pregnant woman attends for a dating and an anomaly scan. There are approximately 3600 women having antenatal care and scans with the Trust each year. D: Primary/secondary E: Excellent collaboration with community services/pharmacy/primary care – this offer will reduce the pressure on primary care, increase women's choice and reduce barriers to vaccination. F: Vaccines are highly beneficial on a population level and cost effective - addressing low vaccine uptake is imperative to protect the health of women and babies. The vaccination midwife/nurse would provide an expert service, allowing maximum number of vaccines given to the target population within a clinic setting. A designated vaccination nurse/midwife would reduce overall costs to the wider system in reducing the need for additional clinics, clinical space, appointment times etc.
2. Outputs / outcomes expected to be achieved and by when	Increase uptake of all vaccinations for pregnant women in Northumberland – within months. There are no national targets for COVID/pertussis vaccination, however the national target for flu of 75% is an achievable benchmark. Reduced socioeconomic inequalities in uptake of all vaccinations for pregnant women in Northumberland – within months.
3. System benefits and interdependencies e.g. • **Health in all policies**	• JHWS – this funding would directly support the objectives of the 'Best start in life' domain of the JHWS. This is an opportunity to include flu and pertussis vaccination offer to seldom heard groups. Flu vaccination uptake in pregnancy was 10.3% lower this season compared to 2020/21 (55.8% v's 45.3%).

• **Joint Health & Wellbeing Strategy** • **Part of PCN inequalities plan** • **Links to Covid inequalities HIA**	• COVID inequalities HIA – the staff member would provide an outreach service to areas of low vaccine uptake/vaccine hesitancy
4. Do you anticipate that a procurement will be required?	Yes / No [please delete as necessary] No
5. Funding A. **Total amount requested and over how long** B. **Forecast spend over duration of programme e.g.:** • **All up front (e.g. a purchase)** • **Monthly (staffing costs)** • **Procurement timeline to be worked up** • **Delay and then spend back end of programme** C. **Match funding opportunities?**	A: £50,250 would provide all costs for a 1.0 WTE Band 5 (top point) for one year B: Annual cost C: Opportunity to seek match funds from North Tyneside Council to replicate offer in North Tyneside General Hospital Antenatal Clinic and community outreach clinics.
6. Exit strategy / sustainability plan	Funding is only sought until the end of March 2023. There is currently an organisational change process underway to move to a Maternity Support Worker (MSW) job description for all existing healthcare assistants in maternity. The additional funding to uplift the Band of this post has been agreed by the Trust. A funded apprenticeship programme has been commissioned to deliver the Level 3 MSW apprenticeship to ensure all staff will be able to fulfil the requirements of the new JD, which will include vaccination.

7. Risks to be managed e.g. • **Workforce available to recruit** • **Procurement delivers to time** • **Financial risks** • **Safeguarding** • **Risks to credibility, relationships or reputation**	The only risk of the money not being spent would be failure to recruit. However, the existing immunisations team contracts finish in May 2022, therefore staff availability and likely interest from this experienced cohort.

healthwatch Northumberland

Championing what matters to you

Healthwatch Northumberland Annual Report 2021–22

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Message from our Chair

Well, that was another challenging year! The ongoing effects of the pandemic obliged the health and care services to continue adapting to a world where COVID-19 remained a hugely significant factor. That they have done so bears testimony to the dedication, professionalism and flexibility of the staff who are charged with looking after us. We are indeed grateful for their efforts although there is still much to be done as we progress towards normality.

Similarly, everyone associated with Healthwatch Northumberland has needed to respond to the evolving circumstances. The natural preference for staff, volunteers and board members to meet people face-to-face was largely superseded by online forums, written submissions and telephone conversations. Yet this did not deflect the organisation from its fundamental responsibility to seek out the views of the wider community and then to react appropriately to the forthcoming messages, information and evidence. I am glad to say that we were able to make a quick return to in-person work and hopefully you will have seen the team out and about.

Such ongoing communication and engagement has enabled us to fulfil our role in advising members of the public, in forwarding information to providers and commissioners, and in presenting formal reports to service leaders. Details of the work undertaken can be read on the following pages which include reference to dentistry, pharmacy services, end of life care, and care homes. There has also been increasing involvement in issues surrounding the emerging Integrated Care System for the North East and North Cumbria although our priorities remain focussed on issues within Northumberland itself.

Finally, a word of appreciation to colleagues within Healthwatch Northumberland and the parent company Adapt (NE). Their individual contributions and collective endeavours have been reflected in the County Council renewing the contract to provide Healthwatch services to the community for another three years. And let there be no misunderstandings about what this means: whether it be within the higher levels of the Integrated Care System or in conversation with an individual member of the public - and everything in between - you can be assured that we shall remain the independent voice for health and social care in the communities of Northumberland.

David Thompson
Healthwatch Northumberland Chair

Message from the Chair of Adapt (NE)

I am delighted that Northumberland County Council has awarded Adapt (NE) the contract to deliver Healthwatch Northumberland until 2025. It is testament to the way in which the Healthwatch Northumberland staff, volunteers and board rose to the challenges of the pandemic.

As our communities opened up through 2021, Healthwatch Northumberland was ready, with its eye catching gazebo and regular 'Here to Hear' drop in sessions, to meet up with people across the county. Together with the digital means to engage with groups, to communicate stylishly and working closely with like-minded organisations across the county, it has never been easier for people to share their experiences of health and social care or to find help and support.

Once again I say thank you to those who gave Healthwatch Northumberland their feedback and to those service providers and commissioners who listened to, and acted upon it.

Lorraine Hershon
Adapt (NE) Chair

About us

Your health and social care champion

Healthwatch Northumberland is your local health and social care champion. From Haltwhistle to Wooler, Ashington to Allendale and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.

Our vision

The health and social care needs of the people of Northumberland are heard, understood and met by those responsible for commissioning and delivering services.

Our mission

To help make sure the people of Northumberland's views and experiences shape the health and social care support they need.

Our values

- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with care providers, the Government, and the voluntary sector – serving as the public's independent advocate.

Our year in review

Find out how we have engaged and supported people.

Reaching out

1167 people
shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

3179 people
came to us for clear advice and information about topics such as mental health and COVID-19.

Making a difference to care

We published
11 reports
about the improvements people would like to see to health and social care services.

Our most popular report was
Click and Connect
which highlighted the struggles people have trying to register for GP services online.

Health and care that works for you

We're lucky to have
22
outstanding volunteers, who gave 500 hours of their time to make care better for our community.

We're funded by our local authority. In 2021-22 we received
£200,000
which is the same as the previous year.

We also employ
six staff
who help us carry out this work.

How we've made a difference throughout the year

These are the biggest projects we worked on from April 2021 to March 2022.

Spring

As the COVID-19 vaccination programme continued to be rolled out, we shared key messages about who could get the vaccine and where.

Our care home forums gave people a chance to share experiences of visiting loved ones in care homes and we could keep them updated on the latest guidelines as COVID-19 restrictions eased.

Summer

When we heard some people were having difficulties trying to register for GP services online, we looked at how people could register for online services at GP practices across the county.

We ran a survey to gauge the access and support received by young people (aged between 13-25 years) from mental health services in Northumberland.

Autumn

On World Menopause Day we highlighted the differences in treatment from health care services in Northumberland that two women have experienced as they go through the menopause.

We held our AGM online and invited guests from the new Northumberland Recovery College to speak about what is on offer to support local people with mental health and wellbeing.

Winter

As patients became increasingly concerned about getting to see their local dentist, we worked with other local Healthwatch to mythbust some common misunderstandings about NHS dental care.

We supported the #YourCareYourWay campaign which encouraged people to come forward and tell Healthwatch about getting healthcare information in a way that is right for them.

Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feedback to services to help them improve.

NHS dentistry services in Northumberland

Throughout the second half of 2021 people told us that accessing NHS dental services was very difficult, whether registering with an NHS dentist or getting treatment.

We knew this issue was wider than Northumberland, so we worked with other local Healthwatch from the North East and North Cumbria to understand the concerns of our respective local communities. The project had three parts: a survey for members of the public, a survey for dental practices and a public information campaign.

The response from the surveys found there was the greatest difficulty with finding an NHS dentist as it seems to be almost impossible to be 'registered' as a new patient. Therefore, dissatisfaction levels were high. It appeared that the dental practices were struggling to cope with their existing patients and have no further capacity to accept new patients.

The situation was better for those patients who were existing patients and the ease of booking an appointment for routine check-ups, minor dental issues and emergency dental appointments seemed to lean towards patients being slightly more satisfied than dissatisfied.

We are part of the national Healthwatch England network and this project was used by Healthwatch England to influence national decision makers.

"We heard from Healthwatch Northumberland about how few practices were accepting NHS patients and the impact that this was having on patients, particularly parents with young children." **Healthwatch England.**

The information we received was shared with the Chief Dental Officer and used as the basis of our reports about the problems people faced with the accessibility and affordability of NHS dentistry. Our research was mentioned in a Westminster Hall debate, and we can only achieve that level of prominence with local help.

Our dentistry mythbuster, also produced with other Healthwatch in the region, provided practical support to patients trying to access NHS dental treatment and was well received. The NHS England commissioning team said:

"We can confirm that from an NHS England, local Dental Commissioning Team perspective the North East Healthwatch 'mythbusting' leaflet has been extremely useful in helping to improve patient, public and local politicians' understanding around the most common myths and misunderstandings relating to NHS dentistry. It is clear and easy to read and as such we have used it to supplement responses we have made as an organisation to enquiries we have received."

The joint report on Experiences of Dental Care Services produced earlier this year set out clearly how dentistry was facing both longer-term structural issues as well as shorter-term problems caused by the pandemic, leading to many people being unable to access the services they desperately need.

We have seen some progress in the reform of the dental contract and, more recently, saw an additional £50 million made available to improve access to NHS dentistry. The insight from this work has been a vital part of making that happen. You can be very certain that we will make sure that dentistry is kept high on the agenda, and will ensure that local people's voices are heard.

Reaching out

In the past year, we have provided a meaningful outreach and engagement programme despite the continued constraints posed by the COVID-19 control measures.

The year started with 13 engagement events across the county to promote our annual survey. What you said in the survey was used by the Healthwatch Northumberland Board to determine our priorities for the year. In September 2021 we introduced monthly drop-in sessions at five regular venues across the county. There are now 'Here to Hear' sessions at Cramlington Hub, Berwick Leisure Centre, Morpeth Library and Blyth Community Hub. At Haltwhistle Leisure Centre we have partnered with the Bridge Project to hear particularly from people who are looking to get into the workplace.

Here to Hear works. A woman specifically came to see us at one of our drop-in Here to Hear sessions in Berwick as she had not got the proper menopausal support from her GP practice. When at the same time we heard from another woman of the same age and with the same name who'd had excellent support from her GP whilst going through the menopause. We used these contrasting experiences as 'A tale of two Tina's' to generate some discussion around the subject for World Menopause Day.

Also in September, in line with our other core purpose of raising people's awareness of health issues and the support services available to them, we hosted online talks from different agencies and charities, beginning with Arthritis Action. Since then, we have had online presentations from Alzheimer's UK, Parkinson's UK, National Autistic Society, Diabetes UK, the Integrated Wellbeing Service and the Social Prescribing team. With an average attendance of around 20, we have seen a steady flow of new supporters sign up from these events.

NHS Northumberland Clinical Commissioning Group (CCG) wanted to understand people's experience of accessing GP services and commissioned us to get more responses for its survey. It wanted to hear from less heard groups such as young people, those with long-term health conditions, unpaid carers, people with learning difficulties and language barriers and those facing homelessness or drug/alcohol misuse. We ensured that hard copies were distributed to people who may be digitally excluded using our newsletter, and to libraries and voluntary organisations for those using their services. 549 people clicked to access the online survey and we had 99 hard copies returned.

Pharmacy Needs Assessment

Pharmacies are a key link in the healthcare chain. This year we partnered with Northumberland County Council to hear from people about how they use their local pharmacies and what they think about current services.

We made sure the council heard from groups of people who might not usually respond to surveys and from those who are not online. We designed an Easy Read version of the survey and partnered with community organisations who work with people with learning disabilities.

Hexham, Blyth, Alnwick and Morpeth have been affected by pharmacy closures so we held outdoor engagement events in these areas in addition to our Here to Hear drop-ins.

Across all events we helped 300 people complete the survey about their pharmacy needs and almost 1000 people clicked to access the survey online. Thank you to everyone who responded to the survey or helped to promote it within their groups or networks.

> **"Healthwatch Northumberland has helped enormously in obtaining a public perspective of the services offered by our community pharmacies. The team has worked with community organisations to target groups which would not normally respond to 'official' surveys. They have also reached out to communities which have had pharmacy closures in recent years to check that services still meet their needs. All of this has been done against a backdrop of COVID-19, not being sure when, or if, they would be able to meet safely with members of the public. A big thank you to Derry and her team for all the support they have given us in the production of the Pharmacy Needs Assessment."**
>
> **Liz Morgan, Interim Executive Director for Public Health and Community Services at Northumberland County Council.**

What next?

The results of the survey will inform Northumberland County Council's Pharmacy Needs Assessment to ensure local pharmacies continue to provide services that meet the needs of people living in Northumberland.

End of life care

Northumberland Clinical Commissioning Group (CCG) commissioned us to find out what is important to people in Northumberland when thinking about services for people who are dying and their families.

This was part of the CCG developing an End of Life Care Strategy including the idea of a social agreement, which is a set of principles or responsibilities that providers and individuals may have when someone is facing end of life care.

Following an initial survey, our role was to get more detailed feedback and ensure the CCG heard from groups and communities with different experiences and perspectives about death and dying.

We hosted two focus groups directly and seven were facilitated by specialist partner organisations including Being Woman, Carers Northumberland, Headway Arts, Mind Active, Northumberland County Blind Association (now Vision Northumberland), Northumberland Community Voluntary Action and Tynedale Hospice at Home. In total 68 people took part in the groups and three people gave detailed feedback separately.

Our report made several recommendations including:

- The need to help facilitate public communication around death and dying, for example, commissioning a series of 'death cafes' and considering how best to sensitively communicate and educate younger people.
- Using our case studies (people with a learning disability and people from diverse ethnic backgrounds) to undertake further research on whether the issues highlighted are recognised by providers, how they are currently handled and how challenges might be met.

What next?

Using the results of the public engagement, the CCG presented its End Of life Strategy with a draft social agreement to the Northumberland Health and Wellbeing Overview and Scrutiny Committee in March 2022 which added some additional comments.

The strategy is due to be published in autumn 2022 with a communications plan.

We will be part of the monitoring group which will look at how the strategy is working and what feedback the public give as it is rolled out.

How we have made a difference for the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.

Listening to patients and families about care at home

'Understanding the experiences of people using home care services, then, now and in the future', was designed to find out the experiences of people using services and their family carers in Northumberland. We wanted to find out what is working well for people and also make recommendations for changes or improvements to services, based on what people told us.

These are difficult times for all social care services as nationally it is difficult to attract and keep staff. This is especially so for home care services.

Feedback covered a wide range of care experiences from excellent to not so good. Key themes included experiences during the pandemic, navigating the home care system and securing access to services, pressures caused by reductions in staffing, communication with care providers and adult social care and how to identify quality services.

Key recommendations have been made based on the issues raised to assist commissioners and providers to implement the responsive, effective and caring provision which everybody desires for the residents of Northumberland.

> **"The council commissions almost 30,000 hours of home care per week and its second largest area of spend in contracted services. We're aware how important visit-based home care is for individuals and their families to ensure people are as independent as possible and this is reinforced in the report. This service area is under pressure particularly because of workforce issues and the report has picked up on that, offering recommendations, some of which are already underway".**
>
> Alan Curry, Senior Manager – Commissioning,
> Northumberland County Council

Championing what matters to you

We know from feedback that GP services really matter to people in Northumberland; this is never more so than when changes are proposed to those services. When a change is announced we work with the Clinical Commissioning Group (CCG) and the practice to agree how patients will be informed and involved.

This year we have helped patients in Felton, Cramlington (Brockwell), Seaton Delaval (Elsdon Avenue) and Longhoughton to have their say and to ask important questions of the practices and the CCG. We convened nine online meetings attended by 55 patients, practice representatives and the CCG. We also supported Longhoughton Parish Council in a specially convened parish council meeting attended by 26 residents.

Although each practice and its circumstances were different, patients raised the same issues - access to services, with the lack of public transport, and the potential impact on appointment systems being big concerns. By hearing directly from patients, practices were enabled to make informed decisions to improve services.

"I appreciate that there were mixed views when we did our patient engagement, but would like to reassure people that we will do all we can to address any concerns, including providing patient transport for those who need it and ensuring there is enough free parking on site. There won't be any change to, or reduction of, the current services. There will in fact be a better provision as a result of more space. We will be able to co-locate with other services, develop our digital offer to patients and increase access to face-to-face appointments.

Dr Amir Munir, Valens Medical Group.

We have continued our support for Patient Participation Groups with the focus now on the West Northumberland and Northumbria Primary Care Networks. We are working with the CCG to develop new ways of working across the county for this pivotal part of representing the patient interest in new health structures.

Advice and information

If you feel lost and don't know where to turn, Healthwatch Northumberland is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, how to make a complaint or choosing a good care home for a loved one – you can count on us.

This year we helped people by:

- Providing up to date information on COVID-19
- Linking people to reliable information they could trust
- Supporting the COVID-19 vaccination and booster programme
- Helping people to access the services they need

Our Signposting and Information Service helps people get the service they need. It also helps NHS and social care services to improve as it shows them how their services are working in practice.

Audiology services

We were contacted by someone with concerns about the removal of ear wax, the build-up of which was affecting their hearing and maintenance of hearing aids. The local GP surgery had stopped providing these services and private providers had said they could not help due to the wax being too deeply impacted. After requesting a GP referral to the Ear, Nose and Throat department at the Freeman Hospital and being told that the waiting list may be around 12 months, the patient contacted us for further advice.

We contacted the Ear, Nose and Throat department to query waiting times and were advised that 12 months was excessive, and the appointment was more likely to be within a month. However, if the GP were to mark the referral as urgent it could even be sooner. This reassurance was gratefully received and helped to alleviate the patient's worries. They got an appointment the following month and are now registered for six-monthly checks.

> "Thank you so much for your fantastic help and support. It meant a great deal that someone was listening to me and not just brushing me off."
> audiology patient.

We continue to get feedback about audiology services following our report in 2020 and are working with commissioners to see how changes can be made, especially for those using hearing aids.

Pre-operation assessments

A patient got in touch with concerns about pre-operation assessments at Wansbeck General Hospital, after being told that over 60s must complete their assessment online rather than face to face. The patient felt that this was unfair as those under 60 had the option of face to face assessments but also that older people may potentially struggle more with digital access and have more complex health conditions that would be better discussed in person.

We raised these concerns with Northumbria Healthcare NHS Trust and clarified that there had been some misunderstanding as all patients would be encouraged to complete an online assessment (with support from staff at outpatients, if required). A face to face follow up would be offered depending on circumstances.

Northumbria Healthcare thanked us for raising this issue and said they would highlight the procedural pre-operation assessment advice to consultant and outpatient colleagues to avoid future misunderstandings. They also contacted the patient directly about progressing their individual assessment.

Podiatry services

An 80 year-old man with long term health conditions was having podiatry appointments every three months at a local clinic which was easily accessible to him. He is a wheelchair user and is cared for by his 82 year-old wife.

He was told by the service that the appointments would become four-monthly and then later that there were 'no appointments for the foreseeable future'. He was advised to go private. He contacted local private services but none of these were based in accessible buildings. It would not have been possible for his wife to get him upstairs and she was struggling with putting his wheelchair in the car.

We contacted the Patient Advice and Liaison Service and asked them to contact the patient to see what could be done. As a result the patient got a suitable appointment and was very happy. We also asked the service provider and NHS Northumberland Clinical Commissioning Group to explain the current situation with the community podiatry service. We were told that the commissioning lead had contacted the service to understand more about the issues, mitigations and patient communications.

Delays in GP referral and communication

An elderly man contacted us as he was concerned that his GP had not made an urgent cardiology referral. He had been to A&E and at discharge he was told to see his GP for an urgent referral. He spoke to his GP but heard nothing for several days. He contacted the cardiology unit which had no record of a referral.

He contacted the GP practice but they could not confirm whether the referral had been made or not. The patient was extremely anxious and felt this was having an impact on his health. He was told the GP would ring the next day but he felt this was too long to wait for what he felt was a simple factual enquiry.

We phoned the practice to see if anything could be done and the Practice Manager agreed to see what was happening. The patient rang back the next day to say that the Practice Manager had rung the same evening and had apologised. The GP had also rung him in the morning and a referral was made that day.

The patient was pleased with the outcome and said he did not think it would have happened without Healthwatch Northumberland's intervention.

Volunteers

We're supported by a team of amazing volunteers who are the heart of Healthwatch Northumberland. Thanks to their efforts in the community, we're able to understand what is working and what needs improving in NHS and social care.

This year our volunteers:

- Enabled people to have their say by talking to them on the telephone, helping run online forums and listening to people at events.
- Continued to make wellbeing calls on behalf of Vision Northumberland as part of our local COVID-19 response.
- Developed our database of local organisations and services.
- Helped design and implement projects exploring emerging issues such as dentistry during the pandemic and GP online registration.
- Distributed our information and resources to local communities.
- Helped create and promote surveys to find out what people in Northumberland think about their local health services.

Anne
Community Engagement Volunteer

Anne has appeared in previous annual reports when she was one of our Engagement Officers. After retirement, we were delighted when Anne said she would like to volunteer with us and last year saw her involved in a wide range of activities to support our work including making wellbeing calls for Vision Northumberland, updating databases, helping with fact-finding and attending many of our 'Here to Hear' engagement events.

Anne says "I find my role as a volunteer with Healthwatch Northumberland to be very rewarding. The pandemic has highlighted the vital importance of our health and social care services and it has been a privilege engaging with local people at this time. I have been struck by how constructive and positive people have been when sharing their experiences of a range of different services and I believe their voices have the ability to make a valuable contribution to the quality of provision across the county. I find the work satisfying and the team supportive. If you are looking to start volunteering, I recommend that you consider one of the many roles at Healthwatch Northumberland."

James
Digital Support Volunteer

The COVID-19 pandemic led to many services and engagement activities moving online but not everyone in Northumberland finds accessing the digital world easy. James joined us at the start of 2022 as a Digital Support Volunteer to support our online engagement events and help us become more digitally inclusive.

Like many other people, James found the pandemic an isolating experience and found his physical and mental health suffered as a result. Volunteering with Healthwatch Northumberland is one of the ways James has become more involved in his local community again, which has helped him to manage his Type 2 diabetes and has improved his wellbeing. James also volunteers for Cramlington Foodbank and is a member of the Cramlington walking group.

James says "Mainly it was my mental health that suffered during the pandemic. I needed to be involved with something rather than looking at the same four walls, which I found hard. Talking to people really seemed to help and I eventually moved forward and lost weight - getting out was what was needed. Onwards and upwards!"

Jess and Molly

Community Engagement and Communication Support Volunteers

Jess and Molly are both sixth form students and are involved in our 'linking with young people' project.

We currently hear very little from people aged 13-24, despite knowing that they have been hugely impacted by the COVID-19 pandemic. This new project aims to build links with Northumberland schools and colleges, and to design and distribute materials that are relevant and appealing to this age group.

Jess says "It feels great to work on a project which will help young people like myself access the support they need in school and outside of school. I hope that this project will also give young people a better and brighter future."

Molly says: "It's been nice to be involved in a project right from the start, see it develop and create materials with young people in mind."

Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch.

healthwatchnorthumberland.co.uk
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Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Income	
Funding received from local authority	£200,000
Additional funding	£68,569
Total income	£268,569

Expenditure	
Staff costs	£175,179
Operational costs	£69,132
Support and administration	£15,200
Total expenditure	£259,511

Top three priorities for 2022–23

1. **Accessing care and support**
   Continuing our focus on access to GP and primary care services and the experiences of those with sight loss or hearing loss.

   Understanding people's experiences of accessing outpatient treatment, particularly their experiences of virtual contact (by phone or online).

2. **Community Engagement and Insight**
   Engaging with communities of place and experience in Northumberland and particularly to understand the experiences of young autistic people and their families, people with dementia and re-starting our Enter and View ('Look and Listen') visits.

   We will provide information and communications about sources of help and support about health conditions and services.

3. **Service users' voices in system changes**
   Championing service users and Northumberland residents' voices in NHS and care system changes, particularly the North East and North Cumbria Integrated Care System.

Next steps

The pandemic has shone a stark light on the impact of existing inequalities when using health and care services, highlighting the importance of championing the voices of those who all too often go unheard.

Over the coming years, our goal is to help reduce these inequalities by making sure your voice is heard, and decision makers reduce the barriers you face, regardless of whether that's because of where you live, income or race. As a start we are planning our annual survey for autumn 2022 and changing to a more focused approach with groups we hear from less.

If your group would like to partner with us in holding a focus group or can help to gather views then please get in touch.

Statutory statements

About us

Healthwatch Northumberland, Adapt (NE), Burn Lane, Hexham, Northumberland NE46 3HN.

Healthwatch Northumberland uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making.

The Healthwatch Northumberland board consists of 11 members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2020/21 the board met five times and made decisions on matters such as agreeing an Equality, Diversity and Inclusion Policy with Key Performance Indicators to ensure that people from diverse communities feel welcome and are able to engage with us.

We ensure wider public involvement in deciding our work priorities, by using the feedback people give us about their experiences to highlight areas where we can make a difference.

Methods and systems used across the year's work to obtain people's views and experience.

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2020/21 we have been available by phone, by email, provided a webform on our website, attended virtual and face-to-face meetings of community groups and forums, provided our own in-person and virtual activities and engaged with the public through social media.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have done this by developing tools to produce Easy Read documents.

We ensure that this Annual Report is made available to as many members of the public and partner organisations as possible. We publish it on our website, across our social media platforms and produce hard copies for our stakeholders.

Responses to recommendations and requests

We made 39 recommendations to service providers and commissoners this year.
There were no providers who did not respond to requests for information or recommendations.

This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity.

There were no issues or recommendations escalated by our Healthwatch to Healthwatch England Committee and so no resulting special reviews or investigations.

Health and Wellbeing Board

Healthwatch Northumberland is represented on the Northumberland Health and Wellbeing Board by our Chair, David Thompson. During 2020/21 David has effectively carried our this role with positive contributions based on feedback and evidence gathered from service users in Northumberland. He has continued to work to ensure that those who are less heard are encouraged to engage with services and that the voices of Northumberland residents are heard in the Integrated Care System.

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Championing what matters to you

healthwatch
Northumberland

Championing means

Encouraging and working with services to involve the public, to step back and see the bigger picture

Creating empathy by bringing experiences to life provides a deeper understanding than using data alone.

Improving care over time, because change takes time and is a partnership

We said this would happen

People will say what is important to them about End-of-Life care in Northumberland

We will take people's experience of care into the Integrated Care System

Healthwatch across the NENC work together to improve access to dental services

We will learn more about COVID's impact on health inequalities

We will support PPGs to be part of the conversation about Primary Care

We will report the experiences and aspirations of people being cared for at home

And it did

Activity	Outcome
End of Life Project	Influenced End of life Strategy and made recommendations for further research
Dentistry Project	Raised awareness with NHSE locally and nationally Public more informed about dental services
Home Care Project	Adult Social Care Commissioners heard directly from service users, which influenced the care that they and others receive
Primary Care	GP access survey told decision makers what was important to patients and helped in redesign of services Patients in Longhoughton, Seaton Delaval and Cramlington were heard and influenced service changes West Northumberland and Valens have new PPGs
ICS	The NENC network representative on the ICB is supported by a structure to take experience from local communities to the heart of the ICP and ICB
Health Inequalities	We have refocussed our work towards the less often heard.
Advice and Information	We have resolved individual issues – many times its about communication

Up next

Reporting: families' experiences of autism and mental health services and the experiences of people with sight loss

Listening: Annual Conversation – new, focused on those less often heard

Discussing: new ways of delivering social care and outpatient services

Informing: 'All Change!'

Annual General Meeting

19 October

Northumberland College

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Northumberland County Council

Health and Wellbeing Overview and Scrutiny Committee

Work Programme and Monitoring Report 2022 - 2023

Chris Angus, Scrutiny Officer
01670 622604 - Chris.Angus@Northumberland.gov.uk

22 August 2022 - CA

TERMS OF REFERENCE

(a) To promote well-being and reduce health inequality, particularly in supporting those people who feel more vulnerable or are at risk.

(b) To discharge the functions conferred by the Local Government Act 2000 of reviewing and scrutinising matters relating to the planning, provision, and operation of health services in Northumberland.

(c) To take a holistic view of health in promoting the social, environmental, and economic well-being of local people.

(d) To act as a consultee as required by the relevant regulations in respect of those matters on which local NHS bodies must consult the Committee.

(e) To monitor, review and make recommendations about:

- Adult Care and Social Services
- Adults Safeguarding
- Welfare of Vulnerable People
- Independent Living and Supported Housing
- Carers Well Being
- Mental Health and Emotional Well Being
- Financial Inclusion and Fuel Poverty
- Adult Health Services
- Healthy Eating and Physical Activity
- Smoking Cessation
- Alcohol and Drugs Misuse
- Community Engagement and Empowerment
- Social Inclusion
- Equalities, Diversity and Community Cohesion.

ISSUES TO BE SCHEDULED/CONSIDERED

Regular updates: Updates on implications of legislation: As required / Minutes of Health and Wellbeing Board / notes of the Primary Care Applications Working Party
Care Quality Accounts/ Ambulance response times

To be listed: Vaping/E-Cigarettes

Themed scrutiny:
Other scrutiny:

Northumberland County Council Health and Wellbeing Overview and Scrutiny Committee Work Programme 2022 - 2023		
6 September 2022		
	Proposals for the allocation of the Public Health ringfenced grant reserve.	This report describes the process undertaken to agree proposals for additional investment in public health interventions from the ring-fenced public health grant; and to make recommendations. Scrutiny's views to be shared with Cabinet.
	Dental Access in Northumberland	An update from NHSE following the closure of dental practices in Berwick. NHSE to set out their plans for addressing the shortage in the area and contingencies for the wider County.
	Health Inequalities Plan	To present the draft Northumberland Inequalities Plan 2022 – 2032 and share with the Committee the proposals for system development and enablers, focused areas of action and short, medium and long-term indicators of progress.
	HealthWatch Northumberland Annual Report	Annual report from HealthWatch Northumberland.
4 October 2022		
	Complaints Annual Report 2021-22: Adult Social Care and Continuing Health Care Services	Annual report on complaints and lessons learnt within Adult's social care. Committee to identify any further areas for scrutiny.
	Post- COVID pathways and activity in Northumberland	A report from Primary and Secondary care bodies outlining the support and pathways available for people dealing with post COIVD.

	Home Care and Care Homes Adult Social Care Market Position Statement	A report from Northunbria Healthcare on their Home Care in Northumberland Strategy An outline of the social care market in Northumberland, the social care needs of the residents of Northumberland, demographic information about our population, and the type/volume of social care services the council would be interested in buying in the future in Northumberland
1 November 2022		
	Crisis Intervention and pathways	
6 December 2022		
	Specialist Dementia Service Director of Public Health Annual Report	An update on the implementation of a Specialist Dementia Service. Decision taken by Cabinet in April 22. Annual report from the Director of Public Health
3 January 2023		
	Northumberland Safeguarding Adults Annual Reports 2021-22	To provide an overview of the work carried out under the multiagency arrangements for Safeguarding Adults.
7 February 2023		
7 March 2023		

4 April 2023		
	NHCT Quality Accounts	Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust, and also agree to submit a formal response to each Trust.
	NEAS Quality Accounts	Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust, and also agree to submit a formal response to each Trust.
2 May 2023		
	CNTW Quality Accounts	Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust, and also agree to submit a formal response to each Trust.
	NUTH Quality Accounts	Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust, and also agree to submit a formal response to each Trust.

Northumberland County Council Health and Wellbeing Overview and Scrutiny Committee Monitoring Report 2022-2023				
Ref	**Date**	**Report**	**Decision**	**Outcome**
1	31 May 2022	Progress Report 0- 19 S75 Partnership Agreement with Harrogate and District NHS Foundation Trust	**RESOLVED** that: a) the contents of this report, be considered, and b) comments on the delivery of 0-19 Public Health Services to children and young people in Northumberland and outcomes being achieved be noted.	Further update to be given at a future date.
2	31 May 2022	Adult Social Care Self-Assessment following the dissolution of the Partnership with NHCT	**RESOLVED** that the report be noted	Further update to be given at a future date.
3	31 May 2022	Restructure of Adult Social Care	**RESOLVED** that the report be noted	No further action at this time.

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