



# Northumberland County Council

**Your ref:**

**Our ref:**

**Enquiries to:** Andrea Todd

**Email:** Andrea.Todd@northumberland.gov.uk

**Tel direct:** 01670 622606

**Date:** Date Not Specified

Dear Sir or Madam,

Your attendance is requested at a meeting of the **HEALTH AND WELLBEING OSC** to be held in **CONFERENCE ROOM 2 - COUNTY HALL, MORPETH, NE61 2EF** on **TUESDAY, 5 MARCH 2024** at **1.00 PM**.

Yours faithfully

Dr Helen Paterson  
Chief Executive

**To Health and Wellbeing OSC members as follows:-**

**K Nisbet (Vice-Chair), L Bowman, R Dodd (Chair), G Hill, C Humphrey, I Hunter, C Hardy, E Chicken, M Richardson and C Seymour**



**Dr Helen Paterson, Chief Executive**  
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## AGENDA

### PART I

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

#### 1. APOLOGIES FOR ABSENCE

#### 2. MINUTES

(Pages  
1 - 10)

Minutes of the meeting of the Health & Wellbeing Overview & Scrutiny Committee held on 9 January 2024, 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](mailto: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. HEALTH AND WELLBEING BOARD** (Pages 11 - 30)

The minutes of the Health & Wellbeing Board held on 14 December 2023, 11 January 2024 and 8 February 2024 are attached for the scrutiny of any issues considered or agreed there.

**5. REPORT OF CABINET MEMBER FOR IMPROVING PUBLIC HEALTH AND WELLBEING** (To Follow)

**Director of Public Health Annual Report 2023 - Ageing well in Northumberland**

The purpose of this report is to present the independent Director of Public Health (DPH) Annual Report for 2023. The report focusses on ageing well in Northumberland and highlights the ways we can promote independence and functional ability in older adults.

**6. REPORTS OF THE SCRUTINY OFFICER**

**6.1 Forward Plan** (Pages 31 - 42)

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

**6.2 Health and Wellbeing OSC Work Programme** (Pages 43 - 50)

To consider the work programme/monitoring report for the Health and Wellbeing OSC for 2023/24.

**7. 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.

**8. DATE OF NEXT MEETING**

The date of the next meeting is scheduled for Tuesday, 2 April 2024 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.

<b>Name:</b>		<b>Date of meeting:</b>	
<b>Meeting:</b>			
<b>Item to which your interest relates:</b>			
<b>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):</b>			
<b>Are you intending to withdraw from the meeting?</b>		Yes - <input type="checkbox"/>	No - <input type="checkbox"/>

## Registering Interests

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

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

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

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

### Non participation in case of disclosable pecuniary interest

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

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

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

### Disclosure of Other Registerable Interests

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

### Disclosure of Non-Registerable Interests

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

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

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

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

## Table 1: Disclosable Pecuniary Interests

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

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

	<p>where—</p> <p>(a) that body (to the councillor’s knowledge) has a place of business or land in the area of the council; and</p> <p>(b) either—</p> <ul style="list-style-type: none"> <li>i. the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or</li> <li>ii. if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/ her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners has a beneficial interest exceeds one hundredth of the total issued share capital of that class.</li> </ul>
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\* ‘director’ includes a member of the committee of management of an industrial and provident society.

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

## Table 2: Other Registrable Interests

You have a personal interest in any business of your authority where it relates to or is likely to affect:

- a) any body of which you are in general control or management and to which you are nominated or appointed by your authority
- b) any body
  - i. exercising functions of a public nature
  - ii. any body directed to charitable purposes or
  - iii. one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union)



# Agenda Item 2

## NORTHUMBERLAND COUNTY COUNCIL

### HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Health & Wellbeing Overview and Scrutiny Committee** on Tuesday, 9 January 2024 at 1.00 p.m. at County Hall, Morpeth.

#### PRESENT

Councillor R. Dodd  
(Chair, in the Chair)

#### MEMBERS

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

#### FACS MEMBERS IN ATTENDANCE

Ball, C.	Fairless-Aitken, S.
Daley, W.	Scott, A.
Hodgson, A.	Swinburn, M.

#### ALSO IN ATTENDANCE

Angus, C.	Scrutiny Officer
Bradley, N.	Executive Director - Adults, Ageing and Wellbeing
Jones, V.	Cabinet Member
Kingham, A.	Executive Director - Children, Young People and Education
Lawler, J.	Public Health Consultant
Mackenzie, H.	Senior Manager - Safeguarding Adults
Murfin, R.	Director of Housing and Planning
Nugent, D.	Healthwatch Northumberland
O'Neil, G.	Executive Director - Public Health, Inequalities, and Stronger Communities
Reiter, G.	Director of Children, Young People and Families
Robinson, L.	Senior Public Health Manager
Todd, A.	Democratic Services Officer

1 member of the press was also in attendance.

*The Chair welcomed members of the Family and Children Services Overview and Scrutiny Committee (FACS) to the meeting who had been invited to attend to jointly consider the reports tabled for today's meeting.*

### **33. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor C. Humphrey and FACS Members H. Waddell and A. Watson.

### **34. MINUTES**

**RESOLVED** that the minutes of the meeting of the Health & Wellbeing Overview & Scrutiny Committee held on 12 December 2023, as circulated, be confirmed as a true record and signed by the Chair.

### **35. JOINT REPORT OF THE CABINET MEMBER FOR INSPIRING YOUNG PEOPLE AND CABINET MEMBER FOR IMPROVING PUBLIC HEALTH AND WELLBEING**

**Mid-term review of the Northumberland Joint Health and Wellbeing Strategy (JHWS) Theme 'Giving Children and Young People the Best Start in Life**

Members received an update on achievements made against the theme of 'Giving Children and Young People the Best Start in Life', to review and agree priorities and actions and describe proposed amendments for the remaining period of the strategy and review indicators to measure progress against this theme. The report was presented by J. Lawler, Consultant in Public Health and G. Reiter, Director of Children, Young People and Families (a copy of which has been filed with the signed minutes).

The following key points were raised as part of the powerpoint presentation (a copy of the powerpoint slides have been attached with the signed minutes):-

- This theme had three priorities with actions included to achieve them.
  - Education.
  - Ensuring Children were safe and supported.
  - Supporting positive lifestyle and social choices.
- There was a clear emphasis on children and young people.
- Details of national indicators and progress against them were shown. It was important to note that the national indicators did not show the whole story for Northumberland and could mask inequalities. Local information was more up to date and relevant.
- Narrative and qualitative indicators for each priority were shown.
- Covid-19 had had an impact such as disrupting education, impacting mental health and wellbeing, safeguarding and school readiness. There was also a disproportionate impact on existing inequalities. The current cost of living crisis was compounding the impact of Covid-19.

- By way of refreshing the theme, it was proposed to rename it 'Starting and Growing Up Well' in order to reflect whole of childhood, adolescence and early adulthood.
- Proposed priorities to be:
  - Education and Growing Up Well.
  - Children and young people are safe and supported.
  - Children's physical and emotional and mental health and wellbeing.
    - Includes importance of physical health and wellbeing.
    - Emphasises holistic approach and contribution of all HWB partners.
    - Opportunity to link to other plans and priorities e.g. Core 20 PLUS 5.
- Proposed actions for each priority were listed.
- Recommendations and Next Steps.

Following the presentation, a number of comments were made, including:

- There were huge inequalities when it came to housing within the county.
- Family Hubs were a locality-based partnership working along with the community voluntary sector such as Thriving Together. Work could be done to enhance statutory services and links with those.
- Confidence, self-esteem and overall life skills in young people needed to be built in as it had been hampered by Covid-19. This also related to physical health and wellbeing.
- The difficulties faced by school settings, particularly since Covid-19 pandemic, of students' readiness to start school. Schools were seeing more SEN within settings against the backdrop of budgets being cut.
- FACS received each year an annual Education report. The report detailed issues such as attainment, detailed the ongoing impact following Covid-19 and measures being put in place to support the ambition, transition, and development of all children, young people and residents to their next stage of education, employment and life.
- Northumberland was a diverse county with both rural and urban areas resulting in different issues needing tackled on a place-by-place basis.
- Inequalities and the rising cost of living were among the most important problems facing residents.
- A concern that within this report there was nothing radical to tackle the pressing issues such as child poverty, poor and lack of suitable housing, low earnings and cuts to free school meals in schools. Members were reminded that this was one of four themes within the JWHS. The themes were interlinked and cross cutting. This report was a high level look at the strategy. Streams of work would follow from the strategy such as the poverty and hardship work and school attainment. Data and resources would underpin the JWHS.
- Confirmation that poverty and hardship was a specific focus for the local authority. A report on this was being prepared for the Health and Wellbeing Board.
- It was asked if poverty could be highlighted within this theme as there was a link between hardship and physical, medical, emotional health and wellbeing.
- The need to ensure inequalities did not widen further before seeking to level off and eventually close the gap in health, social and economic outcomes.
- There was a whole joined up system to ensure that children and young people were prepared for their next stage in life.

- Work regarding mental health was welcomed. Further work was being carried out within Northumbria Trust regarding its adult and children's mental health services.
- Careful use of language and specific terms was crucial to encourage engagement with the wider voluntary and community sector.
- Confirmation that during Covid-19 there was specific joint work carried out with schools. It was suggested that FACS examine what changes/adaptions were made and lessons learnt.
- It was suggested FACS also pick up the issues of school readiness, absences, and family hubs.
- Healthwatch were currently seeking views on the health visiting services and the 0-19 service. Everyone was encouraged to participate in the survey which was available on Healthwatch Northumberland's website.

**RESOLVED** that:

- (a) note and comment on the achievements described in the report, and
- (b) that the proposed amendments to priorities, actions, and indicators or evidence of achievements for the theme be noted.

### **36. REPORT OF THE CABINET MEMBER FOR IMPROVING PUBLIC HEALTH AND WELLBEING**

#### **Update on and refresh of the Joint Health and Wellbeing Strategy theme 'Tackling the wider determinants of health'**

Members received a report updating them on the achievements made against this theme and were requested to review and agree priorities and actions for the period 2023-28, to review indicators used to measure progress and comment on national indicators and other measures to understand the qualitative impact of actions. (A copy of the report and powerpoint slides have been filed with the signed minutes).

R. Murfin, Director of Housing and Planning, Place and Regeneration and L. Robinson, Senior Public Health Manager gave a powerpoint presentation which covered the following key points:

- The 'Tackling the wider determinants of health' theme in the current Strategy included the following four priorities:-
  - Tackling fuel poverty by increasing the number of households with access to affordable warmth' and
  - Supporting people to live independently for as long as possible by maximising the use of building regulations.
  - Increasing the number of people with long term health conditions into and sustaining work.
  - Ensure local transport policy delivers on providing resilient, flexible and sustainable transport options across the county, particularly in rural area.
- The aims relating to the priorities were outlined, along with the success against indicators.

- Covid-19 had re-focused attention on inequalities and the building blocks of a good life. This along with the cost of living crisis had disproportionately impacted on those with lower incomes as a larger percentage of their income was used for housing, food and energy. There was a caveat regarding the data for the Covid-19 period as the Northumberland average masked inequalities.
- Proposed Changes
  - Change the name of the theme from 'Tackling the Wider Determinants of Health' to 'Building Blocks of Good Life'.
  - Priorities for housing broadened to include impact on health of wider strategic housing and planning issues and remained 'Healthy Housing and Planning'.
  - Fuel poverty indicator to be supplemented with Energy Efficiency Measures, housing affordability and overcrowding indicators.
  - Closing gap in employment outcomes for people with long term physical and mental health conditions and reducing economic activity linked to poor health/disability.
- Refreshed Priority 1 - Healthy Housing and Planning
  - Supporting Healthy Neighbourhoods through Planning
  - Blyth Deep Dive Housing and Healthy Housing Hub
  - Hirst Housing Masterplan Phase One Implementation
  - Available, Quality Housing
- Refreshed Priority 2 – Inclusive Economy
  - Supporting the economically inactive with long term health conditions to obtain and sustain good quality work.
  - Increase access to good quality work.
  - Maximise the economic levers of Northumberland's Institutions to reduce inequalities.
  - Increase in impactful, volunteering and training opportunities for economically inactive.
- Refreshed Priority 3 – An Inclusive Transport System
  - Public and Community Transport is equitable, accessible and appealing.
  - Increase children and young people's active travel.
  - Ensuring the built environment is conducive to active travel.
- Measuring Progress.

Following the presentation, a number of comments were made, including:

- Employment, workforce, job skills and housing should be key priorities.
- The Northumberland Skills Team offered residents a wide variety of full and part time courses for 16-18 year olds and adults; apprenticeships; career's guidance and employability advice and support.
- The Northumberland Economy Strategy included a focus on jobs and careers in the green industry sector.
- Housing Standards both in the building and letting of buildings needed to improve.
- Standards in social housing needed to be improved.
- The need to challenge central government to make it easier for more affordable housing to be built.

- Public transport needed to be frequent, fast, comfortable, accessible, convenient, affordable and safe, serving routes for which there was demand.
- Northumberland residents wanted more faster and frequent train links but there seemed to only be a focus on shaving off minutes on the Edinburgh to London train.
- The need for the Council to think big and radical to enable any substantial changes to be made.
- Education needed to be a key priority which would help young people get on the right path to employment, improve their skills and ultimately lead to overall improved outcomes for all.
- The cost of living crisis, shortage of affordable housing, low paid jobs and unemployment levels should all be highlighted within the JHWS.
- Countries such as Holland and Belgium had quite aggressive policies for the provision of good cycling networks. Many lessons could be learnt from examining these countries.
- There needed to be improvement and maintenance plans for cycling paths once established. Cramlington was a good example of how once the cycle paths had been created there was no plan or funding available to ensure they were preserved.
- The Government was consulting on a new approach regarding S.106 agreements.
- Some provisions such as cycle paths were obviously welcomed by regular cyclists, but it was important to also encourage others who may not already be active.
- The change of name of the theme was welcomed. It was stressed that it was important to avoid the perception that this theme related only to healthcare facilities but instead related to a 'good life' in a broader sense. It was the conditions within which people were born, grow, live, work and age that had a much bigger impact on health and inequalities than healthcare services and health behaviours. Good life included having good health.
- Cycling to work in some of the rural areas was not feasible.
- Affordable housing as there needed to be affordable, downsizing opportunities in both rural and urban areas. It was acknowledged that there were different issues affecting rural areas.
- Consideration should be given to the indicators beyond the national statistics which may suit Northumberland's population better.
- A request for information regarding the safe routes to school scheme was made. Officers would seek the required information and pass on the data to the relevant Member.
- Northumberland Communities Together was launched in response to the Coronavirus pandemic to ensure residents were kept safe and well throughout the crisis. It continued to help support residents and provide coordination to support individual volunteers, voluntary groups and communities across the county. Members were reminded to signpost any residents in need to this Team.
- Access to faster and more reliable broadband was needed across the whole of the county. This was especially important for those working from home and small businesses.

- The need to have better links with counterparts in neighbouring counties to improve cross border transport, health services and improve overall economic growth.
- There was a shortage of skilled tradesman.
- Northumberland Skills ran courses and offered apprenticeships to hopefully help improve the skill gap.
- The Northumberland Line had been established to bring passenger trains back into service between Ashington and Newcastle. It was hoped this project would help stimulate and support economic growth and improve transport links for local people and businesses.

**RESOLVED** that:

- (a) note and comment on the achievements described in the report, and
- (b) that the proposed amendments to priorities, actions, and indicators or evidence of achievements for the theme be noted.

### **37. REPORT OF THE CABINET MEMBER FOR INSPIRING YOUNG PEOPLE**

#### **NCASP Annual Report – September 2022 to September 2023**

G. Reiter, Director of Children, Young People and Families presented the first Annual Report of the Northumberland Children and Adults Safeguarding Partnership (NCASP) which integrated in April 2022. It was reported that the report satisfied the statutory requirements for both Children and Adults Safeguarding and outlined our progress so far in integrating our new partnership arrangements. (A copy of the report and powerpoint slides have been filed with the signed minutes).

Members received a powerpoint presentation which highlighted the main points of the report:

- The vision of the Board
- The structure of the NCASP.
- The strategic drivers.
- Scrutiny arrangements.
- Strategic priorities 2022-23.
- Learning from Reviews.
- Summary of themes.
- Looking forward.

It was advised that the new partnership arrangements acknowledged that children and adult arrangements were underpinned by different legislation and statutory guidance. The revised structure included a range of both joint (children and adults) and separate arrangements which were accountable to the Business groups. It was envisaged that the new arrangements would help ensure effective scrutiny and oversight whilst retaining an appropriate focus on adults and children's work respectively alongside bringing opportunities for shared development and learning. It was reported that there had been national recognition for how the new safeguarding arrangements/partnership had been

developed and the approach to scrutiny had been cited as a model of excellent practice.

It was reported that the Independent Scrutineer had been in post since June 2023 and had provided NCASP with an appraisal of how the partnership arrangements have continued to develop and improve since implementation, acknowledging the strength and commitment of partners.

It was noted that the annual report showed that Northumberland had effectively maintained a focus on work and business during the developments detailed within the report and gave clear and detailed information and analysis of the safeguarding work in the county. It highlighted partners' commitment and progress towards the vision to work together to provide added value across the safeguarding system, improve practice and outcomes and to safeguard, protect and promote the welfare of children, young people, adults and their families in the community.

Following the presentation, a number of comments were made, including:

- The Annual Report was a good reflection of the joined-up work with partners.
- There was a good relationship between partners which enabled collaboration as well as the ability to challenge each other.
- There was a shared and collective responsibility between organisations and agencies to safeguard and promote the welfare of children and adults.
- The partnership arrangements enabled partners to support and challenge from within the multi-agency system and operate from within an environment where effective multi-agency practice could flourish.
- A request for councillors as well as members of the public to be included in communication to help identify/raise awareness of different types of abuse and educate all on how to report and signpost to help available.
- Multi agency training should be readily available to help everyone understand their role in relation to safeguarding adults and children including domestic abuse, how to recognise all signs of abuse, how to report it and where to access support services.
- The lack of housing made it difficult if trying to leave an abusive home.
- The need to teach resilience and healthy relationships at an early start.
- Awareness across communities of abuse and safeguarding issues needed to continue with the help from all partners.
- Safeguarding was not restricted to the home with criminal exploitation remaining a top priority for Northumberland.
- Operation Endeavour was Northumberland's local agreement with Police to notify schools when child concern notifications were received regarding children going missing. The process worked in the same way as Operation Encompass (re domestic abuse) and had allowed schools to act swiftly to safeguard children and better understand individual children's needs. The number recorded through Operation Endeavour during this year had increased significantly, by 66%. It was suggested that the percentage be accompanied with an actual figure to show exactly how many notifications were being received regarding missing children.
- Often school was a place of safety for many children.



- The issue of self-neglect amongst adults and its impact on children was raised for consideration following a case discussion at SARG. It was reported that work would be undertaken by the NCASP to help understand the issue.

**RESOLVED** that the report and comments made be noted.

### **38. REPORTS OF THE SCRUTINY OFFICER**

#### **(a) 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.

#### **(b) Health and Wellbeing OSC Work Programme**

The Committee reviewed its work programme for the 2023/24 council year (a copy of the work programme has been filed with the signed minutes).

**RESOLVED** that the Work Programme and comments made be noted.

### **39. DATE OF NEXT MEETING**

**RESOLVED** that the date of the next meeting be scheduled for Tuesday, 5 March 2024 at 1.00 p.m.

**CHAIR** \_\_\_\_\_

**DATE** \_\_\_\_\_

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## NORTHUMBERLAND COUNTY COUNCIL

### HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Wellbeing Board** held in County Hall, Morpeth on Thursday, 14 December 2023 at 10.00 a.m.

#### PRESENT

Councillor P. Ezhilchelvan  
(Chair, in the Chair)

#### BOARD MEMBERS

Binning, G.	Reiter, G.
Blair, A.	Rennison, S.
Bradley, N.	Sanderson, H.G.H.
Conway, A.	Standfield, P.
Jones, V.	Syers, G.
Lothian, J. (Substitute)	Waring, K (Substitute)
Murfin, R.	Watson, J.
O'Neill, G.	Wilkinson, G. (Substitute)
Paterson, L.	

#### IN ATTENDANCE

L.M. Bennett	Senior Democratic Services Officer
E. Richardson	Senior Manager Specialist Services – Poverty Lead
L. Robinson	Senior Public Health Manager

#### 43. APOLOGIES FOR ABSENCE

Apologies for absence were received from S. McCartney, V. McFarlane-Reid, H. Snowdon and Councillors W. Pattison, G. Renner-Thompson.

#### 44. MINUTES

**RESOLVED** that the minutes of the meeting of the Health and Wellbeing Board held on 9 November 2023, as circulated, be confirmed as a true record and signed by the Chair with the following addition:-

##### **Page 7, 8th bullet point**

That the following be added to the final sentence

Consideration should be given to which communities were not being heard from and which we could connect with better – communities in their widest sense, not just of place, but also communities of interest, experience, identity etc.

## 45. UPDATE ON AND REFRESH OF THE JOINT HEALTH & WELLBEING STRATEGY 2018-2028

### TACKLING THE WIDER DETERMINANTS OF HEALTH

Members received a report updating them on the achievements made against this theme and were requested to review and agree priorities and actions for the period 2023-28, to review indicators used to measure progress and comment on national indicators and other measures to understand the qualitative impact of actions.

The report was presented by Rob Murfin, Director of Housing and Planning, Place and Regeneration, and Liz Robinson, Senior Public Health Manager.

The following key points were raised:-

- The 'Tackling the wider determinants of health' theme in the current Strategy included the following four priorities:-
  - Tackling fuel poverty by increasing the number of households with access to affordable warmth' and
  - Supporting people to live independently for as long as possible by maximising the use of building regulations.
  - Increasing the number of people with long term health conditions into and sustaining work.
  - Ensure local transport policy delivers on providing resilient, flexible and sustainable transport options across the county, particularly in rural area.
- The aims relating to the priorities were outlined, along with the success against indicators.
- Covid-19 had re-focused attention on inequalities and the building blocks of a good life. This along with the cost of living crisis had disproportionately impacted on those with lower incomes as a larger percentage of their income was used for housing, food and energy. There was a caveat regarding the data for the Covid-19 period as the Northumberland average masked inequalities.
- **Proposed Changes**
  - Change the name of the theme from 'Tackling the Wider Determinants of Health' to 'Building Blocks of Good Life'.
  - Priorities for housing broadened to include impact on health of wider strategic housing and planning issues and remained 'Healthy Housing and Planning'.
  - Fuel poverty indicator to be supplemented with Energy Efficiency Measures, housing affordability and overcrowding indicators.
  - Closing gap in employment outcomes for people with long term physical and mental health conditions and reducing economic activity linked to poor health/disability.
- **Refreshed Priority 1 - Healthy Housing and Planning**
  - Supporting Healthy Neighbourhoods through Planning
  - Blyth Deep Dive Housing and Healthy Housing Hub

- Hirst Housing Masterplan Phase One Implementation
- Available, Quality Housing
- **Refreshed Priority 2 – Inclusive Economy**
  - Supporting the economically inactive with long term health conditions to obtain and sustain good quality work.
  - Increase access to Good quality Work.
  - Maximise the economic levers of Northumberland’s Institutions to reduce inequalities.
  - Increase in impactful, volunteering and training opportunities for economically inactive.
- **Refreshed Priority 3 – An Inclusive Transport System**
  - Public and Community Transport is equitable, accessible and appealing.
  - Increase children and young people’s active travel.
  - Ensuring the built environment is conducive to active travel.
- Measuring Progress
  - New indicators – affordability of home ownership, overcrowded houses % of properties EPC Band C and above, % economic inactivity rate
  - Retained indicators – fuel poverty, % gap in employment rate between those with long term physical or mental health conditions and overall employment rate, % adults walking for travel at least 3x per week, % adults cycling for travel at least 3x per week.

The following comments were made:-

- Countries such as Holland and Belgium had quite aggressive policies for the provision of good cycling networks. These should also be provided as part of developments in the UK and Local Authorities should feel confident in refusing planning permission if they were not included.
- The Government was consulting on a new approach regarding S.106 agreements.
- Some provisions such as cycle paths were obviously welcomed by regular cyclists but it was important to also encourage others who may not already be active.
- There could be a knock-on effect on the price of houses if more community benefits had to be provided as part of planning approval.
- Design of environmental space must ensure that it is safe for the public to use. By planning ahead, the police force could ensure that it had resources in the right place. The police would be happy to work along with planners to ensure this happened.
- The change of name of the theme was welcomed. It was stressed that it was important to avoid the perception that this theme related only to healthcare facilities but instead related to a ‘good life’ in a broader sense. It was the conditions within which people were born, grow, live, work and age that had a much bigger impact on health and inequalities than healthcare services and health behaviours. Good life included having good health.
- There was a sub population of people including early retirees and a wealthy aging population living in rural areas. Cycling to work etc. was not

relevant here and in some rural areas was not feasible for anyone. The occupancy of large houses was also an issue as in rural areas there was often just a token provision of affordable housing. There needed to be affordable, downsizing opportunities. It was acknowledged that there were different issues affecting rural areas.

- Consideration should be given to the indicators beyond the national statistics which may suit Northumberland's population better.

## **RESOLVED**

- (1) to agree to the proposed amendments to the name of the theme, priorities, and associated actions; and
- (2) to note the comments on the national indicators aligned to this theme and other measures for understanding the qualitative impact of actions within the Joint Health and Wellbeing Strategy Theme.

## **46. POVERTY AND HARDSHIP**

Members were updated on the progress of the Poverty and Hardship Plan. The report was presented by Emma Richardson, Senior Manager Specialist Services – Poverty Lead.

The following key issues were raised:-

- The Poverty and Hardship Plan sat within the Northumberland Inequalities Plan and included funding agreed from the Public Health reserve and Integrated Care Board.
- The plan was produced by a group with representation from key areas of the Council and the voluntary, community and social enterprise sector.
- The Northumberland Community Centred Approach to close the inequalities gap had five principles and three questions:
  - Looking 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
  - What can communities do for themselves?
  - What might communities need some help with?
  - What can't communities do that agencies can?
- Pressures in households – included impact of inflation on food and energy, interest rates, average wages and spends.
- Working with knowledge – The council had access to information and data to ensure the greatest impact and best value from limited resources, LIFT tool (Low Income Family Tracker), poverty and hardship data dashboard, reducing duplication and building partnerships and place based long term solutions.

- Poverty and Hardship Dashboard – showed expenditure on a range of commodities as a percentage of total expenditure across income decile groups.
- Understand the needs of residents using a targeted approach – LIFT tool. Identifying most vulnerable families, target support to them and track the change. Tackling problem debt and arrears, supporting families at risk of eviction, understanding how individual households were impacted by policy changes now and in the future.
- Approach to Hardship support – household support fund and other grants, community events, warm spaces and pop ups. Increased Citizens Advice capacity, including community advice, Financial Wellbeing Network and Northumberland Frontline.
- Access to food support and affordable food. Food insecurity and children. Requests for food support remained high. Holiday voucher support to continue, holiday activity and food programme, free school meal auto enrolment.
- Northumberland Energy Pathway – Energy Pathway Plus prioritised households adversely affected by cold homes. A collaboration by a number of organisations. Allocated funding for bespoke support, energy audits and home measures via the Integrated Care Board.
- Giving children and young people the best start. – Holiday and Activity Food Programme and a number of education based interventions.
- Community resilience was at the heart of everything we do.
- **In summary**
  - This work keeps residents to stay safe and well while enduring costs of living pressures with effective well directed support.
  - To prevent further widening of the inequalities gap – building resilience and prevention on to support and crisis intervention.
  - Seed and learn pilots to build working collaborative relationships, and to support the longer-term preventative and proactive measures in the wider system inequalities plan.

A number of comments were made including:-

- There was a recognised potential link between earlier offenders for shop theft and deprivation. First time offenders could be signposted to food banks or other services. Hopefully, this would prevent them from coming to the attention of the police again.
- It was hoped that the two reports / presentations today would help members to see the bigger picture over the next five years for longer term change. It also needed to consider what was being done ‘in the now’. There were a number of ways in which work was going on across many communities to mitigate their circumstances whilst the longer term aims were progressed.
- It was useful to see the scale and volume of the work being done and the positive direction of travel, the shared work and collaboration of partners across the system.

**RESOLVED** to note the contents of the report.

**47. HEALTH AND WELLBEING BOARD – FORWARD PLAN**

Members noted details of forthcoming agenda items at future meetings.

**48. DATE OF NEXT MEETING**

The next meeting will be held on Thursday, 11 January 2024, at 10.00 am in County Hall, Morpeth.

**CHAIR** \_\_\_\_\_

**DATE** \_\_\_\_\_



## NORTHUMBERLAND COUNTY COUNCIL

### HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Wellbeing Board** held in County Hall, Morpeth on Thursday, 11 January 2024 at 10.00 a.m.

#### PRESENT

Graham Syers  
(Vice-Chair, in the Chair)

#### BOARD MEMBERS

Bradley, N.	Paterson, L.
Conway, A.	Reiter, G.
Jenkins, C. (Substitute)	Sanderson, H.G.H.
Jones, V.	Simpson, E.
Kennedy, S. (Substitute)	Snowdon, H.
McCartney, S.	Standfield, P.
Murfin, R.	Waring, K (Substitute)
O'Neill, G.	Watson, J.

#### ALSO PRESENT

Horncastle, C.W.	Cabinet Member for Looking After Our Communities
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#### IN ATTENDANCE

L.M. Bennett	Senior Democratic Services Officer
A. Everden	Pharmacy Consultant to Public Health
J. Lawler	Public Health Consultant
A. Lawson	Public Health Manager
P. Lee	Public Health Consultant
D. Nugent	Healthwatch
P. Phelps	Deputy Director of Primary Care ICB
K. Youngman	Head of Pharmacy & Optometry Contracting ICB

#### 49. APOLOGIES FOR ABSENCE

Apologies for absence were received from G. Binning, V. McFarlane-Reid, C. Wardlaw, Councillors P. Ezhilchelvan and G. Renner-Thompson.

#### 50. MINUTES

**RESOLVED** that the minutes of the meeting of the Health and Wellbeing Board held on 14 December 2023, as circulated, be confirmed as a true record and signed by the Chair.

## 51. DECLARATION OF INTEREST

Peter Standfield declared an interest in agenda item no. 4 as he was Chief Executive of Abbeyfield Northumbria, a not-for-profit Registered Provider of Social Housing. As no decisions were being made in this item, it was not necessary for him to leave the meeting.

## 52. HEALTHY NEIGHBOURHOODS PAPER – HOUSING AND PLANNING AS BUILDING BLOCKS FOR A GOOD LIFE IN NORTHUMBERLAND

Members received a report providing an overview of how Housing and Planning can contribute towards the tackling of inequalities in Northumberland and contribute towards Healthy Neighbourhoods. The report sought support, suggestions, and an ongoing involvement of the Board to work together to further healthy approaches to Housing and Planning. The report was presented by Rob Murfin, Director of Housing and Planning, and Anne Lawson, Public Health Manager.

The following key points were raised in the presentation:-

- Members were asked to consider the following questions:-
  - How can the member organisations of the Health and Wellbeing Board input to the development of a Housing Strategy prioritising healthy outcomes for our residents?
  - HIAs are required in certain circumstances under new local plan. Should the HWB received Full HIAs to assure and further refine the process?
  - What more can we do to become exemplary in the development and delivery of good quality housing within Northumberland?
- Housing and Planning as Building Blocks of a Good Life – The following priorities had been identified as part of the Health Neighbourhoods category of the Building Blocks of a Healthy Life Theme in the Joint Health and Wellbeing Strategy Review refresh.
  - Priority 1 – Supporting Healthy Neighbourhoods through Planning
  - Priority 2 – Blyth Deep Dive Housing and Healthy Housing Hub
  - Priority 3 – Hirst Housing Masterplan Phase One Implementation
  - Priority 4 – Available, Affordable Quality Housing
- 11 Healthy Homes Principles (2023) from the Town and Country Planning Association were listed including liveable space, access to amenities and transport and safety from crime.
- The National Design Guide (2021) listed ten characteristics of well-designed places.
- The Place Standard Tool was used to understand residents' views of housing at 212 localities across the county.
- Healthy Housing as a Building Block for Health - The next steps
  - Retaining a focus; warm homes and fuel poverty, keeping people in own homes for longer, climate change and low carbon initiatives.

- Affordable Housing - NCC would aim to be an exemplar as biggest social landlord in county; drive up quality of housing and support tenants with healthy living initiatives.
- Housing and Health Conference – including social landlords, private landlords, housing developers and elected members.
- Delivering additional homes for Northumberland – opportunity to be an exemplar in healthy homes, work with other social landlords and commercial developers to ensure new schemes centred around healthy homes; homes supplied in right locations to meet local need.
- Health and Housing Forum – establish forum to report to Health & Wellbeing Board
- Structure of NCC Housing Service – review to include new strategic function to lead on health strategies within housing.
- Healthy Planning as a Building Block for Health – next steps including Health Impact Assessments, early engagement with developers, public health involvement throughout the planning application process, supporting infrastructure.

The following comments were made:-

- The Police were keen to become more integrated and aligned with Northumberland County Council and to contribute in areas such as designing out crime. The Police were already statutory consultees in the planning process, but this was usually only at the request of a resident or parish council when there was a perception of crime being an issue. The planners would be happy to draw on the skills of the police.
- Adult Services already had good links and integration with the housing team and was able to influence housing strategy. Some Members did not have these links and there could be further discussions with them.
- The Healthy Housing Forum was welcomed, and the CAB and voluntary sector would welcome the opportunity to contribute with knowledge of problems being faced by people such as fuel poverty. They could also involve well informed groups who would be able to discuss these issues.
- There was a danger that striving to be an exemplar could result in homes becoming unaffordable.
- When approving new estates, it was important to consider the existing infrastructure, for example GP surgeries, and whether it could support the growing population.
- Primary Care would welcome future involvement to be involved at the planning stage rather than being reactive.
- The report was welcomed following on from the item at the last meeting regarding the refresh of the Joint Health & Wellbeing Strategy and looked at what could actually be done. There was now a will to connect housing with Public Health. It was important to work with residents, particularly those with vulnerabilities, to ensure that their housing was not a compounding issue in relation to their health. The Healthy Housing Forum would be broader conversation beyond just new developments.
- Health & Housing Conference could be joined up with the tackling inequalities work in October 2024.

- CNTW would be committed to any forum that was set up. Issues seen in its community services where an increasing number of admissions to acute wards were being seen where housing and social situations had broken down to a point where a person had a significant relapse. There were also lengthy admissions as they were unable to discharge patients without lengthy retro fitting as their housing was not suitable.
- There needed to be discussions about the responsibilities of housebuilders going forward. The cost of providing Primary Care could be included in developments but this was a very complex area.

The Chair stated that there had been a definite expression of interest to say that this subject was important and that they wanted to be involved. There was a line of communication between members and the planning team and a responsibility on the team to outline what point had been reached and to seek opinions. A Health impact assessment was vital but would have an impact on resources. The question of how to become exemplary rested on how members related to each other and what systems were put in place. The Northumberland Partnership and inequalities work would enable us to let everyone know what was being done.

**RESOLVED** that

- (1) The report and presentation be received
- (2) The comments be noted.

### **53. NORTHUMBERLAND HEALTH PROTECTION ASSURANCE AND DEVELOPMENT PARTNERSHIP**

To provide an update on multiagency activity to develop a Health Protection Assurance and Development Partnership in Northumberland. The report was presented by Jon Lawler, Public Health Consultant.

A number of key points were raised including:-

- Health Protection was a core element of public health, to protect health of individuals and communities by
  - Preventing or reducing harm caused to people by communicable disease.
  - Minimising the health impact of environmental hazards
- A system wide approach
  - Key agencies and partners including NCC public protection/public health and civil contingencies, UKHSA, NHS providers and Primary Care, NHS Commissioners
  - Key settings – healthcare settings, care homes, educational settings, prisons
- Inequalities related to infectious diseases and environmental hazards.
  - Socio economic disadvantage and lower vaccination uptake
  - Higher incidence of hepatitis B and C in drug users and those with contact with criminal justice system

- Poor air quality
- Higher rates of sexually transmitted infections in some groups
- Lower vaccination uptake in some inclusion groups
- The Director of Public Health had key role in protecting health of population through planning and response.
- The proposed Health Assurance Protection Board and Development Partnership built on the work of the multi-agency Health Protection Board established during the Covid-19 pandemic.
- The new Board would be a strategic partnership would support the Director of Public Health's oversight and assurance role, provide a link between the Health & Wellbeing Board and partners, exchange, scrutinise and analyse information, strengthen local arrangements.
- The added value of the Partnership would overcome limitations of available data, explore and share information, understand and reduce health impact of inequalities in Northumberland.
- The scope of the Board would be
  - Prevention and control of communicable diseases
  - Health and social care associated infections in community settings.
  - Emergency preparedness, resilience and response.
  - Environmental hazards
  - Immunisation
  - Cancer and non-cancer screening.
- The Board membership would include key partners and hold bi-monthly themed meetings.
- Provide strategic oversight of local health protection arrangements and identify good practice and areas for improvement. Liaise with operational partners to identify and oversee development. Provide core membership if a multiagency health protection group was required and produce an annual report which could be presented to the Health & Wellbeing Board.

Members welcomed the report and made the following comments:-

- It was suggested that the role of unpaid and family carers should also be considered and woven into this work. Some learning from the pandemic had shown that it was important to note the knock-on effect if they were not kept healthy and well. They were sometimes not seen as part of the system.
- The available data could look OK on a superficial level and appear that everything was going well on a Northumberland level, but that may not be the case when looked at in more detail. For example, looking at what might cause the drop off in numbers having the second MMR immunisation.
- Northumberland County Council was grateful for the work carried out by other partners.

## **RESOLVED**

- (1) that the report, presentation and the proposed scope and terms of reference of the Health Protection Assurance and Development Partnership be accepted.

- (2). The Health Protection Assurance and Development Partnership to present a report to HWB annually.

#### **54. NOTIFICATION OF PHARMACY CLOSURES IN BLYTH**

Members received a report regarding two pharmacy closures in Blyth and the reduction in opening hours of the 100-hour pharmacy in Blyth. The Board was asked to consider if there were still sufficient pharmacies open in Blyth to meet the needs of the population for collection of prescriptions, advice from pharmacists and other services provided by community pharmacies. The report was presented by Anne Everden, Pharmacy Consultant to Public Health.

Members were informed that two pharmacies in Blyth had closed in the last three months and the 100-hour pharmacy had reduced its hours. The two pharmacies were located in Newsham which had high levels of multiple deprivation, poor infrastructure, a large elderly population and some poor housing including for people new to the area. Services and issues in the Blyth/Newsham area were outlined in detail in the report. Two pharmacies had indicated that they could cope with more business, however, the closures displaced 20,000 prescriptions per month, and this was a lot to take up. Many of the local population could not easily access pharmacies in the centre of Blyth. There was also a significant loss of capacity to provide other services such as seasonal flu vaccinations, supervised opiate consumption and blood pressure monitoring.

It was recommended that a statement be issued to the effect that there was a gap in pharmacy services in Blyth. A task and finish group had been set up by the Health & Wellbeing Overview and Scrutiny Committee to consider the options for the provision of pharmacy services in the Newsham area.

It was noted that there would be work with the ICB to try and make it attractive to other potential providers.

The following comments were made:-

- It was queried whether there was enough information available to make a decision, as there was no comparative data from other areas with similar issues such as an older population and deprivation. It was explained that this information was available within the main Pharmaceutical Needs Assessment and this was just a supplement to that document.
- The ICB was working collaboratively with Northumberland County Council to take forward the findings and recommendations from the Board and PNA and how to work together to identify opportunities for service provision going forward. There were multinational companies who were consolidating and supermarkets reducing hours, national contract changes etc. and all of these issues added up.
- It was an opportunity to understand at a local level what to do for patients, such as those with end-of-life care needs where services had been lost, and mental health care patients etc. There would be an impact on these

patients' care and needs. There was an opportunity for more discussion about impact of the pharmacy closures.

- The figures presented showed that there was enough work for another pharmacy but the demographic of Newsham did not need another pharmacy in Blyth town centre. It would be more useful to be located within an area of multiple deprivation. If the area for the pharmacy was not specified, then the ICB would be more or less duty bound to accept any application within the town centre.
- It was in everyone's interests to have access to health facilities as close to home as possible. People were being encouraged to go to pharmacies before accessing primary care or emergency departments. The Northumbria Healthcare Foundation NHS Trust would be willing to offer help, if required.
- How would the impact of the loss of services other than for prescriptions be measured?
- Prior to the Task & Finish Group there needed to be scoping work done to identify the community voice and vulnerable people. This was important alongside the professional opinion.
- Work was currently being undertaken by the Northumberland Recovery Partnership to hear the voice of the OST users who were having to go to alternative pharmacies. It was not always as simple as just getting to an alternative pharmacy and could result in patients being unable to be compliant with their prescriptions.
- There was also a potential effect on carers who may have to travel further to collect prescriptions.

## **RESOLVED**

- (1) To agree to an update to the Pharmaceutical Needs Assessment completed in October 2022, by means of a supplementary statement declaring that there is a gap in essential services, new medicines service, clinical pharmacy consultation service and opiate supervision services, in the Newsham area of Blyth, between Monday and Saturday.
- (2) To ask that the Task and Finish group set up by the Health and Wellbeing Overview and Scrutiny Committee look into pharmacy provision and consider options for provision of pharmacy services to the Newsham community, and report back to the March meeting of the Health and Wellbeing Board.

## **55. HEALTH AND WELLBEING BOARD – FORWARD PLAN**

Members noted details of forthcoming agenda items at future meetings.

## **56. DATE OF NEXT MEETING**

The next meeting will be held on Thursday, 8 February 2024, at 10.00 am in County Hall, Morpeth.

**CHAIR** \_\_\_\_\_

**DATE** \_\_\_\_\_



## NORTHUMBERLAND COUNTY COUNCIL

### HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Wellbeing Board** held in County Hall, Morpeth on Thursday, 8 February 2024 at 10.00 a.m.

#### PRESENT

Councillor P. Ezhilchelvan  
(Chair, in the Chair)

#### BOARD MEMBERS

Anderson, E.	O'Neill, G.
Blair, A.	Paterson, L.
Bradley, N.	Pattison, W.
Conway, A.	Reiter, G.
Jackson, D.	Simpson, E.
Jones, V.	Standfield, P.
Kennedy, S. (Substitute)	Syers, G.
McCartney, S.	Watson, J.
Moulder, B.	

#### IN ATTENDANCE

L.M. Bennett	Senior Democratic Services Officer
G. Clough	Harrogate & District NHS Foundation Trust
J. Lawler	Public Health Consultant
R. Rispin	Harrogate & District NHS Foundation Trust

#### 57. APOLOGIES FOR ABSENCE

Apologies for absence were received from G. Binning, H. Snowdon, and Councillor H.G.H. Sanderson.

#### 58. MINUTES

**RESOLVED** that the minutes of the meeting of the Health and Wellbeing Board held on 11 January 2024, as circulated, be confirmed as a true record and signed by the Chair.

#### 59. 0-19 GROWING HEALTHY NORTHUMBERLAND

Members received a report and presentation from the Harrogate & District NHS Foundation Trust updating them on the 0-19 Growing Health Service. The

reports described the progress to date giving assurance that the team delivered a high quality, responsive and effective service to the children, young people, and families (CYP&F) of Northumberland. The report was presented by Rachel Rispin and Ginelle Clough of the Harrogate & District NHS Foundation Trust.

Key issues included:-

- Performance Mandated
  - Performance was either static or generally improving. All staff had a quality and performance 1-1 monthly. Managers worked to ensure that mandated contacts were carried out within timescale.
  - Developing performance panels to aid understanding of performance issues within the localities.
  - All Managers had a thematic lead within the service and were part of a workstream including patient experience, SEND, best start in life, and early intervention.
  - Workforce and recruitment of SCPHNs (Specialist Community Public Health Nurses) had been a significant challenge but the number of vacancies in Northumberland was beginning to fall. Training of these staff was high profile and development from within the organisation was encouraged. Posts and roles were evaluated when they became vacant to see if the organisation could be innovative.
- Service Transformation – new roles had been created.
  - Community Anchor – objectives including community profiling within Family Hub workstreams and scoping projects and initiatives across Northumberland to promote a community centred, place-based approach in delivery of the Healthy Child Programme and to reduce inequalities. Northumberland Housing Pathway development to improve communications between health and housing to improve home conditions. Collaboration with the Northumberland Fire Service to identify electrical and fire safety risks during home contacts.
  - Project Support Officer – transformation and implementation of the digital platform. Developing and expanding social media offer including Facebook and Instagram.
  - Community Triage Nurse – The role would provide a timely response to referrals, ensure agreed waiting times were adhered to, and signpost referrals to the most suitable partner.
- Locality Engagement Events had been held and provided valuable feedback on what was working well, what needed to improve and action that staff could take themselves or where they needed support. Task and Finish groups were being developed to take actions forward.

The following comments were made:-

- It was clear that the service cared about its staff and worked into and across the community. There was a culture shift working alongside families rather than 'doing to' families. The mandated statistics were encouraging. Partnership working was welcomed.

- There needed to be a shift from the view that anything health related must be carried out at a GP surgery, including the work of Health Visitors. This was an important shift of culture. Work was ongoing regarding a move to integrated neighbourhood working and it may be that some aspects of GPs role could be moved into the community and the Family Hub.
- The contract with the Harrogate & District NHS Foundation Trust was a Section 76 partnership and had no specified end point.
- The digital app had been downloaded by 5,290 people but was still in its early stages. This was a universal offer to build resilience in families and ensure access to the correct information. It was acknowledged that not every area in Northumberland had a community hub, but the service was a home visiting service, and the service would be delivered wherever it was needed.
- Following the Cramlington conversation, a steering group had been set up for the Cramlington/Seaton Valley as feedback indicated that this area felt underserved. It was planned to allow patients to be attended to but also to stay and see what else was available within the Family Hub.
- There was work with rural co-ordinators to better understand the needs of families living in more remote areas.
- Healthwatch was concluding a report on Health Visitors and that would be made available in due course. Healthwatch would work closely with the service to use feedback and look at ways to continue to improve the service.
- Ginelle Clough was very integrated with the community sector and had attended many Thriving Together events. The removal of silos was working, and the breakdown of barriers had been transformational.
- It was noted that there was an outreach worker based at Amble North Primary School.
- The work with the 0-19 service was welcomed by the Northumberland Fire & Rescue Service as it offered the opportunity to target the most vulnerable and those at highest risk in the community.
- Three pillars had been established, public health, safeguarding and emotional health and resilience. Via the Community Triage Nurse, it was important to ensure that young people were signposted to the correct person at the right time and this would help to reduce waiting lists.
- Peter Standfield requested a discussion with the 0-19 service in relation to the Armed Forces.

**IT WAS AGREED** that the presentation and report be noted.

## **60. FAMILY HUBS**

Members received a verbal update and presentation from Graham Reiter, Director of Children, Young People and Families.

A number of key points were raised in the presentation including:

- There were 11 purpose-built Family Hubs based in the central, southeast, west and north localities and a further seven dedicated outreach points in four fire stations, two military bases and a primary school.
- The Family Hubs were launched in September 2022 and significant progress had been made in a short space of time. Northumberland was one of 14 Local Authorities to be awarded Trailblazer status. Family Hubs were set up to cover the 0-19 age group. The aim was to ensure families with children had early help to overcome a number of difficulties. It involved a multidisciplinary range of services and key partners such as 0-19 service, midwifery, primary mental health, registrars and the community and voluntary sector.
- Commissioning arrangements with Action for Children and Barnardos had ended on a positive note.
- Key principles were access, relationships and connection.
- Locality Integration Events had been crucial in bringing people together and sharing knowledge.
- Funding was on a three-year basis primarily focusing on 0-2s but with an expectation that services would be offered up to 19 years.
- Parent Carer Panels had been set up and more work and development were needed to ensure that they were front and centre
- **Prevention and Intervention Pathway** – range of group work opportunities such as learning together through play. Where possible the range of opportunities had been developed in consultation with parents. Feedback from users indicated that the service was valued. Services were also available on an individual basis where appropriate. There was also the ability to deliver some groups virtually. There was a key push to engage with fathers as early as possible and virtual groups had allowed this to happen across the county without geographical limitations.
- **Family Help** – offered targeted intervention for families at a higher level and worked with a ‘whole family’ approach.
- **Increasing Accessibility by Enhancing the Digital and Virtual Offer** – it was important to recognise the implications of digital poverty and consider how to mitigate and support families in the situation.
- **Northumberland Family Hub Integration with Health** – engagement with health partners had been extremely positive over the last 18 months. Key partners sat on the Family Help Partnership Board. Health colleagues were co-located in some Hubs and a range of supports and groups were also available.
- The range of services in each locality had been mapped and ensured that there was connectivity which was not available previously.
- **Northumberland Family Hub Links with GPs** – 1,009 children had been referred from GOs in the last 12 months. There had been joint attendance with 0-19 service at Primary Care Network meetings to discuss the Family Hub Offer. There were strong links between Community Development Workers and Social Prescribers. Locality links were being made with specific GP practices.
- The Start for Life Publication had been sent to all GPs, Midwifery and 0-19 service.

- **Eyes on the Baby Project** – This was a multi-agency training evaluation project focusing on Sudden Unexplained Death in Infancy. More than 70 staff had completed the EOTB Strand 1 training and over 100 front line staff had completed Strand 2 training.
- **Northumberland Family Panels** – making sure that the parents and carers were actively involved in the most effective way. This work needed further development but there was a strong basis.
- **External Visits** – Northumberland had been one of six Local Authorities to participate in a Thematic Review of Family Hubs. Very positive feedback had been received including:-
  - Passionate, child and family centred staff
  - Partnership working
  - Inclusive Family Hub offer
  - Effective Leadership
  - Positive feedback from parents
- Following a visit from Dame Andrea Leadsom there had been praise for giving children the best start in life, as well as the innovative ways we were ensuring all expecting and new parents had access to the Start for Life Offer.

A number of comments were made including:-

- Was it now time to start making a difference on issues that we were now measuring and creating a specific action plan, rather than having a generous offer of everything that was available? The perceived needs of people may be different from what the population's need was in terms of inequalities and wellbeing in the long term.
- Residents voice was equal to data in the Inequalities Plan. It was important to track what was below the Northumberland level and look to make the offer more bespoke based on what demand looked like.
- How was public sector estate mapped out relating to health and social care, particularly if some services were wishing to expand and the Family Hub had space and vice versa? There may be areas where estate rationalisation could be looked at and money could be diverted back to services rather than buildings. This related to the quality of relationships locality to enable these conversations to go ahead. Other community assets such as schools may also be used.
- The Systems Transformation Board had agreed to set up a task group comprising a number of agencies to think about integrated neighbourhood teams and ways of working.
- The Family Hub was an excellent example of working collaboratively and rather than looking at starting afresh and it was necessary to look at the estates, how things could be resourced. The task group would look closely at integrated neighbourhood working and this should start with what was already in place in the Family Hubs.
- Family Hubs were a national development and there were regional links and meetings with other Family Hub Managers to enable them to learn and share from each other. However, how Family Hubs developed in Northumberland would be different to how they developed elsewhere. It

was important for them to develop specifically to fit the particular locality's needs.

**RESOLVED** that the presentation be noted.

**61. HEALTH AND WELLBEING BOARD – FORWARD PLAN**

Members noted details of forthcoming agenda items at future meetings.

It was planned to restrict each meeting to three items where possible. A suggestion was made that a report be provided on Safe Havens and this would be scheduled for the meeting in April/May 2024.

**62. DATE OF NEXT MEETING**

The next meeting will be held on Thursday, 14 March 2024, at 10.00 am in County Hall, Morpeth.

**CHAIR** \_\_\_\_\_

**DATE** \_\_\_\_\_



## Northumberland County Council

Health and Wellbeing OSC

Tuesday, 5 March 2024

### **Director of Public Health Annual Report 2023 - Ageing well in Northumberland**

**Report of Councillor(s)** Veronica Jones, Cabinet Member for Improving Public Health and Wellbeing

**Responsible Officer(s):** Gill O'Neill, Executive Director for Public Health (DPH), Inequalities & Stronger Communities

#### **1. Link to Key Priorities of the Corporate Plan**

The Northumberland Corporate Plan 2023-26 sets out a vision of our County being a Land of Great Opportunities for current and future generations, building on the assets and strengths that we already have among our people and places. This DPH Report recognises that older people are one of our valued assets and bring a key contribution to achieving our corporate vision.

One of our corporate plan's priorities is 'Tackling Inequalities'. The DPH report highlights the significant health inequalities experienced in ageing, which are illustrated by the 18-year gap in average life expectancy between our most and least deprived wards. Moreover, people in the most deprived areas live a greater proportion of their lives in poor health. The differences in health between people and groups is driven by our opportunities, experiences, behaviours, as well as our social, economic, and environmental conditions during earlier life. The report encourages us to look at ageing well through lens of reducing inequalities, prioritising resources to support the most disadvantaged people and building on community assets and resilience by taking a strengths-based approach.

The Corporate Plan also puts a priority on Driving Economic Growth. Improving the health and wellbeing of our ageing population can contribute to reducing sickness absence and support economic activity among our working age populations.

## 2. Purpose of report

The purpose of this report is to present the independent Director of Public Health (DPH) Annual Report for 2023. The report focusses on ageing well in Northumberland and highlights the ways we can promote independence and functional ability in older adults

## 3. Recommendations

3.1 It is recommended that the Board:

- a) Considers the content of the DPH Annual Report 2023;
- b) Comments on the contribution that Health and Wellbeing Board partners can make to promoting healthy ageing across Northumberland;
- c) Accept and endorse the findings in the independent DPH Annual Report 2023 attached as appendix 1 to this report.

## 4. Forward plan date and reason for urgency if applicable

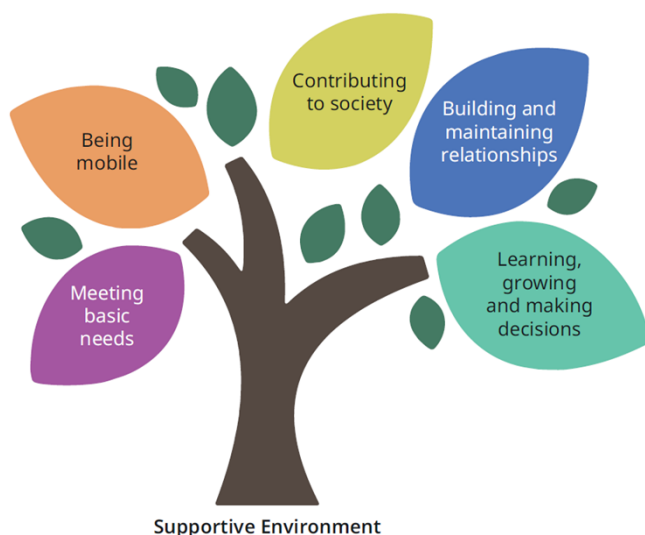
Added to forward plan 13/02/2024

## 5. Key issues

Northumberland is changing. Over the coming decade we expect to see a year-by-year shift towards a much older population. We must be prepared to face this transition and ready to adapt to the changing needs.

Inequalities in Northumberland become even more visible in older ages and we see significant differences in life expectancies and healthy life expectancies (HLE) between the most and least deprived communities across our county.

The report focuses on promoting 5 key areas of function, which are shown in the diagram below. These are key aspects in promoting health and wellbeing among older adults.





Now more than ever we must have a resolute focus on boosting older people's health and wellbeing and preventing ill health. This will mean enabling older people to live healthier and more fulfilled lives, valuing their important contributions to society, and challenging harmful ageist attitudes. It will also mean working with our communities and building on existing strengths and assets to support older residents to age well.

The recommendations of the report for those of us working together to promote ageing well across the county are:

1. Promote a **strengths based narrative** on ageing well, with a focus on promoting our human functions of mobility, relationship building, personal growth, and seeing the great contribution we can make in our later years.
2. Consider ways to **embed ageing well in all our areas of work**, taking a 'whole systems' approach. This could include ensuring that the needs of older adults are considered in all policies, strategies, plans, programmes and projects using tools such as Integrated Impact Assessments.
3. Continue to **support and promote the Ageing Well Network**, which brings together over 200 organisations to share best practice and support one another.
4. Continue to **monitor available data** related to healthy ageing, such as those highlighted throughout this report.
5. Identify opportunities to **hear the voices of older adults** in our diverse communities. People's experiences and wisdom will help guide the way services need to adapt to meet people's changing needs, support their independence and allow them to continue to participate in their communities. Voices may be heard through methods such as residents' surveys and the place standard tool.
6. We must continue to pursue our approach of **Assed Based Community Development**. There are solid foundations to build on in Northumberland. The report has highlighted many brilliant initiatives already going on across the county, and this only touches on the huge amount of ongoing work. Professional and voluntary stakeholders are already starting to work together more closely to empower communities to identify and address their needs.
7. Three areas of this report stand out as requiring a stronger focus:
  - a. Ensure that **ageist attitudes and behaviours are challenged and stamped out** across our institutions and communities. We should be no more tolerant of this than other types of discrimination such as racism, sexism and homophobia.
  - b. More could be done to **increase awareness of the need for older adults to maintain strength and balance**, which is crucial for staying mobile and reducing their risk of falls.
  - c. Older age groups are particularly prone to social isolation and addressing this will be a key part of enabling ageing well. Our county is particularly rural, which means **we must work with our communities to combat social isolation**. This will include improving transport connectivity to people, places, opportunities and services.

## 6. Background

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

This year's report is about ageing well. The report opens with an introduction to the concept of 'ageing well', its importance for Northumberland, and the sets out the core themes covered in the rest of the report.

The report includes a profile of age distribution across Northumberland and how we compare to other areas in the North East. It describes how age influences health and wellbeing and the highlights the unfair health inequalities we see between communities, which become more visible in older ages.

The main body of the report is themed around the 5 functions of ageing well:

- Meeting basic needs
- Being mobile
- Building and maintaining relationships
- Learning, growing and making decisions
- Contributing to society

Each section includes key contributors that influence older adults' functional ability, describing why these are important, key facts, examples of local initiatives that are happening to promote health and wellbeing, and areas for potential future action.

The report concludes with a small number of recommendations on how the Northumberland system can support people to age well, setting the foundations for a healthier population that is expected to age considerably in the next decade.

## 7. Implications

<b>Policy</b>	Recommendations from the report will be directed to relevant policy areas and integrated into existing workstreams or action plans
<b>Finance and value for money</b>	The report has no direct financial implications, but if the recommendations are carried out, it is expected to benefit the economy of Northumberland
<b>Legal</b>	The report meets the statutory requirement of the DPH to produce an annual report on a health issue relevant to the local population
<b>Procurement</b>	N/A

<b>Human resources</b>	N/A
<b>Property</b>	N/A
<b>The Equalities Act: is a full impact assessment required and attached?</b>	No - not required at this point The report highlights the ways that promoting ageing well can contribute to reducing health inequalities. It also includes a section on age discrimination and stigma and recommends that this is addressed by institutions and in wider society.
<b>Risk assessment</b>	None undertaken
<b>Crime and disorder</b>	N/A
<b>Customer considerations</b>	An easy-read print version of the report is being designed and will be published alongside the report
<b>Carbon reduction</b>	N/A
<b>Health and wellbeing</b>	The report thoroughly explores the contribution that ageing well can make to improving health and reducing health inequalities
<b>Wards</b>	(All Wards);

**8. Background papers**

DPH Annual Report 2023: Ageing Well in Northumberland

**9. Links to other key reports already published**

Not applicable

**10. Author and Contact Details**

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# Ageing Well in Northumberland

## **Director of Public Health Report 2023**



Northumberland  
County Council

[www.northumberland.gov.uk](http://www.northumberland.gov.uk)

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# Forewords



**As I come towards the end of my first year as Director of Public Health for Northumberland, I am humbled to be able to share my first annual report which is focused on ageing well.**

Here in Northumberland, we have a higher proportion of the population over the age of 65 compared to our North East neighbours and the national average. Northumberland is a beautiful place to live, work, socialise and grow old. It is indeed a land of great opportunities. I am troubled when people focus solely on the difficulties of having an ageing population as it becomes all about the cost to health and social care and before we know it our older population are a drain on society and a problem to solve rather than an asset to behold.

Our health and social care services are indeed vital for medical care and when our residents do not have the ability to function independently any longer. Services are a necessity, and we

must focus on equity in access to them across our rural County to ensure fairness. I could have focused this entire report on prevention of disease and ill health, and the challenging inequalities which build right from the beginning of life and into mid-life, which cause the avoidable gap we have in healthy life expectancy across our least and most affluent localities. However, there is much work underway in Northumberland to look at the best start in life and creating the conditions to build a good life through the Joint Health and Wellbeing Strategy and the Northumberland Inequalities Plan. Instead, I specially wanted to shine a light on how to maintain positive health and wellbeing in later years and how, as local stakeholders working into and with our communities, we can encourage social, emotional, and physical connectedness. Research shows us time and time again that as humans we are social beings and to thrive, we need a sense of self worth and belonging. Preventing decline is not only about treatment and ill health care services. To enable independence and adding life to years not only years to life requires us to look at how people live their lives within the context of their communities (homes and neighbourhoods) and the active role our older population can play.

I would like to commend this report to you as a guide to what is already working well here in Northumberland and what more we can do to amplify the work at scale. We need a long term

sustainable commitment to ensure our older population are seen as a significant contributor to life here in Northumberland. We have a moment in time to retain people's independence and ensure we can keep people independent with a good sense of wellbeing and adding value to our County. This resilience building through and in community life is an evidence-based way to ensure the essential health and care services we all have an equitable right to access at the time of need are not overloaded with our forecasted ageing profile. Shifting the balance towards connected communities and people's ability to function well and feel content ensures a more positive perspective to embrace our ageing demographic.

*"You don't stop laughing when you grow old, you grow old when you stop laughing."*

**George Bernard Shaw**

A handwritten signature in blue ink that reads "Gill O'Neill". The signature is fluid and cursive.

**Gill O'Neill**

*Executive Director of Public Health,  
Stronger Communities, and Inequalities*



**Councillor Veronica Jones**

Northumberland County Councillor Veronica Jones, Cabinet Member for Improving Public Health and Wellbeing, said:

*"Northumberland has an older population compared with most other areas of England and our population projections suggest that older age groups are likely to grow significantly over the coming years.*

*"Supporting our residents to age well and live happy and healthy lives is a priority for us. And closing the gap in health inequalities is a key part of this challenge.*

*"We know that these inequalities in healthy ageing are strongly determined by the social and economic circumstances that people experience from birth and throughout their life course.*

*"This report explores what is already happening in Northumberland and helps us to see what good work we can build on to support our residents to live long and healthy lives."*



**Councillor Wendy Pattison**

Northumberland County Councillor, Portfolio Holder for Caring for Adults, said:

*"Having an aging population in Northumberland, particularly if not matched by health improvements, will have an impact on the NHS and social care.*

*"The work that is being done to help people remain active and healthy in later life is key to supporting the proportion of life spent in good health and, by working together, reduce the demands on healthcare and social services.*

*"Healthy ageing is a continuous process to optimise opportunities to maintain and to improve our physical and mental health, independence, and quality of life throughout the course of our lives.*

*"I am delighted to see the great work that is showcased in this report and fully support the recommendations made."*



**Neil Bradley (Executive Director of Adults, Ageing and Wellbeing)**

Northumberland County Council's Executive Director of Adults, Ageing and Wellbeing, Neil Bradley, said:

*"It is vital that we work together across the public sector and linked organisations to give everyone in Northumberland the chance to have as long and fulfilling a life as possible.*

*There is already excellent work being done across the County and in our communities by all who have people's health and wellbeing as a shared goal. This report sets out some of the key issues and challenges that we need to continue to work to address to do that moving forward and is a really helpful overview of where we are at in that journey."*



# 1. Introduction

**One thing we all have in common is that we are growing older each day. As we travel through life we meet new experiences, opportunities and challenges, and this is just as true in our later years.**

There are many positive aspects to ageing. Many older people describe a greater sense of purpose, hope, resilience, and wellbeing in older age. Our diverse life experiences and skills, and perspectives mean we have much to contribute during our later lives. However, our society tends to look at ageing through a negative lens. Ageing is often portrayed as an inevitable process of physical and mental decline. We sometimes associate older age with vulnerability, dependency and a cost or burden to society. This negative view of deficits can sometimes obscure the immense value and contribution that our older populations bring to society.

Whilst it is true that our physical bodies naturally decline in older age, we know that with supportive policies, environments, and services, we can age well and live a full and satisfied life in the situation we find ourselves.

Whilst a more positive view on ageing is long overdue, we should also recognise that there are significant variations in our experiences of ageing. For some, older age can present major difficulties and challenges. Increasingly many older people are living for many years with

multiple health conditions that need to be managed and there can be great challenges within relationships and dealing with losses. Sadly, we also witness sharp social inequalities in health in older age groups, which are shaped by advantages or disadvantages throughout our lives. There is regrettably an 18-year gap in life expectancy between the most and least deprived wards in Northumberland, and moreover, people in the most deprived areas live a greater proportion of their lives in poor health.

To address such unfair inequalities, we are committed to working closely with all our partners and stakeholders across Northumberland and have begun using the evidence based 'Marmot Principles' to shape our approach and develop a Northumberland Inequalities Plan.

The ageing process varies hugely between different individuals for a variety of reasons and there is not a simple one-size-fits-all approach for healthy ageing that suits every person. However, we know that as we age it is important for us to stay connected, feel included, stay healthy, work together, value experience, build on strengths and keep safe.

As well as making our people and communities stronger and more resilient, our local health and social care systems will benefit if we promote ageing well. A focus on prevention and enabling people to stay healthier for longer will be of critical importance as we transition to an older population over the next 10-15 years. This is a key part of reducing pressure on our already stretched services.



The past decades have seen people living longer, but for many people, these additional years are not being lived in good health. We have successfully added years to life, now we must work together to add life to those years.

## Ageing well in Northumberland

This report will focus primarily on ageing well in the later part of our lives. There is no clear definition on when older age begins, but for the purpose of this report we will take this as approximately 55 years old and above. Although we will focus on these later years, we recognise that health and wellbeing in later years is strongly shaped by our opportunities, experiences, behaviours, as well as our social, economic and environmental conditions during earlier life.

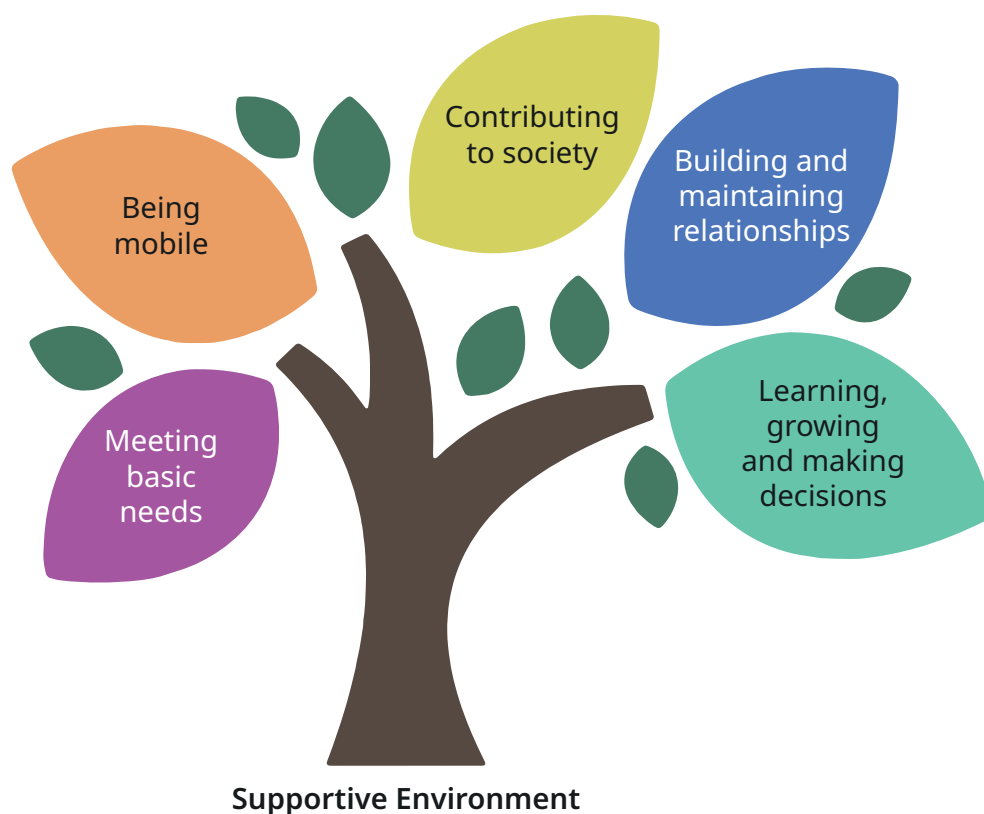
Promoting ageing well is a global challenge and we have much to learn from other places both within our country and internationally. The Chief Medical Officer Report for England in 2023 is themed 'Health in an Ageing Society' and highlights key issues and best practice from around the country. World Health Organization's (WHO) Decade of Healthy Ageing is running from 2021-2030 and is a concerted effort by governments, agencies, academia and communities to improve health and wellbeing of older people around the world.



A recognised framework for thinking holistically about healthy ageing is the WHO 5 functions of healthy ageing. These functions focus on the capabilities that enable people to be and do what they have reason to value in older age. The five functions are:

- Meeting basic needs
- Learning, growing, and making decisions
- Being mobile
- Building and maintaining relationships
- Contributing to society

Figure 1: World Health Organisation five functions of healthy ageing:



We have structured the core chapters of this report around these 5 functions and have included within them some of the key contributing factors. Fundamentally these key areas are the foundation for physical, mental, and social wellbeing as we age.

We want to work together with our communities and partners to improve the quality of life of older adults, promoting their physical, mental, emotional and social wellbeing while enabling them to live independently and with dignity as they age. In Northumberland we are committed to taking a strengths-based approach which builds on the assets and resources that people already have and empowers them to take greater control over their lives.

In Northumberland, we are proud to have an established Ageing Well Network, which connects together a very wide range of organisations that support older adults in different ways and in different places. There are so many great initiatives happening across the county that support ageing well, and although there isn't space to mention them all here, we know that these are highly valued by our residents. This report includes local examples of how we work together with agencies and communities to support ageing well.

If we can work together to promote these 5 core functions, and address inequalities across them, Northumberland can be a place where our people have a greater opportunity to age well.

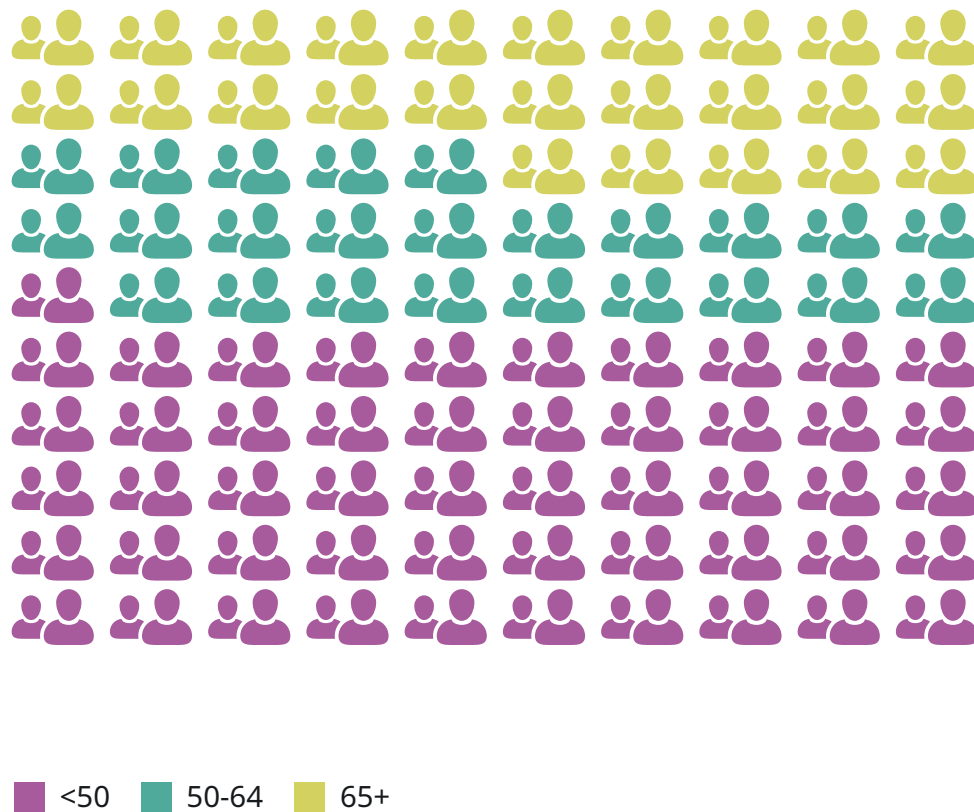
# 2. Ageing in Northumberland

This chapter describes our age profile in Northumberland and highlights some of the overarching indicators of health and wellbeing for our local population.

## Age profile of Northumberland

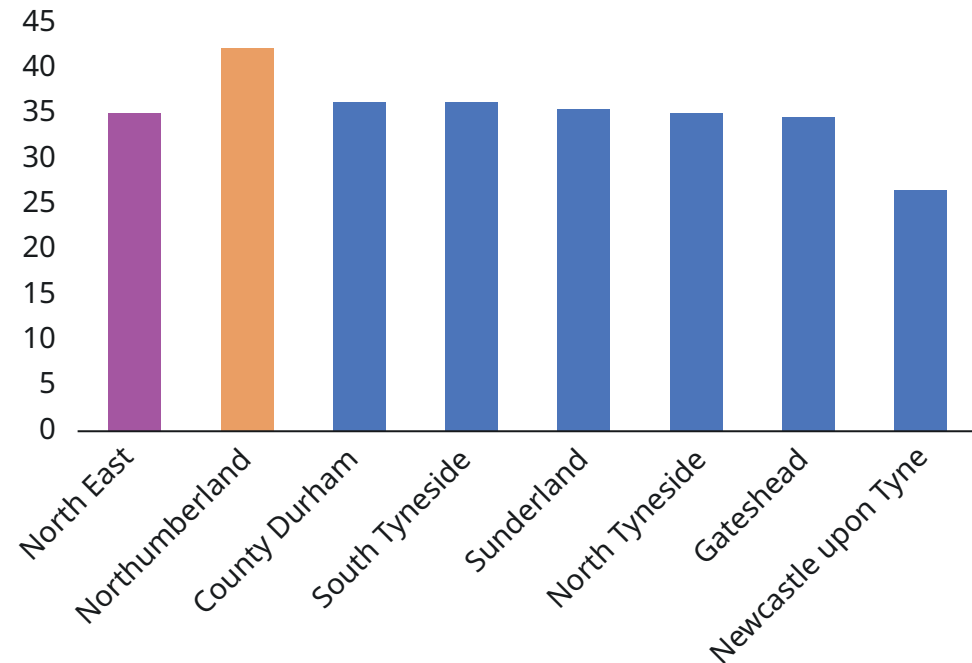
In Northumberland almost half of our population are aged 50 or over (Figure 2).

Figure 2: Age groups in Northumberland



Northumberland has an older population compared with most other areas of England, and has the oldest age profile in the North East region. In Northumberland, 41% of the population are 55 or over, which compares to an average of 31% in England and 34% in the North East (Figure 3).

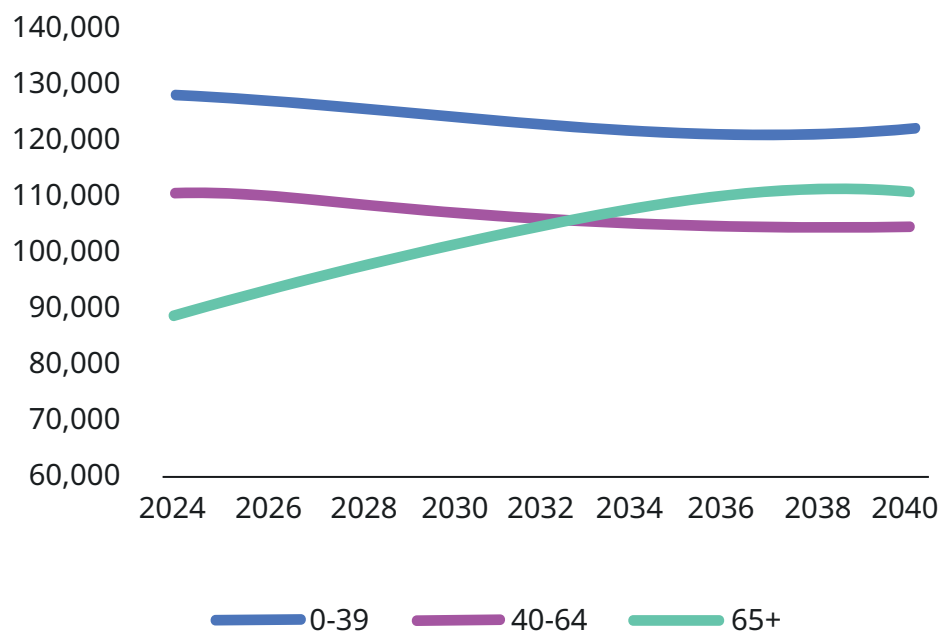
Figure 3: Proportion of population 55+ in North East local authority areas



Source: ONS Mid-year population estimates 2021

Population projections suggest that older age groups are likely to grow significantly over the next two decades. The 65+ age group is expected to increase by around 20,000 people, whilst we expect to see reductions in the 0-39 and 40-64 age groups (Figure 4). Therefore, our population in Northumberland is set to become progressively older until 2040.

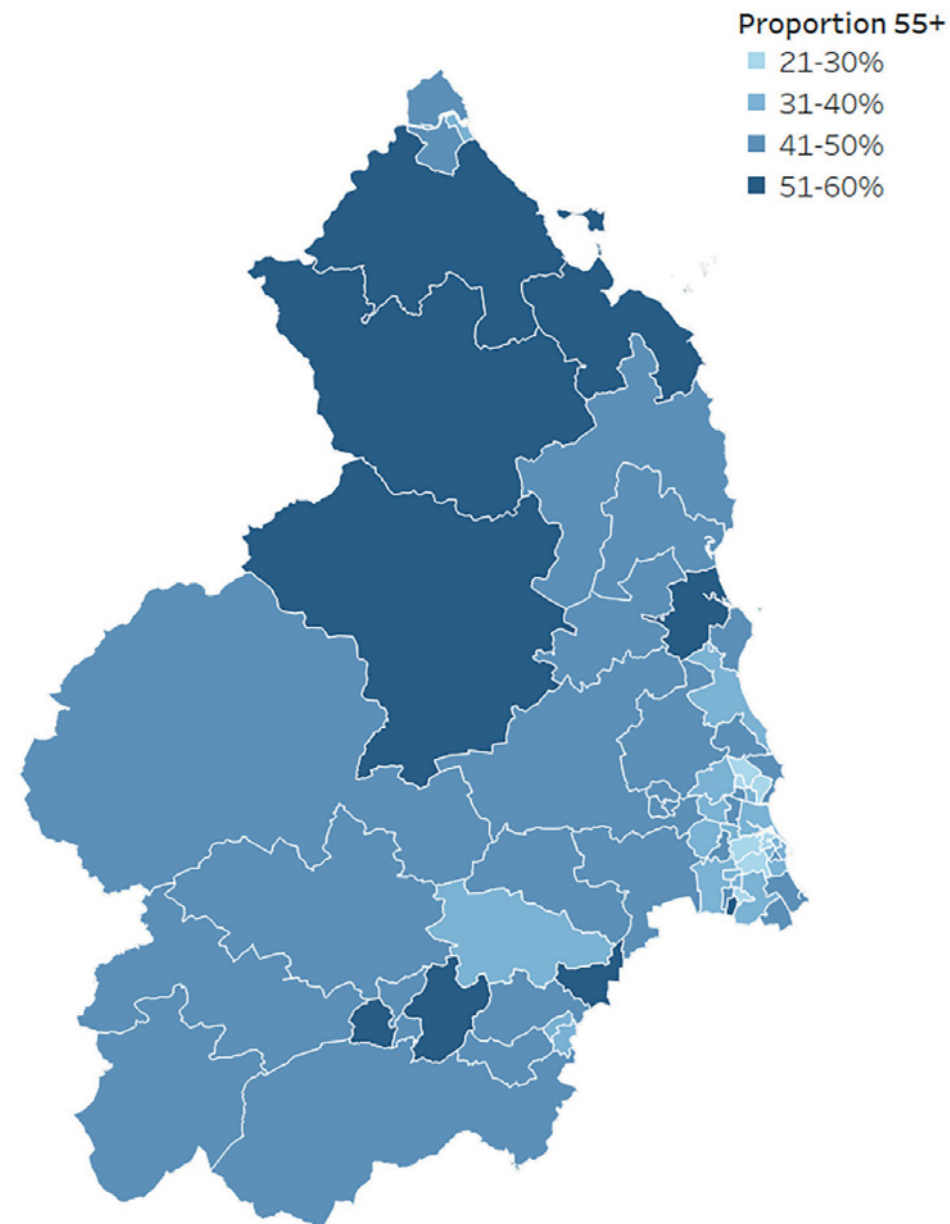
Figure 4: Projected population sizes of age categories in Northumberland 2024-40



Source: ONS Population projections

Average age varies across geographical areas of Northumberland. More rural areas in the north and west of the county tend to have an older age profile, and the more urban areas in the south east tend to have a younger age profile (Figure 5).

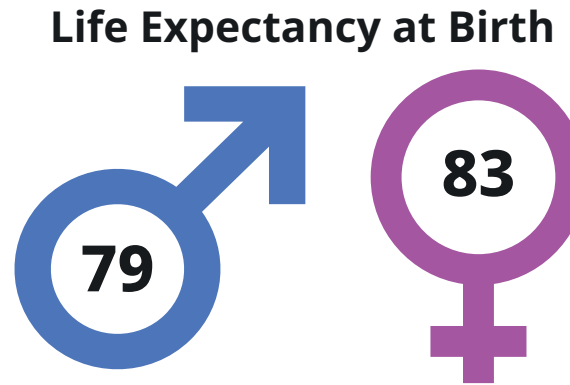
Figure 5: Map of age distribution (% aged 55+) across Northumberland



Source: ONS Mid-2020 Population Estimates by Ward

## Health and wellbeing in older ages

Life expectancy of our population has dramatically increased over the last hundred years. In the 1930s the average length of life was around 60 years, while today males and females in Northumberland on average live to 79 and 83 respectively. This is similar to average life expectancies for males and females in England.

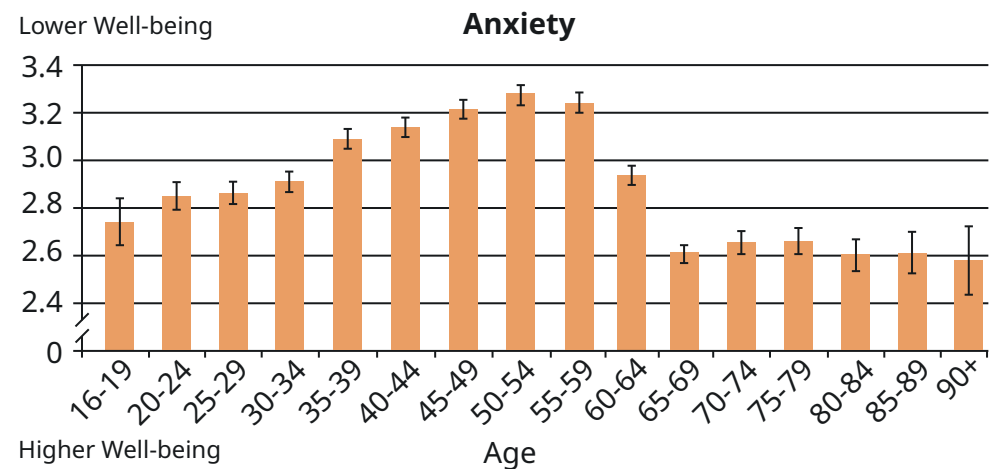


Whilst living longer is an important indicator of population health, it doesn't capture the quality of life that people experience.

Healthy life expectancy shows the average age that people can expect to live in a state of good health (rather than poor health). This is a useful indicator for understanding how healthily our population is ageing. In Northumberland, on average males live 61 years in good health and females live 62 years in good health.

The national Annual Population Survey has found that older age groups tend to have greater personal wellbeing. Figure 6 shows that life satisfaction is higher among older age groups compared to middle age groups, and anxiety is lower among older age groups.

Figure 6: Life satisfaction and anxiety scores by age in England (Source: ONS Annual Population Survey 2016)



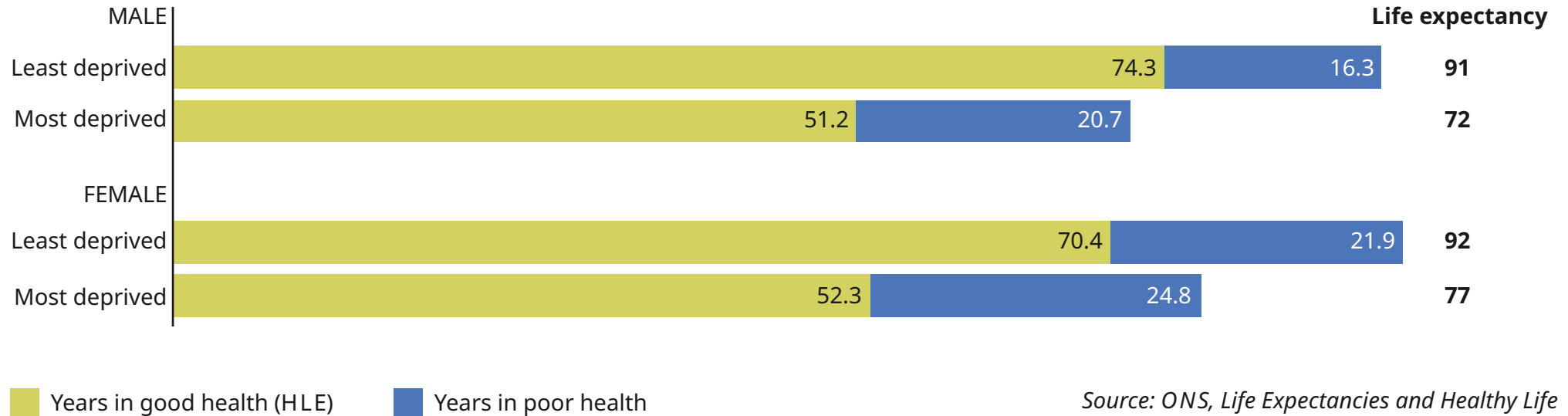
## Inequalities in ageing

Although overall Healthy Life Expectancy in Northumberland is similar to national averages, there are significant inequalities between some of our communities. Figure 7 shows Healthy Life Expectancy and Life Expectancy at birth for males and females living in the most and least deprived areas of Northumberland. It shows that people living in the most deprived areas generally live shorter lives and spend a greater proportion of their lives in poor health. Healthy life expectancy for the most deprived areas for males is 51 years old compared to 74 years old in the least deprived areas.

We know that these inequalities in healthy ageing are strongly determined by the social and economic circumstances that people experience from birth and throughout the life course. Disadvantage tends to accumulate and compound through life and result in the wide inequalities in life expectancy and healthy life expectancy we observe in later life.



Figure 7: Average Life Expectancy and Healthy Life Expectancy (HLE) for males and females in the most and least deprived areas (MSOAs) in Northumberland



Source: ONS, Life Expectancies and Healthy Life Expectancies at birth by sex and area (MSOA)

# 3. Meeting basic needs

Meeting our basic needs includes living in suitable housing, having enough money to live on, eating a healthy and nutritious diet, having adequate clothing, and access to health and social care services when needed. These things are a foundation for ensuring an adequate standard of living and a platform for enabling all the other functions highlighted in this report. The ability to meet our basic needs is a combination of our own capacity, the environment in which we live and the interaction between the two.

For some people, disabilities or health conditions in older ages may limit ability to perform basic activities of daily living such as bathing, showering, dressing, eating, getting in and out of bed or chairs, using the toilet, or getting around the home. However, with appropriate levels of support and care, many people can continue to function and have the ability to live independently in their own communities for longer.

## Good housing

Most older people are happy where they live. They need either no help or 'just that little bit of help' to stay living independently in their ordinary homes. Enabling older people to age well at home needs to be our guiding principle. (1)

*The right size of house needs to be built. They are nearly all top of the range houses. We need more flats and smaller houses for people who want to downsize as they get older.*

(65+ Cramlington resident, Cramlington Community Conversation)

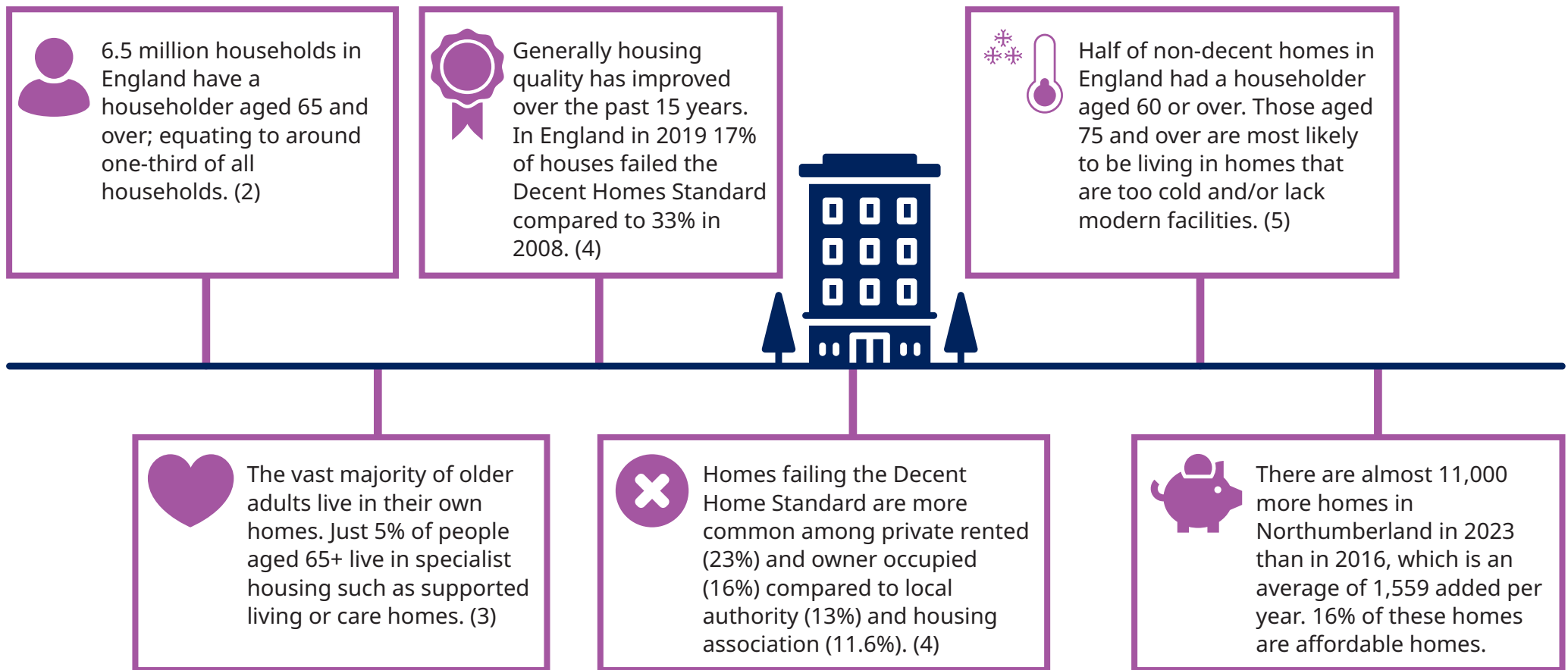


The simple aspiration of most older people is to live in safe, warm, well-maintained homes that support wellbeing. Well-designed homes can reduce stress and improve mood, and having a private and quiet space enables older individuals to rest and engage in leisure activities. The quality of homes is particularly important to older people as they typically spend more time at home than younger adults.

Adequate heating, insulation, and ventilation help regulate indoor temperatures, reducing the risk of hypothermia or heat-related illnesses. This is especially important for older adults who may have reduced tolerance to temperature extremes.

Whilst many older people are able to move around their homes unaided, for some people this can be a challenge. In these situations, safety and accessibility features can be crucial for preventing accidents and injuries among older adults. Handrails, non-slip flooring, and wider doorways can reduce the risk of falls, which are a leading cause of injury in older adults.





### What is available to support good quality housing for our older population?

There are many agencies and initiatives that offer support for housing that older people may access. Some examples of initiatives include:

- The Northumberland Local Plan which was adopted in March 2022 supports initiatives to improve health and wellbeing through the built environment. All planning applications must complete a Healthy Planning Checklist and larger developments require a Health Impact Assessment (HIA). These HIAs should consider the impacts on older people.
- In our Local Plan, it specifies that major schemes need to include a proportion of homes that are accessible and adaptable. We also promote 'lifetime neighbourhoods' that consider the needs of people across their lives, including during older age.
- Northumberland County Council has an Extra Care and Supported Living Strategy which aims to deliver homes to meet the needs of older adults and provide an alternative to residential and nursing care. Developments will need to be consistent with the council's Local Plan and the council works closely with developers to ensure they address local needs.
- A dedicated housing occupational therapist works with teams delivering improvement works to the Council's housing stock to ensure needs of tenants are considered.

- The Joint Equipment Loans Service (JELs) provides equipment to people who live in Northumberland, or who are registered with a Northumberland GP, to help them maintain their independence in the community and to continue to live safely in their own home. Referrals come from Health and Social Care professionals following an assessment by a professional such as a district nurse, community nurse, occupational therapist, physiotherapist or paediatrician.
- The Energy Company Obligation (ECO) scheme improves energy efficiency of homes of people on low incomes, at risk of poverty, or vulnerable to the effects of living in a cold home. In Northumberland over 320 homes have been improved through the scheme.
- Energy Advice for Rural Northumberland (EARN) supports energy consumers in hard-to-reach rural Northumberland who are disadvantaged through remoteness. They offer advice ranging from installing simple measures to improve the energy efficiency of homes, paying less for energy, accessing financial help, adopting more energy-efficient habits and applying for grants to make improvements to houses.
- Warming homes is a multiagency professional group that has developed information resources for professionals to support residents to warm their homes.

### What opportunities are there to promote ageing well through housing?

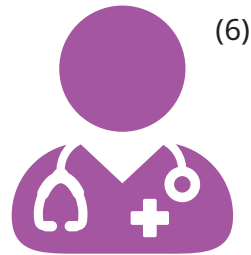
- Ultimately, we would like to find ways to support older people to live longer in their homes rather than seek out supported living, or care homes.
- Many homes become harder to live in as people age, but people shouldn't have to change homes just because they're getting older. New homes can be designed to be flexible enough to meet people's needs throughout stages of their lives.
- The Joint Equipment and Loans service (JELs) is currently piloting the use of SMS messaging to support client contact for equipment delivery and retrieval.
- We would like to see more opportunity for affordable housing for our residents across our county.



### Healthy diet and nutrition

Eating a healthy, balanced and nutrient rich diet remains important throughout our lives. As we get older our bodies absorb less of certain nutrients including vitamin B12, calcium, and vitamin D, which are needed to maintain good bone and muscle health and support our immune systems. A healthy diet also boosts our energy levels and can lift our mood, which can help us stay active and engaged in our daily activities and social interactions. A diet high in fibre is good for our digestive system and can alleviate constipation.

Older people are more vulnerable to poor nutrition which can reduce quality of life and increases the risk of frailty in older adults. Identifying and addressing poor nutrition is important to enable people to maintain a healthy and independent life and reduce the need for both health and social care.



(6)

It has been estimated that poor nutrition contributes to

**65%**  
more GP  
visits,

**82%**  
more  
hospital  
admissions,

**30%**  
longer  
hospital  
stays.



Older adults tend to eat a healthier diet than younger age groups.

**Almost half of people aged 75-84 in England meet the 5 a day fruit and vegetable consumption recommendation**

**compared to around a quarter of people aged 16-34. (Figure 8)**



(4)

**In Northumberland**

**2/3 of adults do not meet the 5 a day fruit and vegetable consumption recommendations.**

**In the most deprived areas**

**3/4 of the adult population do not meet these recommendations.**



(7)

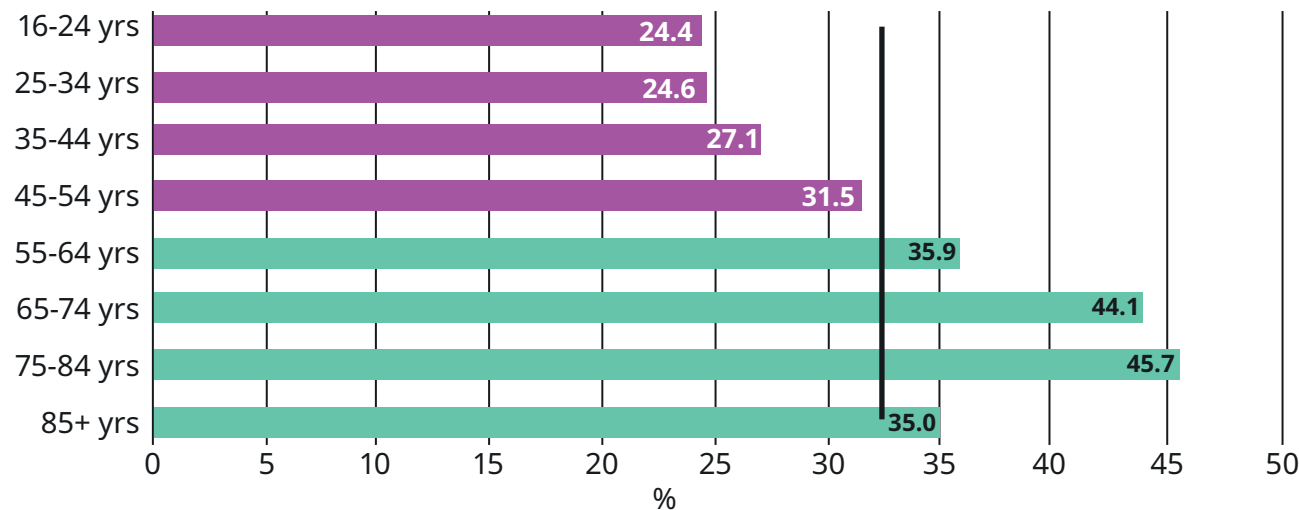
**Low-income households can struggle to afford healthy diets, as healthier foods tend to be more expensive. A 2022 national survey by the Food Foundation found that**

**14% of households had experienced food insecurity in the past month, and**

**50% of households on Universal Credit had experienced food insecurity in the past 6 months.**

**This may mean skipping meals, being unable to eat when hungry, and not eating for a whole day.**

Figure 8: percentage of adults meeting the 5-a-day fruit and vegetable consumption recommendation by age 2021-22



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Maintaining a healthy body weight is important for overall health. Being overweight or obese can exacerbate a range of age-related health conditions, accelerate decline of physical function and onset of some disabilities. At the same time, underweight and malnutrition affects older adults, particularly with the onset of frailty, disability or illnesses.




(4)

**In Northumberland nearly 2/3 of adults are overweight or obese and the prevalence is higher among older age groups and in more deprived areas.**



(9)

**It's estimated that 10% people aged 65 or above are malnourished or at risk of malnutrition.**



(8)

**Surveys have found that older people are just as motivated as younger people to lose weight, but they are only half as likely to be attempting to lose weight. Some of the specific barriers have been suggested as lower mobility, and lack of advice from professionals.**

## What is available to support healthy diet and nutrition for our older population?

- Northumberland Council and Northumbria Healthcare Trust have signed Healthy Weight Declarations, which include a series of pledges and practical measures to support residents to achieve healthy weight.
- Nourish Northumberland is a countywide food partnership that aims to ensure food choices for everyone regardless of where they live or how much they earn. It unites food initiatives and food providers to work together with communities to find locally based solutions that are sustainable.
- Northumberland County Council's Health Trainer Service can support all adults, including those over 55, with advice on healthy eating. They have a range of in-person and telephone clinics.
- NHS Digital offer an online access to weight management service for those living with obesity, who have a Body Mass Index (BMI)  $\geq 30$  and diagnosed diabetes or hypertension (or both). The BMI threshold is  $\geq 27.5$  for those with Black, Asian and ethnic minority backgrounds. With three levels of support and a choice of providers, it is designed to offer a personalised level of intervention to support people to manage their weight and improve their longer-term health outcomes.

- Northumbria Healthcare Trust delivers a specialist weight management service. A team of specialist dietitians, physical activity leads, and clinical psychologists work with you to hear your weight, eating and activity story within the context of your life. They help you to develop your own plan focussing on areas that are important to you and identify what works for you and what might be stopping you from making progress. The service is available for people registered with a Northumberland GP, with a BMI  $\geq 35$  (32.5 for Black, Asian and ethnic minority backgrounds), aged 18+ who aren't pregnant, and without a current or previous bariatric procedure in place.

## What opportunities are there to promote ageing well through diet and nutrition?

- Greater public awareness of our changing nutritional needs as we grow older.
- Training for delivering brief weight advice could offer an opportunity to improve older people's motivation to achieve a healthy weight.





## Financial wellbeing

Personal finances have a strong bearing on our health and wellbeing. Having insufficient money or financial insecurity can be a source of significant stress or anxiety. As elsewhere, the recent cost of living crisis has put additional pressure on people in our communities in Northumberland.

Not having enough money is a barrier to living a healthy life and a significant cause of health inequalities. The calculation of Minimum Income for Healthy Living (MIHL) includes the level of income needed to meet basic needs including good nutrition, physical activity, housing, social interactions, and transport. As people grow older their needs for these things often increase at a time when their incomes decrease because of retirement and/or loss of a partner which can lead to reduced income.

Our financial position in older age is generally shaped by our circumstances earlier in life. For example, having a private pension is linked to employment history including level of earnings and time in employment.

Most people reaching older age have limited opportunity to increase income or add to savings, but there may be ways to improve their financial situation through state benefits such as Pension Credit, Housing Benefit and Attendance Allowance. However, some older adults may not know what they are entitled to, may be put off by the claims process or be hesitant to ask for help. Caring for family members can also come at great cost to carers and many are forced to give up work to care.



(10)

In 2021/22 **18%** of pensioners in the UK had incomes, after housing costs, of less than **60%** median household income.



(4)

In Northumberland, it is estimated that **11.5%** of people aged 60 and above (11,000 older people) are living in poverty. This compares to **14%** nationally.



Department for Work and Pensions estimated that **£1.7 billion** in Pension Credit was not claimed across Britain in 2022.

Financial scams and fear of scams disproportionately affect older adults which may be linked to vulnerability, social isolation and lower familiarity with technology. (11)

*“Every day I encounter older people who have been scammed, suffered identity theft or are stressed by the pressure they feel from scam callers, rogue traders. Some have lost life-changing amounts of money. More just ‘live in fear’ of what they see as the perils of online shopping, banking, or of answering the phone”.*

(Scams awareness and prevention officer, Age UK)



### What are we doing to support financial wellbeing?

- Northumberland has recently established a Financial Well-being Network of organisations including Transforming Communities Together, Northumberland Community Bank, Stronger Communities, Thriving Together, Citizen’s Advice Bureau and Northumberland Communities Together. Following the Government’s

Financial Well-being Strategy 2020-2030, the Financial Well-being Network will focus on three of the five themes, initially. The five themes are:

- Getting a meaningful financial education
- Saving regularly
- Managing credit
- Accessing debt advice
- Making good decisions
- The Financial Wellbeing Network considers all ages but is aware of specific issues related to older people including the uptake of pension credits across the county.

- Northumberland County Council benefit calculator is free to use and helps people find out what benefits they can claim.
- Northumberland Community Bank (NCB) aims to benefit more people in Northumberland by offering a sustainable source of lending for individuals and micro businesses together with a safe home for savings. Unlike high street lenders, Northumberland Community Bank may offer loans for smaller amounts starting at £300 which means customers don’t have to borrow more than they need. By generating deposits from members, a fund is created allowing lending to local people, including those vulnerable to high interest lenders such as Pay Day and Door Stop lenders and Loan Sharks.

## Case Study: Barclays community banks



Barclays Bank is delivering a network of community banks across Northumberland as the traditional image of ‘high street banking’ evolves to meet the changing needs of society and the more flexible ways in which communities can physically interact with a bank.

Across Northumberland, Barclays now have services in locations such as Ponteland Leisure Centre, Morpeth Leisure Centre, and Prudhoe and Haltwhistle library buildings.

From these community sites, Barclays support local customers who still wish to have a face-to-face service and do not feel confident enough to take up online banking options. For those customers, Barclays

Digital Eagles based on site will provide support to those who would like to adapt to new ways of banking and learn more about how to do so safely to meet their own needs.

The collaboration between Barclays and Northumberland County Council will continue to evolve during 2024.

## What opportunities are there to promote ageing well through improving financial wellbeing?

- Understanding pensions and the impacts of decisions around early retirement and cashing-in might help people make informed decisions. Identification of and clear signposting to support agencies who can provide retirement and pensions advice may assist in decision making.
- Both Barclays Bank and Newcastle Building Society are providing services in locations across the county to help increase access for people to banking services which often help older people who are less likely to use on-line banking. Mindful of the expansive geography of Northumberland, the Barclays Digital Eagles programme plans to work with the Mobile Library Service to take their message of support, learning and financial enablement out to our more rural communities.
- Age UK delivers group and one-to-one scams advice and sometimes post-scam counselling. They provide support literature and various items of practical support including 'No cold callers' window stickers and landline telephone call-screening devices.
- Voluntary groups, community organisations and others from our communities have come together to establish a network of warm spaces. This includes, but is not limited to, community centres, church halls, libraries and community hubs. Warm Spaces are places where people can come together in a warm, safe, welcoming place and maybe enjoy a hot drink, a sit down and have a chat with others.



## Staying healthy for longer

Whilst most people aspire to live long and healthy lives, as we age we experience increased risk of long term conditions such as cardiovascular disease (which includes blockages of the arteries to the heart causing heart attacks and angina, as well as stroke), dementia, cancer, and problems with our joints. The good news is all these conditions are preventable or can be delayed, or the risk can be reduced considerably, particularly by things we do during the middle of our lives aged 40-60 years. (12), (13)

The risk of these conditions can be reduced by not smoking, eating a healthy diet, taking plenty of exercise (including strengthening our muscles), not drinking too much alcohol, and keeping a healthy weight. But we know these things are challenging so we need approaches

that work for everyone, particularly people at higher risk or who face greater challenges, such as people living in some of our more deprived areas, and people from some ethnic groups.

As we get older, we are also at higher risk from some infectious diseases such as flu and COVID-19, or of developing pneumonia or shingles. Vaccination is extremely effective in reducing these risks. Screening programmes for some cancers (bowel, cervical and breast cancer) and abdominal aortic aneurysm are very important for detecting early signs of these conditions, enabling earlier treatment and better outcomes.



Data on prevention by age group:



(4)

In Northumberland in 2022,

**9.6% of adults were smokers,**  
this is significantly less than the national average, and the lowest level in the North East.

However, higher rates of smoking remain among some groups such as those with lower socioeconomic status, people with mental health conditions and some age groups. Nationally 14% of people 50-59 years of age, and 12% of people 60-69 years of age are smokers.



(4)

In 2021-22,

**63% of adults in Northumberland were overweight or obese.**

National trends, which are similar to Northumberland show that the **overweight and obesity are highest in those in age groups between 55 to 84 years old, which is close to 70%.**



(4)

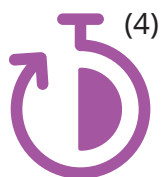
In Northumberland in 2021-22, alcohol related admissions to hospital are **higher than national averages.**

Northumberland had a rate (directly standardised) of 1041/100k compared to 810/100k in England.



(15)

The proportion of people in England in 2021 who participated in any moderate-intensity sports or exercise on at least one day in the past four weeks appears to **decrease with age from 45-54 years.**



(4)

In Northumberland in 2021-22, it is estimated that **30% of adults do not meet the Chief Medical Officer physical activity guidelines** and 23% people do not achieve 30min activity per week. These are similar to national trends. There are also clear inequalities in physical activity levels, with those living in more deprived areas tending to do less physical activity.



(15)

Alcohol use and harm is also higher in some older age groups compared to younger age groups. In England people aged 45-64 years of age are **more than twice as likely to drink at levels of increased or harmful risk compared to people aged 16-34.**

## What are we doing to support prevention?

- Making Every Contact Count (MECC) is an approach to behaviour change that uses the millions of day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing. Health improvement specialists and health trainers in the Public Health team provide training to frontline staff across the system, including in community organisations and groups, to deliver MECC. Northumberland has over 100 MECC trainers and over 1000 people in the county have been trained in MECC.
- NHS Health Checks are free check-ups every 5 years for people aged 40 to 74 who do not have any pre-existing health conditions. It can tell if they are at higher risk of developing heart disease, diabetes, kidney disease, or stroke, and to provide support to reduce the risk of these conditions and dementia. NHS Health Checks are available from your GP surgery.
- The Northumberland County Council Health Trainer Service provides one-to-one and group support to individuals who want to make healthier lifestyle behaviour changes, as well as support to new and existing community groups, health advocates in local businesses, and community health champions, and delivery of education and skills programmes, campaigns, and health walks. The team has also just started a programme of targeted NHS Health

Checks into community settings and workplaces.

- The Northumberland Stop Smoking Service runs programmes across Northumberland to support smokers to stop smoking. Our stop smoking practitioners provide professional advice on treatments and e-cigarettes alongside behavioural support to help people quit. The service offers free nicotine replacement therapy via a voucher redemption scheme at local pharmacies. Support sessions are flexible and offer the choice of individual one-to-one sessions or telephone consultations. Advice and support are also available on the Northumberland Stop Smoking website.

- Social prescribing links workers, health and wellbeing coaches and care coordinators based in local surgeries give people time, focusing on what matters to them. They connect people to community groups and services for practical and emotional support, often for traditionally non-medical issues such as benefits advice or reducing social isolation. Health and wellbeing coaches work with people to build their knowledge, skills and confidence to manage their health conditions. Care coordinators help to coordinate care and support and help people to navigate the often-complex health and care systems.

## Case Study: The benefits of stopping smoking



Bob [not his real name] was referred to Northumberland Stop Smoking service for initial assessment in May 2023. He has several long-term conditions including diabetes, which he described as poorly controlled. Due to his diabetes, he had blocked arteries in his leg and ulcers on his feet, which were proving difficult to heal. These were the reasons he wanted to quit smoking. Bob was quite a heavy smoker but was unsure how much he was smoking because he rolled his own and used a smoking pipe. Initially Bob cut down on his cigarettes, and then for few weeks he was only smoking 1 or 2 roll-ups during the evening. Bob was given Nicotine Replacement Therapy (NRT) medication in the form of a mouth spray and used this alongside an 18mg vape to support his quit attempt. Bob has now been smoke-free for 14 weeks and continues to stay motivated. Since quitting smoking Bob has noted his breathing has improved, and his ulcers are beginning to heal. He is now waiting for an appointment at the Freeman Hospital to see if they can operate on the blocked artery in his leg.

## What opportunities are there to promote ageing well through prevention?

- Some of the most important things that can be done to prevent diseases are by government or society. Recent announcements on raising the age of sale of tobacco by one year every year from 2027 onwards and increasing funding for preventing and stopping smoking are very welcome. Similar system-wide approaches are needed for helping people to have a healthy weight, for example by introducing more restrictions on the marketing of unhealthy foods, and to reduce alcohol harm.
- We are only able to focus on improving our health if we are happy and feel in control of our lives. The first step is to create the conditions for good employment, healthy and affordable housing, enough money to live, and feeling safe in our own communities. We have some of the levers for this locally, though not all.
- Strengthen communities so that they have more control over decisions and resources in their local area and can build trust and mutual support. We can then work with people in communities, voluntary and community groups and organisations, and frontline staff in statutory services to have those brief conversations about why and how to improve health and wellbeing, and where to get support if needed ('Making Every Contact Count').
- Some of the biggest challenges are to reduce the inequalities in uptake of vaccinations, screening, and NHS Health Checks in Northumberland. This requires partners to work together and with communities to identify opportunities to increase uptake among people less likely to take up these offers.

## Health and social care when needed

We know that the risks of illness, health conditions and disability generally increase with age. Increases in life expectancies mean that many older adults are managing at least one long term condition or disability.

The annual GP patient survey 2023 asked patients about their long-term conditions. It found that:



**60% of adults in Northumberland report having at least one longstanding physical or mental health condition, disability or illness. This is higher than the national average of 53%.**

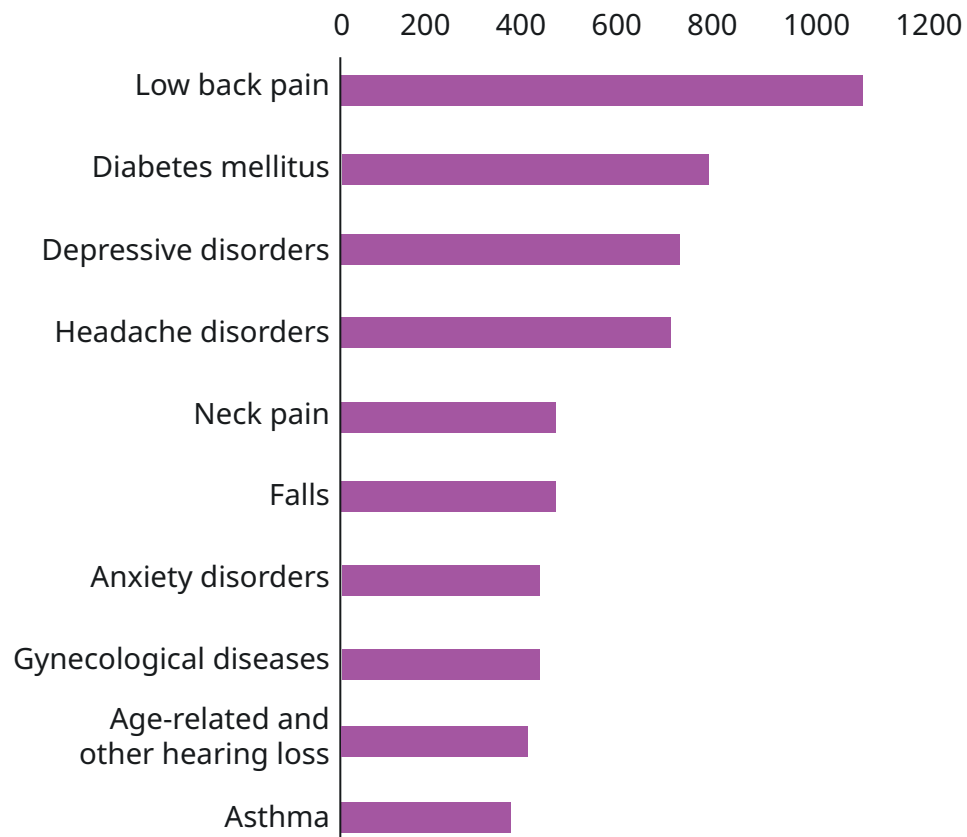


**13% of adults in Northumberland report having a long-term mental health problem, which is similar to the national average of 12%.**



There are a wide range of long-term conditions. Years lived with disability (YLD) is a measure of disease that combines the prevalence of each disease with a rating of the severity of its symptoms, to give an overall measure of the loss of quality of life. Figure 9 identifies the most common causes of ill health in 2019 in Northumberland.

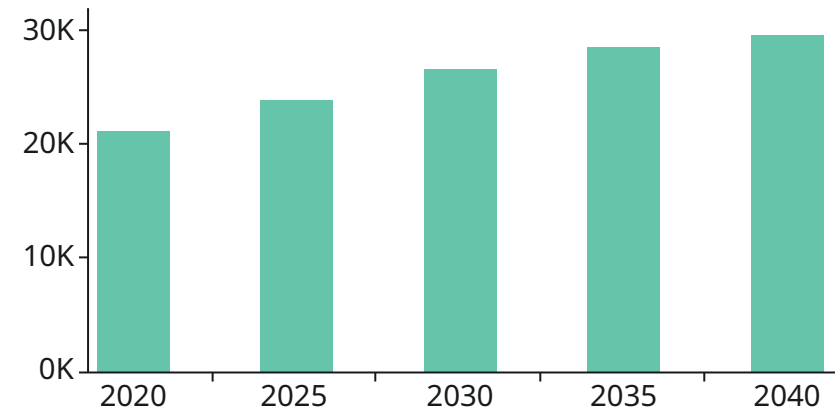
Figure 9: Years lived with disability by condition in Northumberland per 100,000 people Source: OHID Health Profile for the North East of England 2021



Source: OHID Health Profile for the North East of England 2021

The number of people living with long-term conditions and disability is projected to rise over coming years, primarily because of the shift to an older population structure (see Figure 10).

Figure 10: Projected number of people 65+ living with a limiting long-term illness from 2020 to 2024 in Northumberland

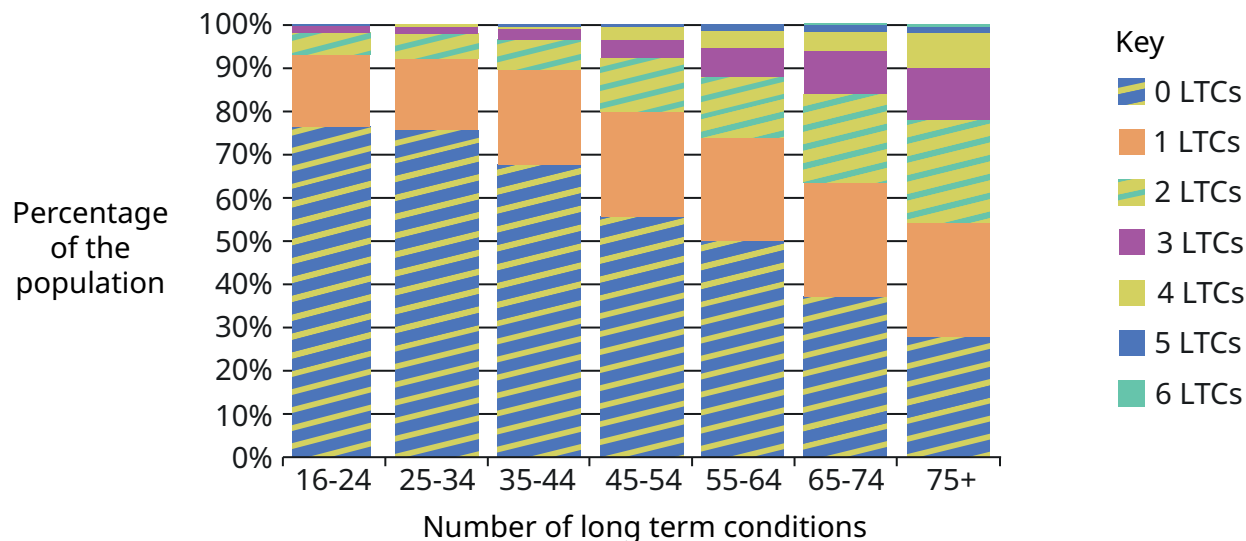


Source: POPPI, Limiting Long-Term Illness

Many older people are also living with multiple long-term conditions (multimorbidity). These conditions can interact, meaning that people who could have maintained independence and quality of life with one of these diseases struggles to do so with the combination. Figure 11 shows that the number of conditions managed generally increases with age.



Figure 11: percentage of the population with 0-6 long term conditions by age in England (2018)



Source data: Department of Health and Social Care, analysis of data from Health Survey for England 2018  
 Image source: Redrawn from image in Chief Medical Officer's Annual Report 2020, Health trends and variation in England

Living with long term conditions and disability can present significant challenges and difficulties for individuals. However, with the right type and level of support or management, people can have a better quality of life than they otherwise would experience.

**Health care when needed**

Primary and secondary healthcare pathways support people to receive diagnosis, receive appropriate treatment and management of their long-term conditions. Health services play a vital role, but we recognise that in most cases, condition management is primarily done by the individual with support from their social networks, whether family, friends, or community networks.

Access to healthcare services for older adults is vital for maintaining and improving their health, well-being, and overall quality of life. It allows for the prevention, early detection, and management of health issues. The rural nature of Northumberland means there can be more challenges for people to travel to services, especially more specialist services that tend to be in urban population centres.

Across Northumberland, we have 36 GP practices operating across 61 sites. Each of the GP practices is part of a Primary Care Network (PCNs) of which there are 7 across Northumberland. The PCNs build on existing primary care services and enable greater provision of proactive, personalised,

coordinated and more integrated health and social care for people close to home.

Northumberland is part of the North East and North Cumbria Integrated Care Board (NENC ICB) which includes an integrated approach to better health and wellbeing across our population. NENC ICB works across the area to breakdown organisational boundaries to ensure patients can access healthcare at the right time, in the right place. As part of this approach, there is a significant focus on reducing inequalities in how patients across the area access and receive healthcare.

- Recently, NENC ICB has announced £35 million funding to improve health in the region's most deprived areas.

Northumberland's main acute provider is Northumbria Healthcare Foundation Trust which has a number of locations across the county to access treatment including:

- Northumbria Specialist Emergency Care Hospital
- Wansbeck General Hospital
- Hexham General Hospital
- Alnwick Infirmary
- Berwick Infirmary
- Rothbury Community Hospital
- Haltwhistle War Memorial Hospital

Northumberland patients also have access to tertiary services from NHS Newcastle upon Tyne Hospitals Foundation Trust.

Northumberland is served by community pharmacies, which are a key part of our healthcare provision and are often first point of contact for patients requiring advice and treatment. This includes a “Think Pharmacy First” scheme, which supports pharmacies to offer additional care to patients for minor ailments including supply of treatment.

### Social care when needed

Our adult social care system helps people stay independent, safe and well so they may live as best as possible in the situation they are in. This includes supporting people who are frail, have disabilities, mental and physical health conditions, as well as the people who care for them.

- In Northumberland 7,844 residents currently have an adult social care case worker (September 2023).

### Prevention

We have a range of well-established services in Northumberland focused on helping people to stay healthy and independent, including reablement services, supported living and extra care, occupational therapy, home improvements and adaptations, assistive technology and aides and equipment.

A key element of our approach is the link to community assets provided by the voluntary and community sector and Northumberland Communities Together (NCT). These partners play a critical role in helping us to fill the middle ground of support in relation to lower-level needs and trying to ensure that they do not develop into acute needs.

### Accessing social care

OneCall is the single point of access for referrals to a wide range of community health and social care services in Northumberland. This includes adult social care advice and needs assessments, requests for equipment at home, Occupational Therapy, Physiotherapy, out-of-hours Community Nursing and the Council’s Telecare service.

### Assessments and care planning

Northumberland Adult Services are working towards a strengths-based approach to the assessment of people’s needs. Our assessments ensure that all aspects of an individual’s care are understood and are the starting point for discussion with people about the options available to them. In addition to this, we work closely with the Integrated Care Board in Northumberland to offer personal health budgets for clients where appropriate.

In health and social care, an advocate is someone who is trained to help people understand their rights, express their views and wishes, and ensure people’s voices are heard. In Northumberland we have an advocacy service provided by a third-party provider, and we refer appropriately for Independent Mental Capacity Advocate (IMCA), Independent Mental Health Advocate (IMHA) and Care Act advocacy.

Care planning and support for most users and their families is provided by locally based teams made up of care managers and social workers. Our social care assessment and care plan is a comprehensive combined document, developed together with our client and advocate where appropriate, which is completed within 28 days from the point of referral.

## Case Study: Short Term Support Service

The Short Term Support Service (STSS) is an integrated health and social care service providing care and rehabilitation in people’s homes for patients in Northumberland following an accident or period of illness. The aim is to help people live independently and safely. The service focuses on things which are important to the service user with an emphasis on trying to help them regain skills and confidence. The service can provide a rehabilitation programme led by a physiotherapist or occupational therapist; help with tasks such as washing, dressing or meal preparation; and equipment to help them live safely and independently at home.



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# 4. Being mobile

Keeping moving is vital for our physical and mental wellbeing and maintaining our connections with others. It enables us to remain independent, preserve our sense of control and autonomy, and enhance the overall quality of our lives. With sufficient mobility we can continue working, engage in hobbies, travel and spend more time with our loved ones.

Mobility includes any movement whether powered by our human bodies or using vehicles. It encompasses basic physical movements such as getting up from a chair, moving around homes, climbing stairs, as well as travelling around neighbourhoods and beyond by foot, bicycle, mobility aide, public transport or car. Being mobile is a critical part of healthy ageing and loss of movement is strongly associated with poorer health outcomes in older adults. (1)



## Keeping physically active

Regular physical activity throughout our lives has an important bearing on our health as we age. There is compelling evidence that regular physical activity prevents a broad range of health conditions such as heart disease, cancer, type 2 diabetes, musculoskeletal conditions, obesity and mental health conditions. Physical activity also promotes positive physical, mental and social functioning, and can help boost mental wellbeing, reduce social isolation, and promote independence. (2)

The Chief Medical Officer recommends that adults, (including older adults) do 150min moderate physical activity per week. Some physical activity is better than none: even light activity brings some health benefits compared to being sedentary, while more daily physical activity provides greater health and social benefits (Figure 12). (2)



Figure 12: Chief Medical Officer Physical Activity Guidelines for adults



Older adults should break up prolonged periods of being sedentary with light activity when physically possible, or at least with standing, as this has distinct health benefits for older people.



Physical activity is also important in managing or coping with long term physical and mental health conditions.



In Northumberland in 2021-22

**30% of adults did not meet the CMO physical activity guidelines**

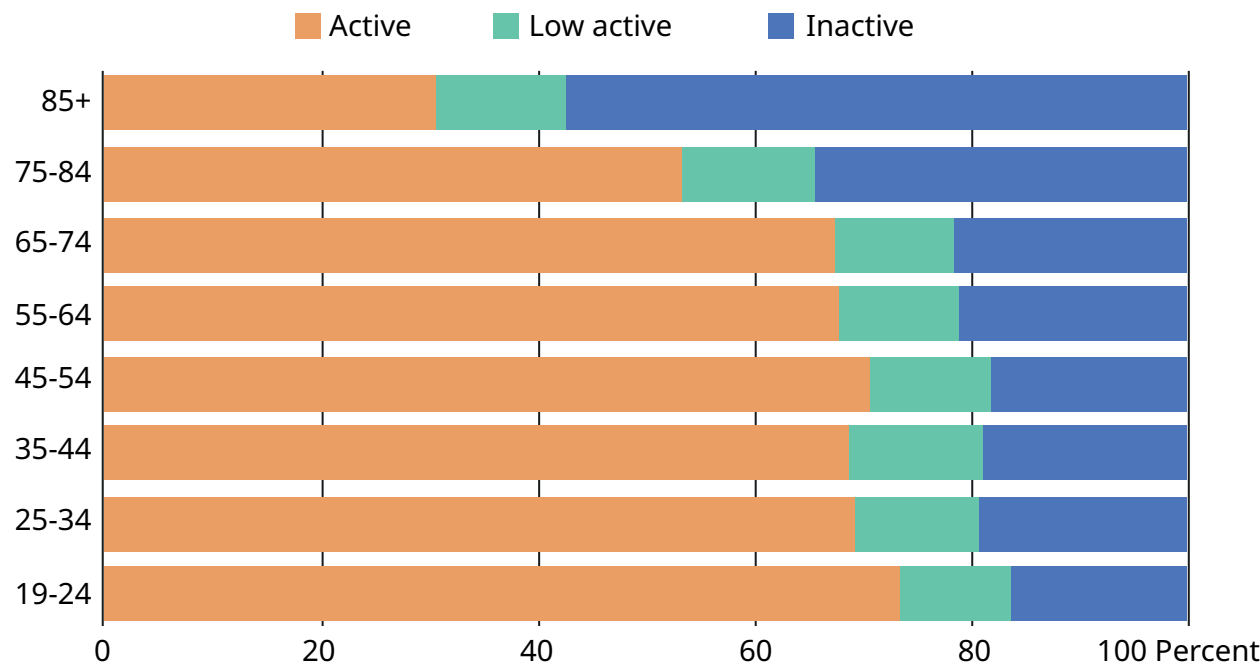
and it is estimated that 23% people did not achieve 30min activity per week. There are also clear inequalities in physical activity levels, with those living in more deprived areas tending to do less physical activity.



National data from 2020 shows that physical activity levels tend to decline with age (Figure 13), but the

**sharpest decline comes at ages 75-84 (48% active) and age 85+ (26% active).**

Figure 13: Physical activity levels by age group



Source: NHS Digital Statistics on obesity, physical activity, and diet 2020

- Active Northumberland has its AgeWell programme which targets activities towards those aged 55+. These generally include gentle exercise sessions and health walks.
- Age UK produces a directory of exercise classes held in community venues around the county.
- Northumberland County Council health trainers provide group work and one to one support for anyone living in Northumberland aged over 16 years and can support increasing physical activity. The service is free, and a substantial proportion of clients are over 55.
- The Northumbria Healthcare Trust Active Hospital programme encourages patients and staff to be physically active. The programme trains health professionals to be more aware and confident in promoting physical activity and increase the number of quality conversations and signposting that happen with patients about their physical activity. The programme has focussed on embedding this into clinical pathways including pre-operative, Parkinson’s, oncology, and diabetes.
- “We Are Undefeatable” is a national campaign supporting people with a range of long-term health conditions. Their purpose is to support and encourage finding ways to be active that work for you and your health condition.

### What are we doing to support people to stay active?

A wide range of approaches to increase physical activity levels in our older population are needed to promote ageing well. In Northumberland there are many initiatives to increase physical activity among older adults including:

- Northumberland has a wealth of outdoor spaces for walking, cycling, and other activities including our parks, coast, beaches, forests, and hills. Conversations with our communities have revealed how much these are valued by them.
- Stepping into Spring events, supported by health improvement staff in the Northumberland County Council Public Health team, showcase local groups, activities, opportunities to volunteer and support from services for older adults. The events are generally organised by town and parish councils, development trusts or by community groups.

### What opportunities are there to promote ageing well through physical activity?

- A recent Health Equity Audit of our leisure services indicated that more could be done to increase awareness of activities for older adults. It also highlighted that carers could be better supported at leisure centres when bringing older adults for activities.
- There is opportunity to address barriers to physical activity in older adults such as being 'too old to exercise', or that physical activity is risky with health conditions.
- There are many opportunities within local communities to support people to be active. A priority is understanding the assets we have, strengthening and building on them to provide local and sustainable opportunities. Physical activity groups also help people become more socially connected. Health trainers, social prescribing link workers and support planners can help introduce people to these opportunities.

### Maintaining strength and balance



As we age, many of us begin to lose muscle strength, which can limit our physical abilities, and increases risk of frailty, falls and fractures. Muscle mass typically decreases by around 3-8% per decade after age 30, and the decline tends to accelerate after age 60. (5) However, this loss of strength is not inevitable. Regular strength training or resistance exercises can help support muscle strength through older age.

Scientific evidence supports the recommendation that all adults should undertake activities which increase or maintain muscle strength at least twice a week. Weight bearing activities such as resistance exercises, stair climbing, wheeling a wheelchair, carrying heavy shopping, gardening, and yoga can help develop and maintain muscle strength. (2)

Our balance can also be affected as we age and can be caused by some types of medication or health condition. Balance problems are one of the main reasons that older people fall, which can lead to serious injuries. Maintaining good balance and other measures to prevent falls can help us stay independent and carry out daily activities.

*"We see a lot of older people who have poor mobility lose muscle strength and balance. Many older people are not aware of how much exercise and what type of exercise they should be including in their day."*

(Anne, Age UK, Northumberland)

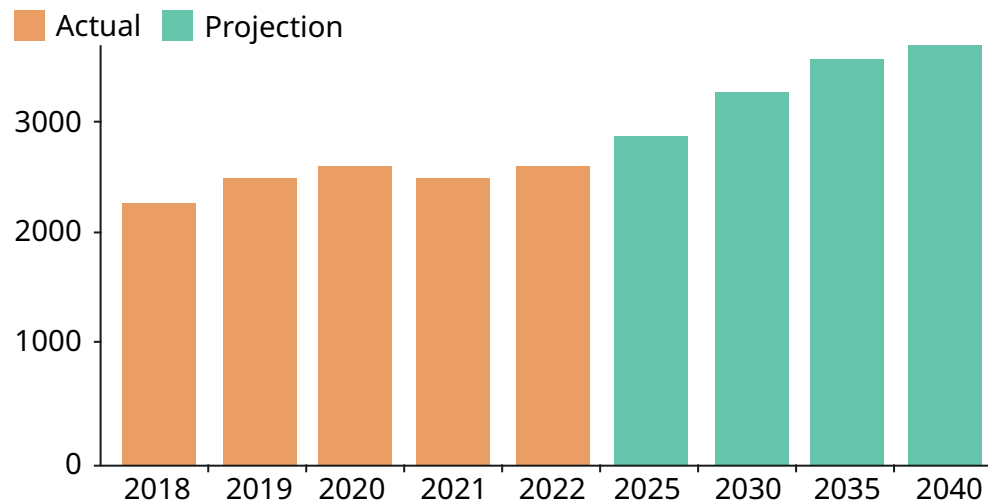



When adjusting for age, Northumberland has a **higher rate of hospital admissions for falls (2,797/100,000)** compared with England (2,100/100,000) and the North East region (2,531/100,000).



Based on current trends, it is projected that the **incidence of falls will increase over the next 2 decades** in line with our ageing population (see Figure 14).

Figure 14: Actual and projected rate of falls in Northumberland per 100,000 population 2018-2040 (HES + population projection)



Source: NHS Digital HES Database; ONS 2018-Based Population Projections

Injuries from falls can have devastating consequences for the individual affected. They can lead to a loss of confidence, restricted mobility, and it is estimated that 1 in 3 people with a hip fracture dies within a year. (6)

Many falls can be prevented using interventions that are evidence based and effective including programmes of muscle strengthening and balance training, risk assessments and medication reviews. (6)

**What are we doing to support people to maintain strength and balance and avoid falls?**

- Some community groups in Northumberland support people with strength and balance, such as chair based exercises (See Comrades in Chairs case study)
- Northumbria Healthcare Trust runs two gait and balance groups at Wansbeck General Hospital, which is led by physiotherapists. The groups run for 10 weeks and include assessments at the beginning and end of the programme. Patients also receive an educational component which includes a home exercise programme from the 'get up and go' booklet produced by the Chartered Society of Physiotherapy.

**Case Study: Comrades in chairs group in Blyth**



Established in 2015, Comrades in Chairs is a community group aimed at people aged 50+ that meets weekly at the Comrades Club in Blyth. At the meetings the group do chair-based exercises led by a trained instructor from Age UK, which help improve strength and balance. Guest tutors also lead belly dancing and yoga sessions. The group has a holistic approach and compliments physical activities with social activities, education and advice, and support for each other. One of the group members shared about their experience: "The reason I come is companionship and exercise because I am in a wheelchair. Exercise helps me a lot. We are a Club that are here for each other. We know when someone is down and we help pick each other up and we have a laugh... I absolutely love it. This group is one in a million, so please come and join us!"

### What opportunities are there to promote ageing well through strength and balance and falls prevention?

- Northumbria Healthcare Trust is planning to introduce further gait and balance groups at Hexham General Hospital next year.
- Some community-based falls prevention exercise groups stopped during the COVID-19 pandemic. These have not yet re-started, but Northumbria Healthcare Trust is exploring options to reintroduce these community opportunities.

### Access to transport



Transport options play a key role for people in older ages to travel to and access opportunities for health, education, employment, social activities, leisure, and keeping in contact with friends and family. For some people, lack of transportation can increase the risk of social isolation and loneliness.

Walking and cycling for local short journeys can be a great way to incorporate more physical activity into daily routines and this can lead to significant benefits for health and wellbeing. We know that having good quality infrastructure to support active travel is key to encouraging and enabling more journeys to be made by walking and cycling.

For those who drive, stopping driving due to age related health conditions can be a major life event and can be accompanied by feelings of loss of independence and social isolation. (7)

*“I drive currently but I know there will come a time when I need to stop and be less independent – I know if I had an accident, I would feel so bad.”*

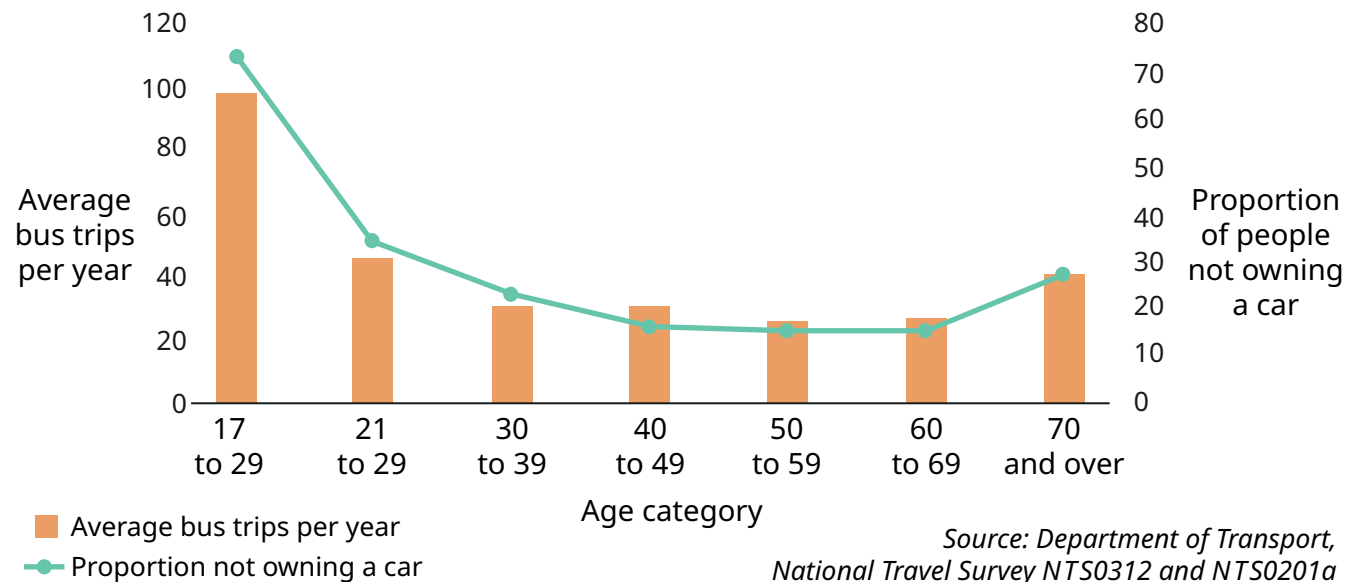
(Kathy, Northumberland resident)

**Data from the 2022 National Travel Survey shows that among the oldest age group (70+) in England, the proportion of people without a car increases, and bus usage also increases**

**(see Figure 15). This highlights that travel behaviours change for older age groups.**

Figure 15: Average bus trips per year and proportion of non-car ownership by age category 2022





(8)

In the North East region, the percentage of pensioners holding a free bus pass

has fallen from 82% before the COVID-19 pandemic to 71% in 2022.

This compares to 65% uptake in England.

Many older adults depend on public transport to get around, particularly for opportunities that are beyond reasonable walking distance.



*"I spend a long time waiting early for buses in case they don't come on time. I've missed appointments in the past when the bus hasn't turned up. It's difficult to deal with this as well as managing my illnesses."*

(Cramlington 65+ resident, Cramlington community conversation)

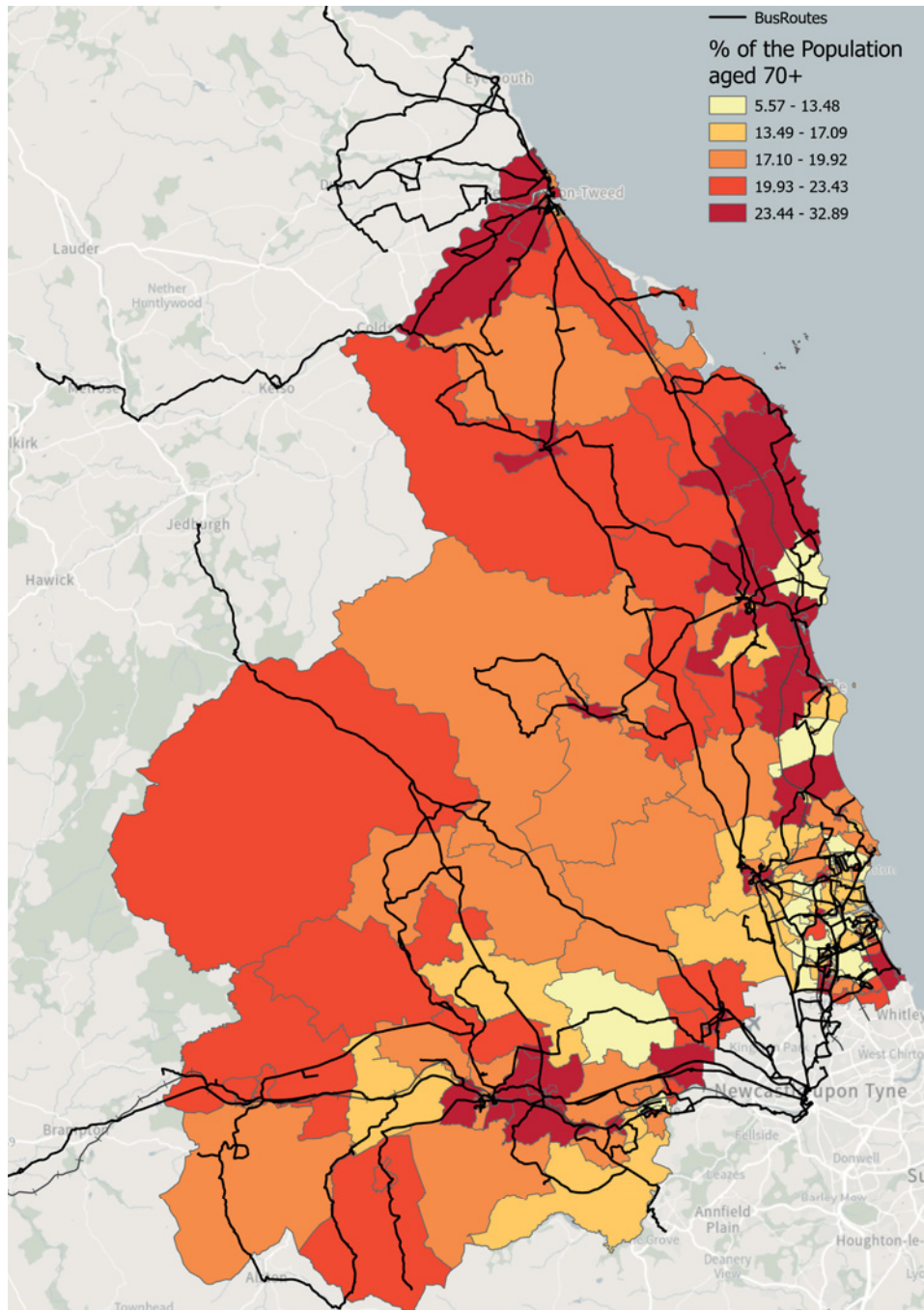


### What are we doing to support older people with transport?

In Northumberland there are public transport options by bus and train that serve our communities. However, the rurality across large parts of the county means there are areas with poorer local access to public transport options. Routes also tend to radiate into Northumberland from the large population centre in Tyneside meaning that some towns and villages have better connectivity than others. Figure 16 is a map showing the percentage of the population aged 70+ in areas across Northumberland, with the bus routes overlaid. It can be seen that areas with older populations in the centre and west of the County have more limited bus access.

The North East Bus Service Improvement Plan includes regional approaches to improve the quality and reliability of bus services. The Northumberland Line is a new rail link between Ashington and Newcastle that is due to open in 2024.

Figure 16: Bus routes in Northumberland and % of the population 70+



We have several community transport organisations in the county who support people to travel to various opportunities. A recent Transport Health Needs Assessment of public and community transport has mapped the coverage of these across the county and assessed gaps in provision. Some examples of community transport schemes are:

- Bell View Charity provides wheelchair accessible community transport to members and trips include going to the doctors, opticians, hairdressers, podiatry and community groups.
- Adapt NE runs a Getabout scheme where they advise people on how to make journeys by public transport if possible.
- Watbus is a community transport charity that has a fleet of vehicles for use by voluntary organisations, community groups and individuals. They run a shuttle service for residents of Newbiggin every Tuesday and Friday enabling residents to access local amenities. Community groups use the service to collect members from their houses and drop them at community venues.

**What opportunities are there to improve transport?**

- Community transport providers are facing funding and workforce pressures that mean they can be unable to meet growing demand for their services. Closer collaboration between public transport, community providers and communities themselves may help to develop solutions that work for communities and individuals.
- Increase awareness of schemes that support travel to health care appointments including the Healthcare Travel Costs Scheme. People receiving benefits may be able to claim a refund of reasonable travel costs if referred to hospital or other NHS premises for specialist NHS treatment or diagnostic tests by a doctor, dentist or another primary care health professional.
- Increasing connectivity will be a combination of improving transport links and ensuring opportunities and services are close to where people live.
- The Northumberland Local Plan includes policies that ensure new development proposals are accessible by public transport, walking or cycling where feasible. This aims to reduce dependence on private cars.

## Age friendly places

The way we plan and design our homes, neighbourhoods and environments can enable people to make the most of their lives as they age and live independently.

The wider neighbourhoods in which people live influence our health and wellbeing. They provide opportunities to meet, socialise and interact which is important to support the mental health of older people and reduce social isolation. They also influence our physical activity levels and travel patterns. (9)

Buildings and open spaces shape opportunities and barriers to ageing well. Older people tend to spend more time in their own local neighbourhoods, and access to local facilities is all the more important to support their health and wellbeing. (10)

Walking levels among older adults from lower socioeconomic backgrounds are generally higher than the general population, and having places to go such as cafés, shops and restaurants increases the likelihood of walking among these groups. However, older people often feel excluded from the pedestrian environment because of poor design. (11)

Some of the things in the built environment that support older adults to travel through and spend time in their local neighbourhood spaces are:

- Clear signage, wayfinding and information.
- Good quality paths and pavements that are conducive to walking or wheeling, and reduce the risk of trips or falls. Not too much street clutter.

- Places to stop and rest such as indoor public venues or outdoor benches.
- Ensuring public places feel safe and secure, including adequate lighting and being overlooked by other people.
- Publicly accessible toilets – without these some older people may be more reluctant to be out and about for long.
- Places to shelter in rainy or hot weather, such as indoor public spaces and bus shelters.
- Disabled access to shops, cafés and other public spaces.
- Accessible open spaces such as parks, gardens, lakes, coast, woods, and nature reserves.

*“Sometimes I spend a long time travelling somewhere only to find its not wheelchair accessible.”*

(Elaine, Northumberland resident)

*“Older people are concerned about the lack of safe walking routes close to homes to get to services on foot meaning they use cars for short journeys they could otherwise walk.”*

(Participant, Ageing Well workshop)



## Case Study: Improving public toilets across Northumberland

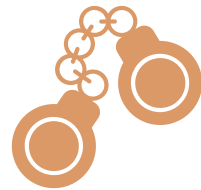
Northumberland County Council are running a 3-year programme to improve the standard of all the 54 public toilets in the county that they are responsible for. At a time when many councils are closing toilets, Northumberland are investing in them. A key element of this programme involves incorporating extra facilities for people with additional needs or disability including adult size changing bench and hoist system. Alwrick public toilets have recently reopened after a £125,000 refurbishment. This programme will make a huge difference for people with a range of disabilities and their carers and make neighbourhoods more age and disability friendly.







The Community Life Survey 2020/21 found that **older adults are generally more satisfied with their local area** and feel a greater sense of belonging than younger adults (See Figures 17 and 18).



The English Housing Survey found that **people living in more deprived areas were more likely to say they experienced problems in their area.**

**20% of people in deprived areas thought crime was a serious problem, while this was 7% of people not living in a deprived area.**

Figure 17: Percentage satisfied with local area by age group 2019-21

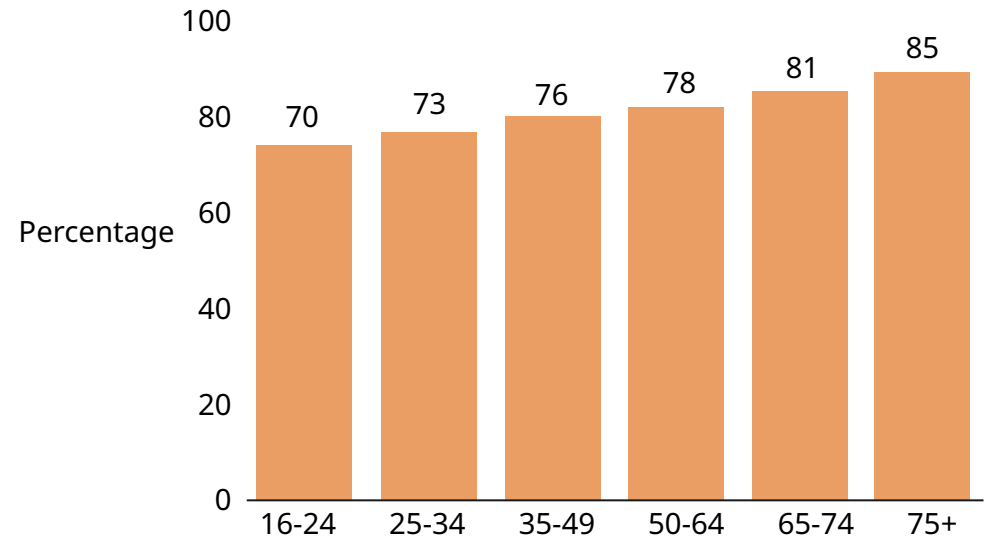
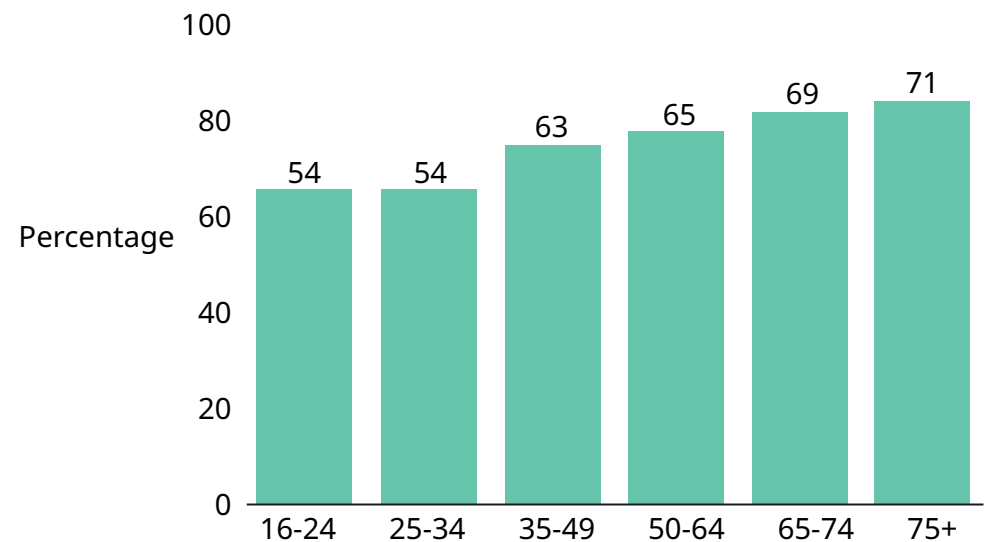


Figure 18: Feeling of belonging to neighbourhood by age group 2020-21



## What are we doing to promote places that are age-friendly in Northumberland?

Northumberland is a particularly large county and includes diverse places and environments, each with distinct benefits and challenges to the people ageing well within them. It is an attractive place to live with a rich environment, including its countryside, coast, and castles. It has increasingly become a place people choose to move to in retirement, from other areas in the country.

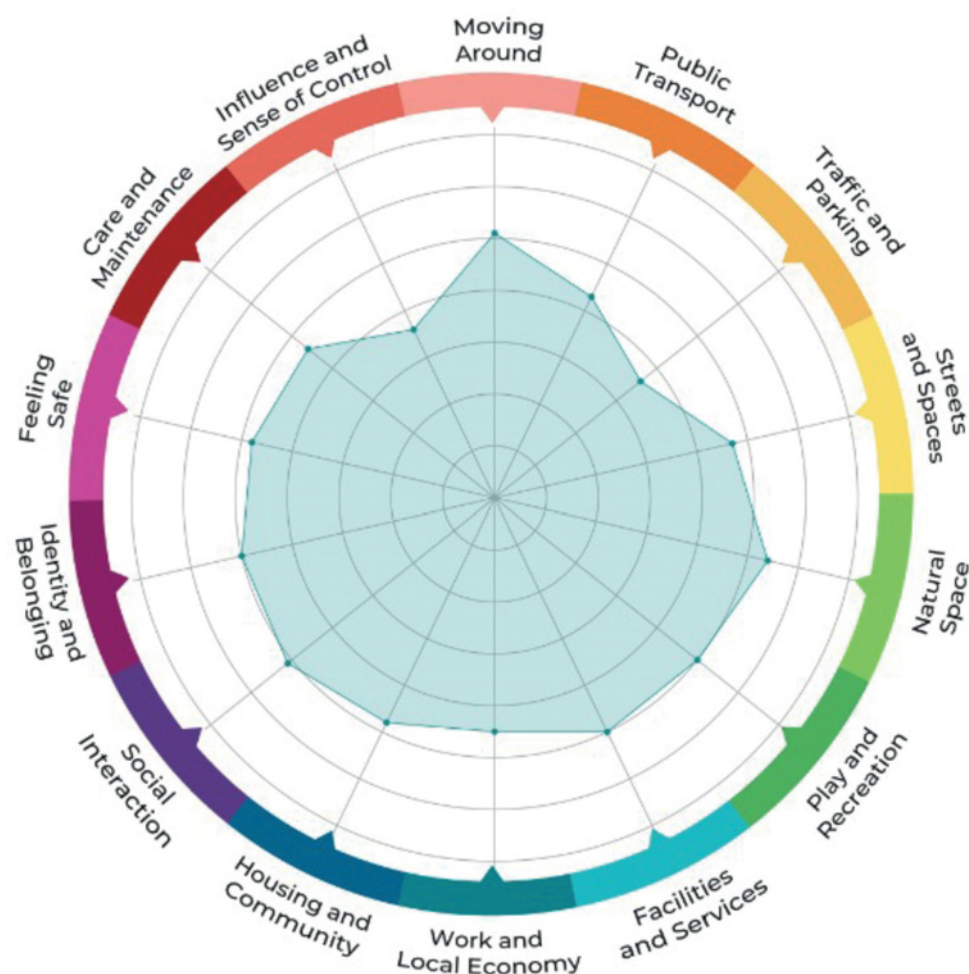
The Council's planning and public health professionals are increasingly working collaboratively. This has included introducing Health Impact Assessments (and Healthy Planning Checklists) that are submitted by developers as part of planning applications. These help to evaluate the health impacts of new developments and identify actions to reduce negative health impacts and promote positive impacts.

The Council has a new Local Plan in place, which is the statutory development plan for the County. The Plan includes several policies for new development relevant to ageing well. These include:

- Requiring a proportion of homes to meet 'accessible and adaptable' standards
- Supporting the delivery of homes for older people.
- Supporting well designed places that facilitate mobility.
- Ensuring new development is connected to ICT infrastructure (increasingly, healthcare will be delivered to people in their homes, which means that a good data connectivity will be important.)
- Ensuring new housing development is served by adequate healthcare infrastructure (mostly in respect of GP surgery capacity). For large scale housing developments, developers often make contributions to improve healthcare infrastructure.

In Northumberland we have begun using the Place Standard Tool, (12) which is a tool for assessing both the physical and social aspects of places and the quality of the environment for people who live or spend time there. The tool is a way for us to understand residents' views on their experience of places across our county and give them a voice to influence future plans and actions. To date we have had community conversations in Cramlington (Figure 19), Bedlington, and Hirst.

Figure 19: Place standard tool displaying the average views of 532 respondents in Cramlington



### What opportunities are there to promote age friendly places?

- Moving forward the Council will be developing a Countywide Design Code which will provide a framework for high quality places.
- We need to engage with older people as we develop built environments, to ensure the environment enables them to be mobile and active.
- We can improve perceptions of safety in neighbourhoods through Designing out Crime approaches.
- The Northumberland Local Plan encourages a sustainable pattern of development that includes provision of housing, employment, education, healthcare and retail particularly within main towns and service centres. This will reduce the need for transport and promote sustainable travel around neighbourhoods such as walking, cycling and wheeling.
- We are planning to have more community conversations using the place standard tool and exploring opportunities to use it more widely to ensure residents voices are heard.

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# 5. Building and maintaining relationships

Feeling close to other people and valued for who we are is an important aspect of wellbeing and this is just as important as we age. Being part of communities and social networks can be a source of support and provide a sense of meaning and purpose for our lives.

## Social participation

Loneliness is the feeling of being alone, regardless of the amount of social contact. Social isolation is a lack of social connections. Social isolation can lead to loneliness in some people, while others can feel lonely without being socially isolated.

Loneliness can affect every area of our everyday lives, and the COVID-19 pandemic highlighted the importance of social connections for people of all ages and backgrounds. We know that those more likely to experience loneliness before the pandemic were also less resilient during it and continue to feel the impact today. We know that some residents are still feeling fearful of coming out of their homes or actively engaging in local activities and opportunities. Loneliness is not just in rural areas: we are seeing an increase of this within our urban areas too.

Older adults are at increased risk from loneliness and social isolation because they are more likely to face issues such as living alone, loss of family or friends, long term conditions, and sensory loss.



The Active Lives Survey 2019-20 found that in Northumberland **23% of adults said they feel lonely often, always or some of the time.**

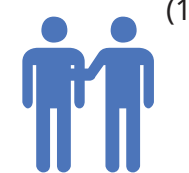
This is similar to the national average.



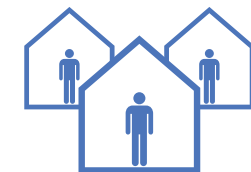
It is estimated that in Northumberland **30% of people aged over 65 are living alone based on the Census 2021.** This is lower than the national average and the lowest level in the North East.



The 2021-22 Adult Social Care Survey found that **45% of social care users aged 65 or over in Northumberland had as much social contact as they would like.**

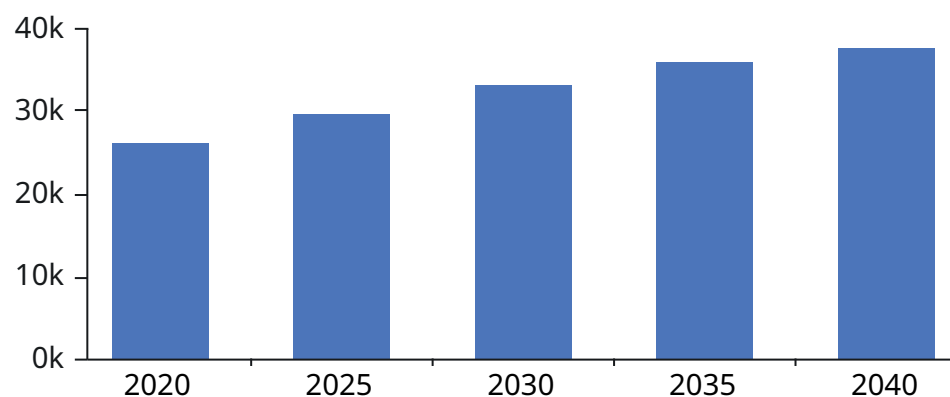


The 2021-22 Adult Social Care Survey also found that **41% of carers (aged 65+) had as much social contact as they want with people they like.**



In Northumberland, the population of people 65+ living alone is projected to grow **by 45% by 2040.** (Figure 20)

Figure 20: Projected number of people 65+ living alone in Northumberland 2020-2040



Source: POPPI, Living Alone

There are significant risks from loneliness and social isolation with effects on health being comparable to that of other well-established risk factors such as smoking, obesity, and physical inactivity. (1)

*“Since COVID-19, many older adults have had a huge reduction in their roles, routines, social activities and community activities. I have heard many patients across both of wards that they do not do what they use to do, that they do not participate in social activities and have not been getting the social interaction that cognitively stimulates them.”*

(Annie, Cumbria, Northumberland, Tyne, and wear NHS Foundation Trust)



## What are we doing to support people to stay connected with others?

It is increasingly recognised that community activities and social opportunities are an important way to promote healthy ageing:

- In Northumberland there are a wide range of community groups, clubs, community hubs, leisure centres, libraries, and networks that people can join.
- Social prescribers work with GP practice patients to find social groups or activities that can support their health and wellbeing.
- Northumberland Frontline is a community directory for people to find local services and groups.
- Northumberland social care services are trained to spot the early signs of social isolation.
- Community Hubs allow us to support communities to bring together local groups, organisations and partners including our libraries and customer services, offering place-based support that is easy to access.
- Ageing Well Allies is a programme to train people who have regular contact with older people. It provides knowledge of the key health Improvement messages and helps people feel more confident in signposting older people and others to a range of health and social care and community services for appropriate advice, information and support.
- Faith groups in Northumberland are an important source of support for many older people in our communities. They help to address spiritual needs, provide a sense of purpose and belonging, and support people emotionally and practically.

## Case Study: Haltwhistle friendship group



Age UK Northumberland in partnership with Northumberland Communities Together have launched a weekly friendship group in Haltwhistle Hub every Wednesday 1pm - 3pm. Haltwhistle has been identified as an area with higher than average levels of poverty. It has an ageing population and has also been identified as an area having higher than average levels of cancer and mental health issues. Northumberland Communities Together are providing refreshments to ensure fair access, offering a hot drink and a warm space to all thereby reducing loneliness and isolation, bringing social cohesion. The group will also offer information and signposting to services and mutual support.

## What opportunities are there to promote ageing well through social participation?

- Building on learning from Northumberland County Council's response to the COVID-19 pandemic and the storms we witnessed across the County in November 2021, we are committed to collaboration between our communities, partner agencies and the voluntary sector to support the residents of Northumberland.
- Organisations that provide information and advice are working together to better coordinate information and advice services so that people can more quickly and easily find the information they need.

## Case Study: Knock and Check



A local Royal Mail Service in Ponteland in partnership with Be On Hand have developed a pilot known as Knock and Check. The Royal Mail delivery team directly contact residents who may be vulnerable or isolated to check on their wellbeing whilst delivering their mail and connect them to support should the need arise.

The team have direct access to the Northumberland Communities Together referral pathways and local support services.



## Strengthening relationships

Strong relationships can enhance our emotional and psychological wellbeing. Engaging in social interactions help keep the mind active and can provide emotional resilience and a sense of security. In contrast, unhealthy relationships can lead to stress, anxiety and depression which can be detrimental to older people's health and wellbeing.

Some of the main ways we build and develop relationships are:

- In our homes
- With our neighbours
- In our communities
- At our workplaces
- Through volunteering, activities, clubs or groups

It is crucial for us to enjoy supportive relationships and be able to notice and cope with negative relationships.

### Bereavement

Losing someone important to us can be characterised by grief and a range of emotions we go through as we adjust to the loss. Losing someone close to us can be emotionally devastating, whether a partner, family member, friend or pet. (2)

*"I'm still very lonely even though my husband died 11 years ago and I go to a very dark place sometimes – calling my best friend helps me at those times."*

(Kathy, Northumberland resident)



- Northumberland Age UK Bereavement Support Service can provide structured counselling, self-help information, emotional support groups, mindfulness sessions and practical advice and signposting.



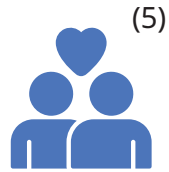
## Sexual health and intimate relationships

Sex and intimate relationships continue to be an important part of ageing well, however perceptions that older generations are not as sexually active are commonplace in our culture. Whilst most users of sexual health services are in younger age groups, it is important that older adults are not overlooked and that they are included in health promotion and testing services. Older people should be offered advice on good sexual health or have opportunities to discuss concerns or feelings about sex, intimacy and sexuality.

Online dating sites have offered individuals the opportunity to meet new people and experience more sexual encounters than ever before. We are not only living longer but are also having more sex during old age than any earlier generation. (3)

However, as we age, our bodies change and this can affect our sexual lives: our thoughts, desires, ability, and needs. Disability, long-term conditions and some medications can also influence sexual function. Advice for people navigating these changes can help support sexual health and intimate relationships. (4)

Older age groups can be more vulnerable to late diagnosis of sexually transmitted infections (STIs). It has been suggested that lack of sex education offered to over 50s when they were at school means they may not be aware of STI symptoms or their dangers. (3)

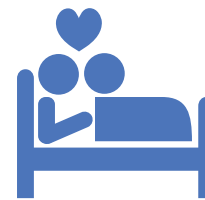


(5)

The English Longitudinal Study of Ageing found that **77% of men and 54% of women aged between 50-90 were still sexually active.** 2/3 rated sex as a vital part of their relationships (Age UK).

For all age groups, including older age groups, **diagnoses of some STIs (chlamydia, gonorrhoea, syphilis) have been increasing across England.**

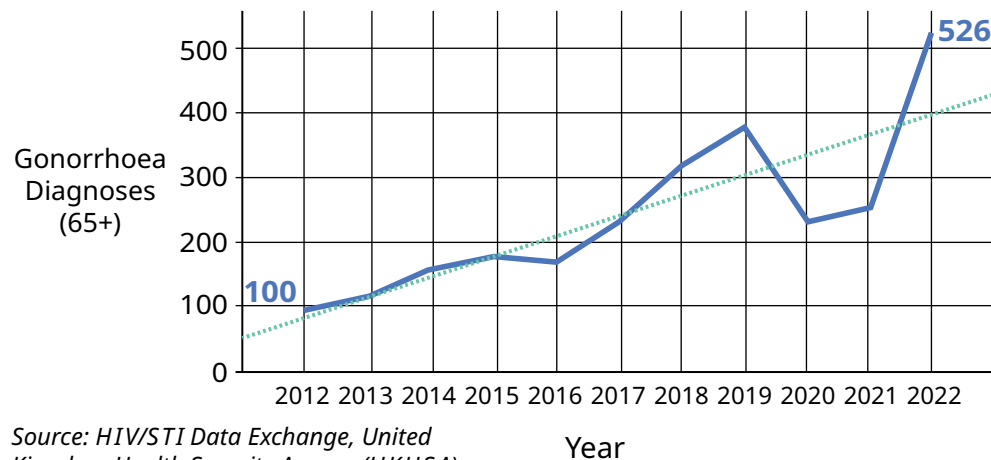
Although lower levels were seen during the COVID pandemic, recent data has shown a continuation of pre-pandemic trends. For example, in England, people aged 65+ have seen a rise from 100 Gonorrhoea diagnoses in 2012 to 526 diagnoses in 2022. (Figure 21)



In most age groups, Northumberland has **lower rates of STIs compared to England.**

However in older age groups (45-65 and 65+) rates are higher than England. (Figure 22)

Figure 21: Gonorrhoea diagnoses in England in 65+ age group 2012-2022



Source: HIV/STI Data Exchange, United Kingdom Health Security Agency (UKHSA)

Figure 22: Rate of sexually transmitted infections (STIs) per 100,000 in Northumberland and England

Age Group	Northumberland Rate Per 100,000	England Rate Per 100,000
<15	29	52
15-19	2105	2832
20-24	3035	3540
25-34	1014	1182
35-44	307	363
45-64	104	89
65+	18	7

Source: HIV/STI Data Exchange, United Kingdom Health Security Agency (UKHSA).



## What opportunities are there to better support sexual health and intimate relationships?

- Whilst the Northumberland Integrated Sexual Health Service does not currently have targeted initiatives at present for adults aged 55+ in Northumberland, a Health Equity Audit is currently underway which will consider access and experience of older adults of the service. This may lead to specific work to raise awareness of sexual health and services for older residents.
- Age, Sex, and You (4) is a national website dedicated to providing the older generation with advice on sex and intimacy.



## Domestic safety

The World Health Organization define elder abuse as “a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person.” This constitutes a violation of human rights and may include physical, sexual, psychological and emotional abuse; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect. (6)

The Domestic Abuse Act 2021 introduced a statutory definition of domestic abuse in UK law for the first time. This sets out that a person’s behaviour towards another is defined as domestic abuse if both people are aged 16 or over and are personally connected to each other, and the behaviour is abusive.

Evidence suggests domestic abuse affects hundreds of thousands of older people in the UK every year, although is very under-reported. Reports since the COVID-19 lockdowns have drawn attention to how the situation for many older victims has deteriorated due to the pandemic. (7)

Any form of abuse or neglect is unacceptable and never justifiable, no matter what reason may be given for it. It is especially important that older people are aware of this, and they know what support is available.



(8)

**Nationally, 14% of adults 60-74 reported having suffered domestic abuse**

**at least once since the age of 16. (Crime Survey for England and Wales 2023)**



**In 2022/23, 72 referrals were made to Northumberland’s Adult Services for victims aged 66+.**

**This is a 166% increase (+45 referrals) from the previous year. 62.5% of the referrals were female.**



**11% of total referrals in 2022/23 were within the age of 71-80, and 9.7% above the age of 80.**

## Case Study: Financial and emotional abuse by family members



Vera (not her real name) is an elderly resident of Northumberland living alone in her own home. Her husband recently passed away and he used to take care of their finances. Her brother and sister-in-law occasionally did her shopping, but it was discovered that they were emotionally and financially abusing Vera and she felt extremely disempowered. Care managers from Adult Social Care service visited Vera, built a trusting relationship, helped her understand her legal rights and supported her to make her own decisions. The matter was referred to the police, who arrested her abusive brother, and she was supported to change her will via her solicitor. The first contact with adult social care was pivotal as the care manager sensed that something was not right with the situation.



### Page 82 What are we doing to support older adults who may be victims of domestic abuse?

- In early 2021 Northumberland Council received White Ribbon accreditation to cement its commitment to ending domestic abuse and sexual violence in the county. White Ribbon is a charity that works to encourage everyone, and especially men and boys, to make the White Ribbon Promise to never commit, excuse or remain silent about violence against women and girls.
- Domestic abuse is a priority for Northumberland Children and Adult Safeguarding Partnership (NCASP) and Domestic Abuse Partnership Board. We currently have a multiagency Domestic Abuse and Older People working group.
- Northumberland Domestic Abuse Service (NDAS) is running a pilot for 12 months which is employing an Older Persons Domestic Abuse Practitioner to work across Northumberland. The pilot has a focus on joining up health and domestic abuse services to ensure victims and survivors receive the support they need, and that support reaches rural and isolated communities.

### What opportunities are there to further support victims of domestic abuse?

- Raising awareness of support and services available for our older population in Northumberland.
- Deliver training for staff so that they can identify, risk assess and refer on appropriately.
- Improve the data set we have for monitoring domestic abuse among older people to understand the level of need and demand to inform the refresh of the Domestic Abuse Strategy.

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## 6. Learning, growing and making decisions

**Continuing to personally grow and develop throughout our lives is a key enabler for our wellbeing and doing the things we value. As we age, we can continue to learn, apply knowledge, engage in problem solving, and be able to make choices.**

Whilst some cognitive abilities tend to deteriorate, and the speed of our mental processing may slow down. Social and emotional growth may continue to develop with age. (1) Being able to control our lives, including managing changes to our bodies, limitations and personal affairs is crucial to well-being. Evidence suggests that a sense of control is protective against development of frailty in older ages and that it promotes coping and adaptive behaviours, enabling people to make the most of resources available to them. (2)



## Learning and skills development

Engaging in mental or social activities and learning new skills may help relieve stress, improve mood and build our brain's ability to cope with health conditions. Learning new things exercises the brain, can boost confidence and give a sense of achievement. Learning can happen in a variety of ways including on our own, or in groups. This doesn't have to be a formal setting or involve getting a qualification, it could be as simple as picking up a book, doing a crossword or researching something we are curious about.



**There are 30 libraries** in Northumberland and over 200 villages

visited by mobile libraries on a regular basis. (Figure 23)



In Northumberland, **16,745 library members** are over 60 years old,

which is around 1/3 of all library members.



Among those enrolling in Northumberland Skills courses for 2023-24,

**66% are categorised as low income and qualify for free training.**



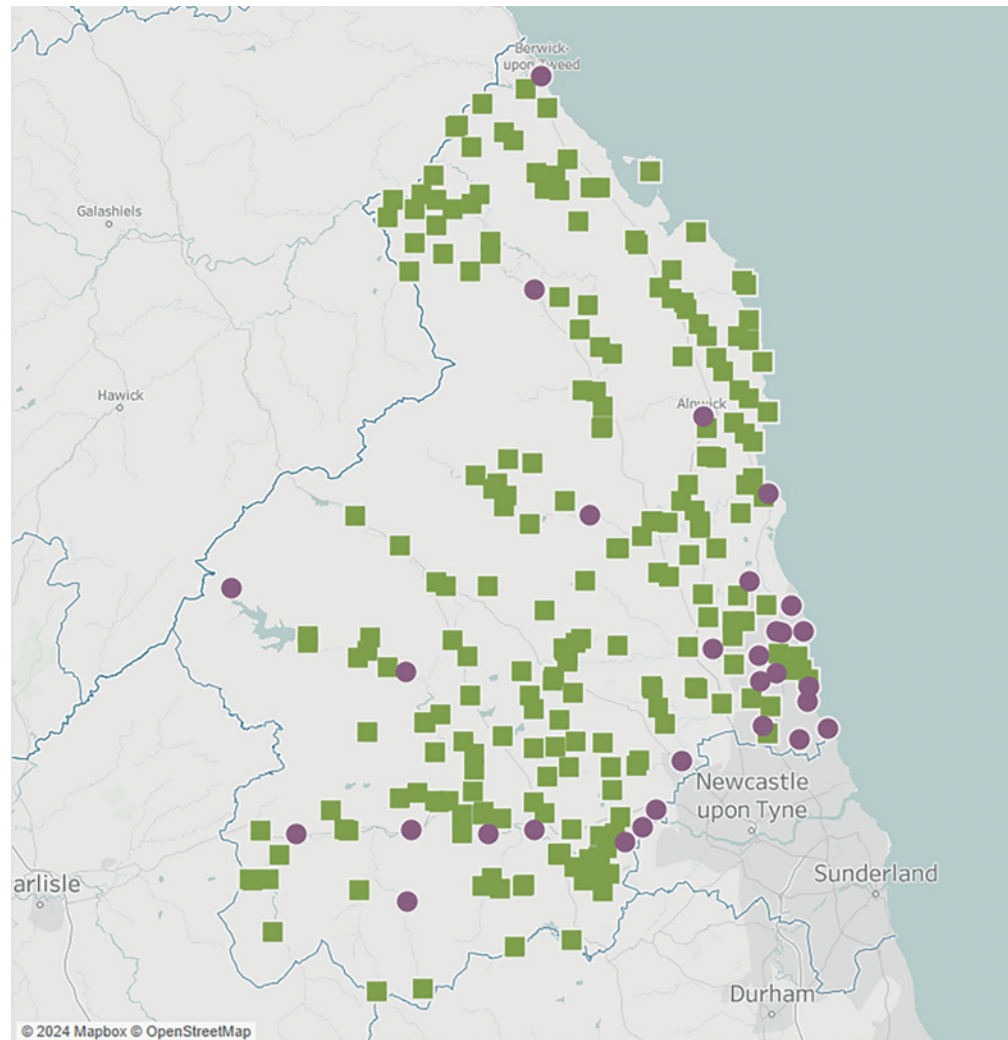
In 2022-23, Northumberland skills had **1,659 people aged 19+ enrolled in skill development activities.**

**39% of these were aged 55 or over.**

The COVID-19 pandemic saw a large drop in participation, with current uptake of people 55+ being at 48% of pre-pandemic levels.



Figure 23: Library locations and mobile library stopping points across Northumberland



Type  
 ■ Library  
 ■ Van

*“I myself am over 55. I really don’t want to be thought of as past it! I believe life is for living and I’m enjoying my mature years just as much as the rest of my life. I do feel there is always something to learn and am always looking for interesting things to get involved in, but I am lucky I can afford to spend on this. Not everyone is in that position.”*

(Alison, Northumberland resident)



**How are older people supported to learn in Northumberland?**

In Northumberland, we have opportunities for our residents to keep learning.

- Our libraries are important hubs for learning across the county. People can access reading material in a variety of formats including physical formats such as large print and audio as well as digital eBooks and eAudiobooks;
- Many different interest groups meet in our libraries such as creative writing, local history or genealogy groups that draw directly on the resources and inspiration available to them but also those who make use of our free safe environment to meet like-minded people to knit or craft together, play board games and paint.
- Events such as author talks, book launches, theatrical performances and talks about local history and places are organised through libraries. Some can be joined remotely by people unable to attend the events.
- Volunteers deliver library materials to individuals who cannot visit the library themselves. Over time, relationships established benefit both volunteers and recipients of service.

- University of the Third Age (U3A) is a UK network of learning groups run by and for members. They have an online programme to connect people with other learners, provide lessons and resources, and offer free workshops and events. Across Northumberland there 12 local groups registered with U3A.
- Northumberland Skills has 11 campuses across the county where people can learn new skills. The most popular courses for 55+ age groups are sewing skills, Spanish, painting and drawing, English and maths skills and administering medication.

### What opportunities are there to promote ageing well through learning?

- Increased awareness of what is available for older adults through libraries across the county.
- Greater involvement by communities to shape their local library services to meet their needs.
- Aim to return participation in Northumberland Skills to pre-covid levels, particularly engaging our older population.
- Further collaboration between Northumberland Skills and other adult education providers to ensure coverage of opportunities across the county.

## Information and advice

Being able to find and access good quality information and advice is important for us to make use of services, entitlements and make informed decisions.

There can be particular difficulties for older people in accessing information and advice, including limitations in mobility, social contacts and digital skills. Services should be accessible through a range of access points and in different ways. Written information on printed materials or on websites may be sufficient for many people, but those with the greatest needs may require face-to-face or telephone advice.

The greatest need for both information and advice is often at times of personal, medical or financial change or crisis, which is often when people are least able to seek the support they need. (3)

*“For us we have a strong community, but others don’t know what’s available or where to go for support.”*

(Ibby, 55+ Northumberland resident)



Having strong local knowledge is essential for successfully targeting potential beneficiaries and harder-to-reach groups and knowing the opportunities available in local areas.

 <p><b>Northumberland County Council Contact Centre receive approximately</b>  <b>22,000 enquiries per month, and an additional 4,000 enquiries at Information Centres across the county.</b></p>	 <p><b>Northumberland Council receive over 1000 contacts per month related to older persons bus passes.</b></p> <p><b>A survey of people accessing Information Centres in 2022 found that 56% of people were aged over 65</b></p>	 <p><b>In 2022-23 Northumberland Citizens Advice assisted over 29,000 people per year and helped them deal with about 60,000 different problems.</b></p>
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## How are older people supported to find and access information and advice in Northumberland?

A very wide range of people, community groups, and organisations offer information and advice that supports older adults and their wellbeing. Some examples of support are:

- Frontline is an online information and referral service that helps anyone in Northumberland signpost or refer people to services or support. It has more than 250 registered services and recent activity has been approximately 300 referrals made per month and 900 signposts.
- Northumberland County Council has 6 face-to-face Customer Information Centres in Northumberland located in Berwick, Alnwick, Ashington, Blyth, Cramlington, Hexham.
- Northumberland Citizens Advice provides free, confidential, impartial, and independent advice and information on a wide range of subjects. They can work with you to sort out any debt worries and claim all the benefits you may be entitled to. They can help with housing and employment problems or deal with queries about consumer or tax issues. They can advise on legal matters, answer questions about immigration, and family and personal matters.
- Community connectors such as Social Prescribing Link Workers and Support Planners help people link to community support or services relevant to people's needs.
- Libraries are a first point of contact for information during all their opening hours (including evenings and Saturdays) and staff can facilitate contact with the right colleagues and partners for those who need it.

## Digital inclusion

Digital inclusion is about working with our communities to address issues of opportunity, access, knowledge and skill in relation to using technology and, in particular, the internet. (4) Older age groups are particularly vulnerable to exclusion from digital resources that can support their health and wellbeing.

There is a wealth of resource online that can support ageing well and improve older people's quality of life. These include online health care appointments, shopping, banking, social networks, hobbies, interests, and entertainment. However, limited digital skills can be a barrier for people making use of these resources. The COVID-19 lockdowns brought into sharp focus the benefits of using digital technologies to connect with family, friends and support agencies.



(5)

Internet usage tends to be lower in older age groups

**67% of people aged 65+ use the internet daily**

compared to almost 100% in younger age groups. (Figure 24)



Older adults also tend to use the internet for a narrower range of activities.



(6)

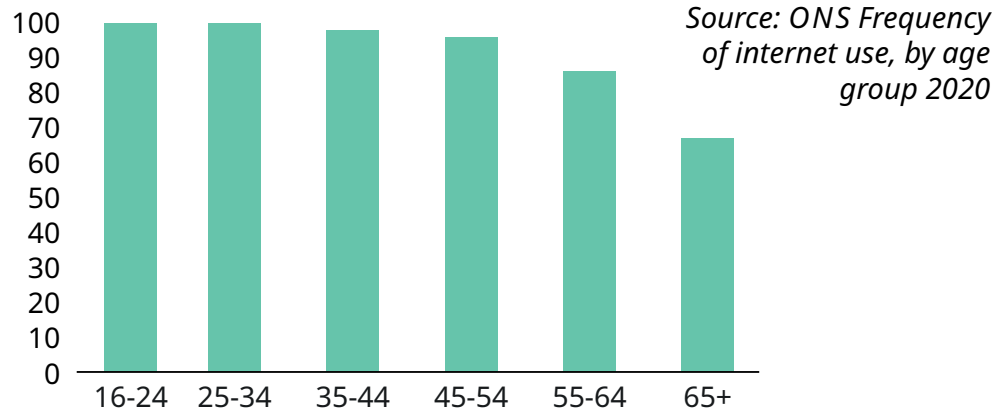
According to the Lloyds Bank UK Consumer Digital Index 2021,

**8% of people in the North East region were offline and 32% had very low digital engagement.**

This compared to 5% offline and 28% with very low digital engagement in England.



Figure 24: Proportion of age groups using the internet daily



Research by Age UK in England found that the three most common reasons for people aged 65 and over not using the internet were:

- A lack of skills.
- A lack of trust in the internet.
- A lack of access to good enough equipment and/or broadband access. (7)

Costs of broadband and digital devices, and poor connectivity been highlighted as a barrier among older adults in Northumberland.

There are people who are not interested in using the internet for various reasons and this needs to be respected, but there are also many who could be enabled to make the most of the resources available online with sufficient training and support.

*“There is so much information and many services that are only available online. Many older people I work with don’t have access to IT and don’t have experience of using it.”*

(Rob, Northumberland Community and Voluntary Action)

*“Some older people don’t know that there are easily available, trustworthy sources of support or education. So many older people are afraid of the threats of online scams or making mistakes that they feel unable to participate fully in using technologies which could, in reality, make their lives easier, safer, or better....”*

(Chris, Age UK Northumberland)

**How are older people supported with digital inclusion in Northumberland?**

- Northumberland County Council Library Service hosts ‘Techy Tea Parties’ to encourage older residents to come and engage in digital activities and most libraries also offer one-to-one support to improve confidence and promote digital inclusion.
- Northumberland Skills offers free courses in Digital Skills at venues across the county.
- Northumberland Community & Voluntary Action (NCVA) offers one to one support or drop-in sessions to older adults across a spectrum of digital skills.
- Community Action Northumberland (CAN) is supporting communities via the Village Halls Network to promote Digital Inclusion.
- Bellview, Belford & Glendale Gateway Trust is recruiting a Digital Inclusion Officer to work in community and individual setting with residents.

## What opportunities are there to address digital inclusion?

- Developing a coordinated digital inclusion strategy across a spectrum of stakeholders.
- Promotion of social tariffs that enable those on lower incomes to benefit from online presence at a lower cost.
- Introducing digital device banks that loan equipment to those on lower incomes. Libraries have existing management systems that could be used for device loans.
- Holding digital inclusion events in community venues such as village halls and involving existing groups.
- Running activities that will attract older residents such as family history that will then encourage developing online skills.
- Recruiting community volunteers to provide regular support – many retired people are digitally confident and could pass on skills to their peers. There is also opportunity for intergenerational work, young people sharing their skills with older members of the community.



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# 7. Contributing to society

**Engaging in meaningful activities that contribute to society, whether through employment or on a voluntary basis can promote our physical, mental, and social wellbeing. It can help us keep connected with others, keep our minds engaged and stimulated, and increase self-esteem. Being employed, volunteering and caring for others are important ways that adults positively contribute to society in later years.**

## Employment

We know that being in good quality employment for longer brings benefits to older people and the economy. It helps people stay socially connected with others, maintains independence, improves finances in retirement, has a positive impact on physical and mental health. Having a job can provide a sense of purpose and fulfilment and increase self-esteem when many other circumstances in an older workers life might be changing. (1)

In contrast, low pay and high demands create chronic stress on the body which can manifest in physical and mental health conditions. Long term unemployment or economic inactivity can also cause depression and anxiety and lowers self-esteem.

Mental health conditions and musculoskeletal disorders are the most common illnesses associated with unemployment and economic inactivity. Without specialist support, those out of work and with health conditions are more likely to become long-term unemployed or economically inactive and see their health further deteriorate. This limits the pool of labour available to local employers and can adversely impact local economies.

*“When I took ill with a long-term condition and could no longer work, I wondered what on earth am I going to do now?”*

(Graham – Northumberland resident)



Although there are many vacancies across Northumberland, common barriers to employment for older adults include transport to jobs, lack of digital skills, age related bias, lack of inclusive work practices, and disincentives from defined benefits pensions.

Employers tend to benefit from employing older adults, who bring a wealth of skills and experience and often stay in their jobs longer, which reduces staff turnover and recruitment costs. Having multi-generational workforces can also be more effective than teams made up of a narrower age group.

Attracting and retaining older, experienced workers and having a more inclusive workplace needs to be a key priority for Northumberland and its employers as a lack of workforce availability could stifle future prosperity.



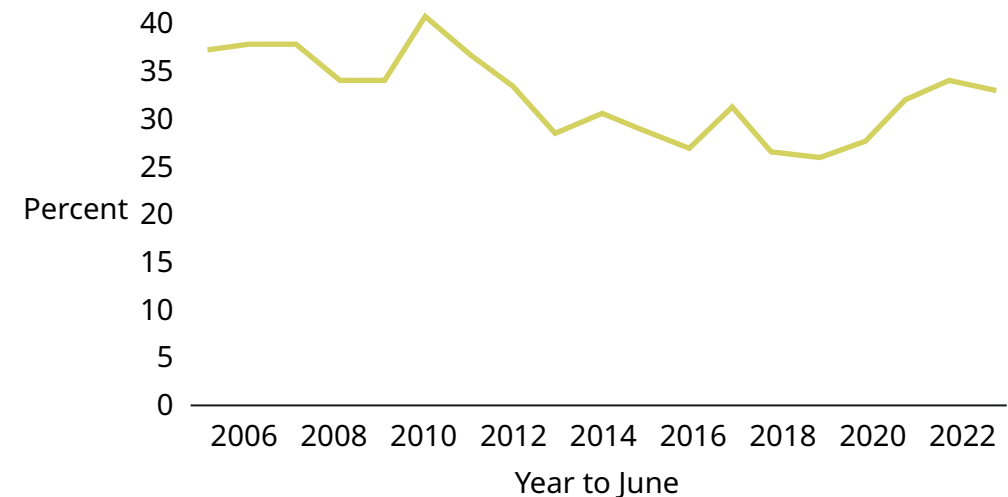


Recent trends indicate that **economic inactivity has increased post-Covid** particularly among people who are **50+ leaving the labour market** (Figure 25). The most common reasons for this appear to be an increase in long-term conditions and those taking early retirement.



People with lower levels of education, the long term unemployed and women **are less likely to re-enter work at older ages** after becoming unemployed.

Figure 25: Economic inactivity in people aged 50-64 in Northumberland 2006-2022



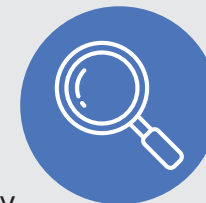
### What is currently being done in Northumberland to support employment for older adults?

In Northumberland there are several initiatives to support people who are long-term unemployed to overcome barriers in to work. Many of these services are not specifically aimed at over 55s, but many service users will be in this age group. These include:

- **The Midlife MOT** is for people 45-65 years old, to help them prepare for working in older life. It is a national digital resource to help people with their work, health and money.
- **The Restart Scheme** is a national service commissioned by the DWP and delivered in Northumberland by Reed in Partnership. The service provides employment services to help people who have been unemployed long term to get back into work.
- **Better Working Futures** is a national service commissioned by the DWP and delivered in Northumberland by Reed in Partnership. The service supports people who are long term unemployed with the additional barrier of poor health to develop skills and overcome barriers to work.

- **Solid Foundations** is a not-for-profit partnership funded by the North of Tyne Combined Authority which provides personal support to help address the wider barriers which are preventing people from finding work.
- **Return to Work Carers Project** funded by the North of Tyne Combined Authority and delivered by Northumberland Carers provides a range of employability support to carers.
- **Bernicia Working Homes** service which provides employability support to their tenants living in social housing.
- **Individual Placement Support**, run by Cumbria, Northumberland Tyne and Wear NHS Foundation Trust has a range of services and pilots aimed at supporting service users with mental health issues into work. This includes supporting the individual and the employer.
- **Work Smart Live Well Team** is a collection of services who provide careers and health guidance, advice and support and is available every Tuesday morning at Cramlington Hub.
- **Accreditation Schemes** such as the National Disability Confident Scheme North East Better Health at Work Award and North of Tyne Combined Authority Good Work Pledge are aimed at improving the quality of work by improving workplace practices.

## Case Study: The Bridge Project



The Bridge Project provided one to one bespoke support for adults who were long term unemployed and economically inactive. A similar scheme is currently running under the name 'Solid Foundations'.

*"One to one support from the Bridge Project helped me overcome the barrier of my age, to believe in myself, and that I am still capable of training and being employed. After giving me the right support, tools and skills to believe in myself, and learning together what I would be interested in being employed as, my Bridge Worker followed on by showing me what is available out there and encouraged me to attend training programmes to gain qualifications and attend workshops through the project to gain my confidence. These various opportunities led me to the decisions of what line of work I was interested in, which eventually led me into volunteering and then becoming employed as a family support peer link worker. Many thanks to my Bridge Project Worker for supporting me in my employment journey and showing that a lady in her fifties is not on the scrap heap as I once believed."*



## What opportunities are there to improve employment among older people?

- There is a need for a better understanding of the views of those who are unemployed or economically inactive about their conditions and how they act as a barrier to work, and the support they need to overcome them.
- Employers should consider recruitment practices to ensure they do not disadvantage older workers such as eliminating ageist language in job adverts, job descriptions and qualification or experience criteria.
- Increase opportunities for good work which include inclusive working practices, part time/job share options and flexible locations to improve recruitment and retention of older people in the work force.
- Support community involvement and volunteering, which can be a stepping stone into future work opportunities and using community assets is an effective way to support others into work.
- Employment services could have advisors who have specialist expertise in supporting older workers.
- Closer collaboration between health and employment agencies to develop and commission new approaches that meet the needs of those who are out of work with long-term-conditions.

## Volunteering

Volunteering is unpaid work that we choose to do for people outside of our household and for the wider community. Volunteering can take many forms and creates opportunities for us to contribute to society, reduce the risk of social isolation, and promote wellbeing. There are formal volunteering opportunities, but it can simply mean seeing and responding to needs around us in our communities at the grassroots.

Research suggests that giving and acts of kindness can improve wellbeing by creating positive feelings and sense or reward, giving a feeling of purpose and self-worth, a sense of control, and helping connect with other people. (2; 3) Volunteering can have a positive impact on physical and mental health and can lead to lower rates of depression and anxiety, particularly for older adults. (4)

*"Giving to others makes you feel better and lifts your spirits – it's better than any medicine."*

(Kathy – Northumberland resident)

A recent national survey by National Council for Voluntary Organisations found that:



**A national trend of decline in formal volunteer participation from 11% in 2019 to 6% in 2023.**



**'Making a difference' is reported as the most important aspect of volunteering.**

**Volunteering remotely is now commonplace. Almost a third of volunteers (31%) say they volunteer online or over the phone and is now one of the most common ways in which people volunteer.**



**(5) Older adults are generally more satisfied with their experience of volunteering (66% aged 55+ were very satisfied compared to 30% of 18-24 age group).**

## What is currently being done in Northumberland to support volunteering among older adults?

- Thriving Together has a website that helps sign post people to local and national volunteering websites.
- There are many local community organisations who link people to volunteering opportunities and support their volunteers. These include North Northumberland Voluntary Forum, Prudhoe Community Partnership, Citizens Advice, Team Hexham Volunteer Hub, CVA Blyth Valley, Community Action Northumberland, Northumberland Community Voluntary Action (NCVA), Solid Foundations, and Northumberland County Council (staff).

## What opportunities are there to promote volunteering?

- Better sharing of information across the county. For example, a communication campaign, providing a spotlight on the different opportunities.
- Digital inclusion may help more older adults connect to volunteering and employment opportunities in their communities.
- A volunteer passport that allows individuals to switch easily between multiple volunteering opportunities, Thriving Together are working on a pilot project to provide a digital skills passport as a solution.
- Taster days with volunteering opportunity as an introduction so people can assess the suitability of an opportunity.
- Employers providing volunteering leave and encouraging employees to link with local schemes.
- Working with communities to identify the needs in their communities and supporting them to take action.

## Case Study: Heart of Blyth

Heart of Blyth is a demonstrator project taking an asset-based approach to strengthen communities by bringing together residents who don't usually connect to encourage them to get involved or take action in their area. The Heart of Blyth Residents Panel helps shape the project and makes decisions on the award of microgrants to support groups. The Heart of Blyth Coordinator finds out what residents are passionate about and what they would like to do in their area and provides advice and connects residents to support to help turn their ideas into action. With the support of the Heart of Blyth many older residents from over 30 groups and organisations such as the Magic Memories Café, Newsham Over 60s, St Wilfreds Knit and Natter, Over 50s Forum, the High Street Over 50s group, and Age UK have come together to connect residents to opportunities in their area.



## Caring responsibilities

Carers play a vital role in supporting older adults in our communities. Without them, the health and care system would simply not be able to function and thousands of people with care needs would be left without support.

The physical, emotional, and psychological demands of caring can be demanding, stressful and can limit carers employment, education, and social opportunities. It is important that carers have the coping skills, resources and wider support to enable them to play this vital role.

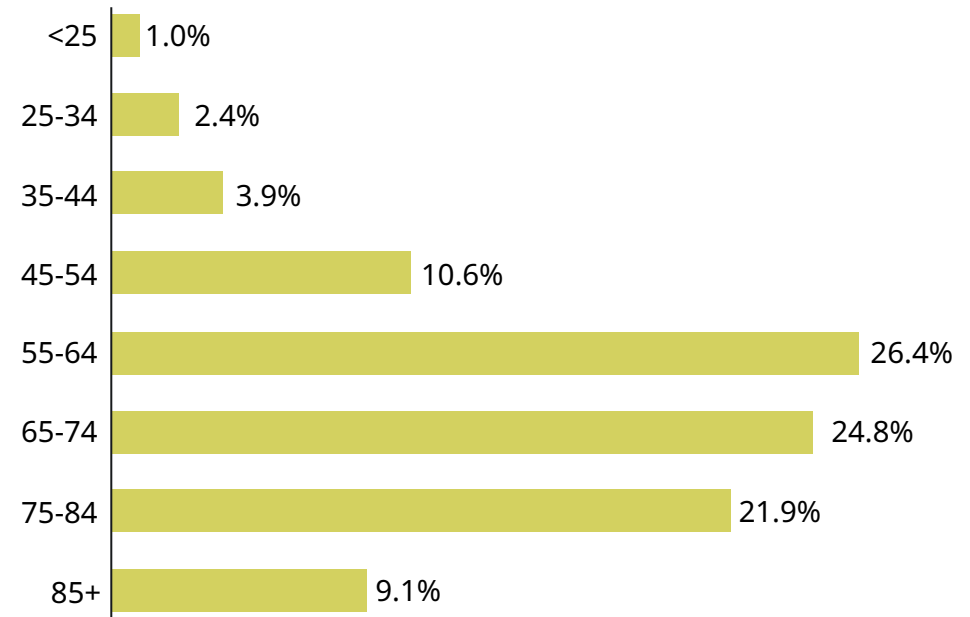
*"We regularly support carers suffering from stress and burnout because of lack of support, knowledge or competence in what they were having to cope with... Carers are desperate for respite from their caring responsibilities - be that longer term respite for a week or two so they can take a much needed holiday; or on a daily basis so they can have an hour or two for themselves."*

(Community organisation, Northumberland)



**Many carers are in older age categories. For those registered with Northumberland Adult Social Care, more than 80% of carers are over 55 years old. (Figure 26)**

Figure 26: Carers in Northumberland by age category

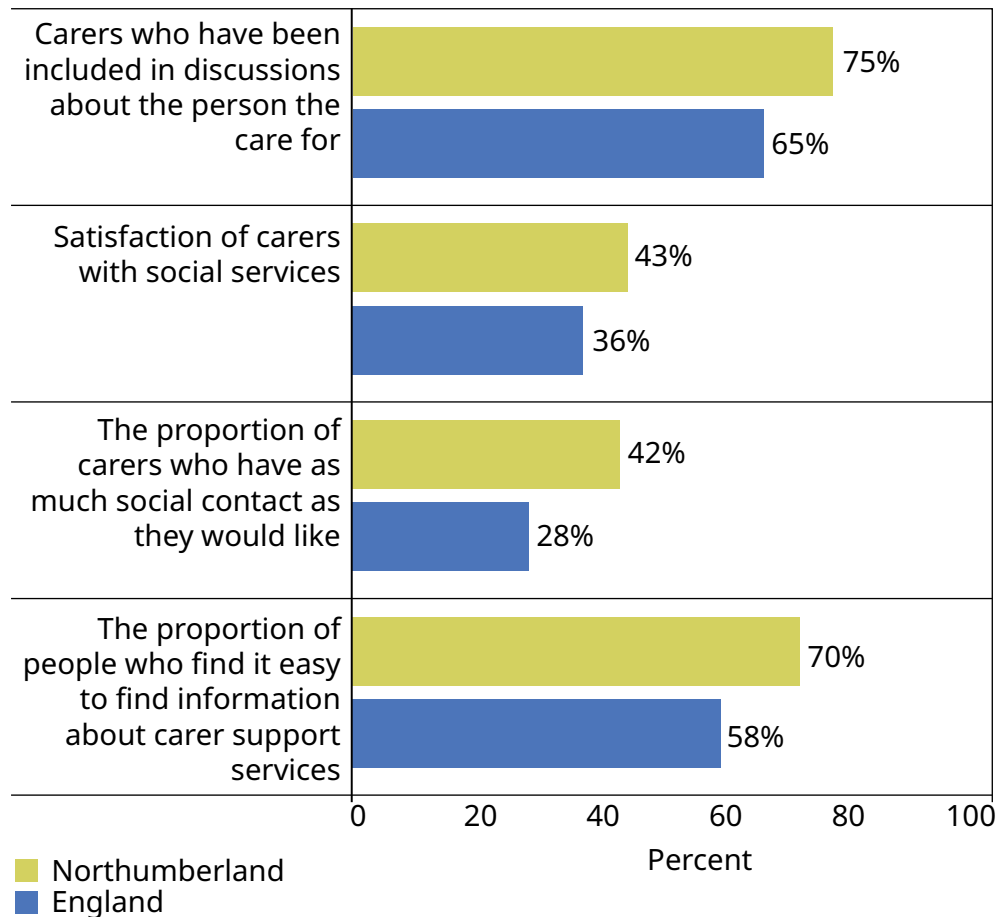






A national survey of carers in England takes place every two years and the last one was conducted in 2021/22. The survey is a good indicator of how carers feel about health and social care services locally. Findings from the latest 2021/22 survey are summarised in Figure 27:

Figure 27: Results the survey of adult carers in England (SACE) 2021/22. Northumberland compared to national averages



### What do we do to support carers in Northumberland?

- In Northumberland, carers are offered a carer assessment, which is a discussion between the carer and a social worker to establish the current and potential future need for support and to determine how sustainable their situation is. This focuses on all possible solutions including support from family, the community, housing services, social security benefits, and education.
- In Northumberland we have a Carers Partnership Board who owns and drives the 'Commitment to Carers Strategy'. This forum provides an opportunity to inform joint working, with the aim of achieving the best possible outcomes for carers and the people they support. Carers are represented on this Board.
- Northumberland County Council also funds Carers Northumberland to support carers across the county which includes access to a variety of support groups and other agencies.
- Adult Social Care works closely with Northumberland Communities Together to support carers across Northumberland to access advice, services, support and grants. This compliments the work of Carers Northumberland and Escape who are commissioned to support carers.

### What further opportunities are there to support carers?

- Northumberland Communities Together has recently secured funding to trial 'Mobilise', which is an online service that harnesses the collective knowledge, wisdom and expertise of unpaid carers' and empowers them to thrive. The trial will last for one year from November 2023 and we are hoping that this service will enhance the health and wellbeing of carers across Northumberland 24/7.

## Challenging age discrimination and stigma

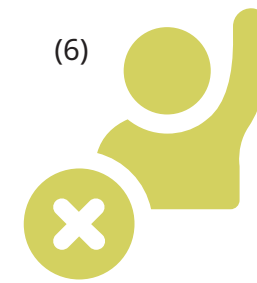
Ageism, also known as age-discrimination is being treated unfairly because of age and can be experienced by many older people in relationships, communities, and in wider society such as consumer services, workplaces and public services. Ageism is associated with earlier death, poorer physical and mental health, and slower recovery from disability in older age. (6)

Unfortunately, ageist attitudes are pervasive in society and remain a serious threat to ageing well. We want to work with our partners to combat ageism wherever we see it in Northumberland.



*"Age discrimination can lead to older people reducing what they do, either because they feel that certain behaviours are not appropriate for older people or because of lack of confidence or a safe space to experiment."*

(Sarah, Theatre Sans Frontieres, Northumberland)



A national survey by the Centre for Ageing Better found that **55% people agreed that the UK society is ageist** as opposed to 13% who do not.



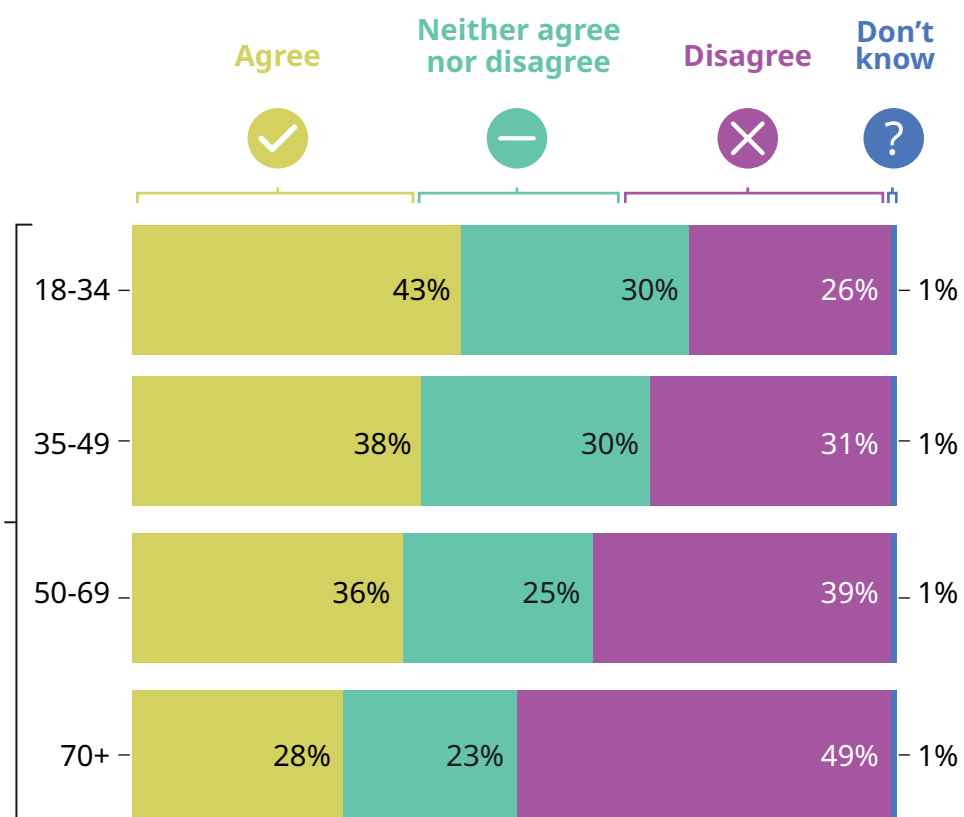
The English Longitudinal Study of Ageing found that among people aged 50 or above, **25% reported perceived age discrimination.**



According to the Centre for Ageing Better, **more than 1/3 of 50–69-year-olds feel at a disadvantage when applying for jobs.**

The way people currently talk about ageing and older age can be in a negative way. Sometimes older people can be reduced to stereotypes, patronised or treated as a burden. Small changes to the ways that we speak and write about ageing and older age, if applied consistently, may have a big impact. A survey by the Centre for Ageing Better found that as people get older, they tend to disagree more with the view that older age is characterised by frailty, vulnerability and dependency (Figure 28). (8)


Figure 28: 'Older age is characterised by frailty, vulnerability, and dependency.'



Source: Centre for ageing better. Reframing public perceptions of ageing (8)

Age is a protected characteristic and laws are in place to protect people from age discrimination including the Equality Act 2010, Human Rights Act 1998, as well as the Public Sector Equality Duty 2010.

The abuse and neglect of older people remains a largely hidden issue, which leaves hundreds of thousands of older people experiencing, or at risk of, avoidable harm.



(9) **Age UK reported that 63% of adult safeguarding concerns are for people aged 65 or older.**

Older adults should be able to live safely, free from neglect or abuse. Adult safeguarding describes the way that individuals and organisations work together to prevent and protect adults from these harms. For older people getting this right is vitally important, as those aged 65 and over are at greatest risk of abuse and neglect. (9)

### What do we do to address age discrimination in Northumberland?

- In Northumberland we have a well-established Safeguarding Adults Board (SAB), which has recently integrated with the Children's Partnership to create the Northumberland Children and Adults Safeguarding Partnership (NCASP). This promotes a 'think family', life course approach to safeguarding, which considers the needs of the individual in the context of their relationships and their environment whilst also recognising diversity and personal preferences.
- Equalities Impact Assessments are used within Northumberland County Council to ensure that policies, programmes and practices are fair and meet the needs of people in protected groups such as older age.

## Case Study: Creative theatre for older adults



Theatre Sans Frontières (TSF) drama workshops for older people (in Hexham and Bellingham) create opportunities for older people to play, experiment and explore together. It is a safe space where older people can gain new skills that allow them to be big in body and voice, try out different ways of moving, responding and improvise without fear of judgement or censorship. Drama encourages older people to step out of their comfort zone in a supportive environment. In this way they may gain greater self-confidence and a sense of empowerment and agency. The physical nature of the activity also serves to support older people's balance, mobility and posture, so they can move with greater confidence and sense of purpose. The play that was created this year by a group of older people in Hexham and toured to local villages, also gave greater visibility and voice to older people. It showed that creativity does not diminish with ageing. Positive images of older people's creativity can be vital to support their (and their audiences) continued engagement in society.

### What opportunities are there to address age discrimination in Northumberland?

- Continue to challenge negative stereotypes of older people across all areas of society.
- Northumberland County Council is developing an Integrated Impact Assessment (IIA) that considers Equality, Carbon, and Inequality impacts of policies, strategies, plans, programmes and projects. Considering disproportionate impacts on older adults will be integral to the new assessment, alongside other groups.

## References

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# 8. Summary and recommendations



**Northumberland is changing. Over the coming decade, we expect to see a year-by-year shift towards a much older population. We must be prepared to face this transition and be ready to adapt to the changing needs. Now more than ever we must have a resolute focus on boosting older people's health and wellbeing and preventing ill health. This will mean enabling people to live healthier and more fulfilled lives, valuing their important contributions to society, and challenging harmful ageist attitudes. It will also mean working closely with our communities and building on existing strengths and assets to support older residents to age well.**

In this report we have deliberately put people and their wellbeing in the centre, rather than build it around traditional service and organisational structures. It focussed on things that help people function well, have a sense of wellbeing, and as far as possible maintain independence in older age. The topics we have raised aren't new or particularly complicated; but if we work strongly with our communities to proactively address these issues, we help build a healthier, more productive county, and set a pace for other similar areas to follow.

Throughout the report we have seen that inequalities become particularly visible in older age. We saw that people living in the most deprived areas of Northumberland on average

die younger, and also live less of their lives in a good state of health compared to the least deprived areas. There are also inequalities linked to geography, personal characteristics, and life circumstances. Whatever we do to support ageing well, we must look at it through a lens of reducing inequalities, prioritising resources to support the most disadvantaged people and building on community assets and resilience by taking a strengths-based approach.

Over the past year, we have been introducing an Asset Based Community Development (ABCD) approach to support our wider work addressing inequalities across the county. The approach asks three key screening questions:

- 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?

Using these questions will help us target support in ways that empower communities and builds on the strengths and assets that they have. We will apply this approach to supporting ageing well in Northumberland.

## Recommendations

The recommendations of the report for those of us working together to promote ageing well across the county are:

1. Promote a **strengths-based narrative** on ageing well, with a focus on promoting our human functions of mobility, relationship building, personal growth, and seeing the great contribution we can make in our later years.

2. Consider ways to **embed ageing well in all our areas of work**, taking a 'whole systems' approach. This could include ensuring that the needs of older adults are considered in all policies, strategies, plans, programmes and projects using tools such as Integrated Impact Assessments.
3. Continue to **support and promote the Ageing Well Network**, which brings together over 200 organisations to share best practice and support one another.
4. Continue to **monitor available data** related to healthy ageing, such as those highlighted throughout this report.
5. Identify opportunities to **hear the voices of older residents** in our diverse communities. People's experiences and wisdom will help guide the way services need to adapt to meet people's changing needs, support their independence and allow them to continue to participate in their communities. Voices may be heard through methods such as residents' surveys and the place standard tool.
6. We must **continue to pursue our approach of Asset Based Community Development**. There are solid foundations to build on in Northumberland. The report has highlighted many brilliant initiatives already going on across the county, and this only touches on the huge amount of ongoing work. Professional and voluntary stakeholders are already starting to work together more closely to empower communities to identify and address their needs.
7. Three areas of this report stand out as requiring a stronger focus:
  - Ensure that **ageist attitudes and behaviours are challenged and stamped out** across our institutions and communities. We should be no more tolerant of this than other types of discrimination such as racism, sexism and homophobia.
  - More could be done to **increase awareness of the need for older adults to maintain strength and balance**, which is crucial for staying mobile and reducing their risk of falls.
  - Older age groups are particularly prone to social isolation and addressing this will be a key part of enabling ageing well. Our county is particularly rural, which means we must **work with our communities to combat social isolation**. This will include promoting digital inclusion and improving transport connectivity to people, places, opportunities and services.

# Acknowledgements

Many thanks to:

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## DECISIONS TAKEN BY CABINET SINCE LAST OSC MEETING AND FORTHCOMING CABINET DECISIONS - MARCH 2024 TO APRIL 2024

DECISION	CABINET DATE/DECISION
Cabinet Papers – 13 February 2024	<a href="https://northumberland.moderngov.co.uk/ieListDocuments.aspx?CId=140&amp;MId=2293">https://northumberland.moderngov.co.uk/ieListDocuments.aspx?CId=140&amp;MId=2293</a>
Budget Engagement Report	13 February 2024
Budget 2024-25 and Medium-Term Financial Plan 2024-2028	<p>13 February 2024</p> <p><b>RESOLVED</b> that County Council be recommended to:-</p> <ol style="list-style-type: none"> <li>1. Note that the figures contained within the Budget 2024-25 within Appendix 1 are based on the provisional Local Government Finance Settlement of 18 December 2023.</li> <li>2. Approve:               <ol style="list-style-type: none"> <li>a) the Revenue Budget for 2024-25 including the efficiencies totalling £10.846 million for 2024-25 contained within Appendix 1 (detailed in Appendix 10), subject to the deletion of the proposal in Environment and Transport to increase the charge for a pay and display and display parking permit (2024-25 £0.012m; 2025-26 ££0.011m; 2026-27 £0.015m); and,</li> <li>b) the Schedule of Efficiencies totalling £14.950 million for 2025-26 contained within Appendix 1 (detailed in Appendix 10) noting that the efficiencies identified may be progressed during 2024-25 in order to realise the efficiencies early.</li> </ol> </li> <li>3. Note the Revenue MTFP covering the period 2024-28 detailed within Appendix 1 and the requirement to deliver budget balancing measures of £20.248 million in 2026-27 and £14.238 million in 2027-28.</li> <li>4. Note the estimated receipt of Revenue Support Grant of £14.020 million for 2024-25 contained within Appendix 1.</li> <li>5. Note the estimated retained Business Rates and the Top-Up Grant funding to be received by the Council for 2024-25 of £103.696 million and £324.303 million over the remaining period of the MTFP contained within Appendix 1.</li> </ol>

	<p>6. Note the estimated surplus from prior years on Collection Fund Business Rates balance of £3.471 million in 2024-25 contained within Appendix 1.</p> <p>7. Note the estimated receipt of Rural Services Delivery Grant of £2.745 million for 2024-25 contained within Appendix 1.</p> <p>8. Note the estimated receipt of the New Homes Bonus of £1.682 million (excluding service element of £0.028 million) for 2024-25 contained within Appendix 1.</p> <p>9. Note the estimated receipt of Improved Better Care Funding Grant of £12.496 million for 2024-25 contained within Appendix 1.</p> <p>10. Note the estimated receipt of Social Care Grant funding of £25.821 million for 2024-25 contained within Appendix 1.</p> <p>11. Note the estimated receipt of Adult Social Care Discharge Grant funding of £2.920 million in 2024-25 contained within Appendix 1.</p> <p>12. Note the estimated receipt of Adult Social Care Market Sustainability and Improvement Fund Grant of £6.656 million in 2024-25 contained within Appendix 1.</p> <p>13. Note the estimated receipt of the Services Grant of £0.439 million in 2024-25 contained within Appendix 1.</p> <p>14. Approve a 2.99% increase in Council Tax for 2024-25, noting that this is in line with the Government's assumptions regarding the Council's Core Spending Power; and, within the Government's referendum limit of 3.00%.</p> <p>15. Note that the MTFP 2024-28 includes a 2.99% annual increase in Council Tax for 2025-26 and then 1.99% thereafter for the remaining years of the MTFP and, that an estimate of annual tax base growth has been included.</p> <p>16. Note the non-collection rate for Council Tax purposes remains at 1.00% for 2024-25 (1.00% in 2023-24).</p> <p>17. Note the estimated surplus of £4.149 million from prior years on the Collection Fund Council Tax balance for 2024-25 contained within Appendix 1.</p> <p>18. Approve the Council Tax Support Hardship Scheme 2024-25; a reduction of up to £100.00 to council tax bills</p>
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	<p>for all working age Council Tax Support claimants; and those pensionable age Council Tax Support claimants that do not receive 100.00% Council Tax Support, once all other discounts have been applied.</p> <p>19. Approve a 2.00% increase in Council Tax for 2024-25 for use on Adult Social Care services; raising an additional £4.993 million to support the Budget 2024- 25 and note that the assumed increase included in the MTFP is 2.00% for 2025-26 and zero thereafter.</p> <p>20. Approve the Reserves Policy 2024-25 detailed in Appendix 2.</p> <p>21. Note the Schedule of Reserves and Provisions contained within Appendix 3.</p> <p>22. Approve: The net contributions from the Strategic Management Reserve of £20.885 million in 2024-25 and note the proposed net contributions from reserves of £10.831 million in 2025-26 and £0.027 million in 2026-27, and the proposed net contribution to the reserves of £0.997 million in 2027-28, contained within Appendix 1, comprising:</p> <p>a) non-recurrent pressures of £7.147 million for 2024-25, and note the non-recurrent pressures totalling £2.084 million in 2025-26, £0.027 million in 2026-27, and £0.028 million in 2027-28, (as detailed within Appendix 9; excluding the Adult Social Care Discharge Fund, Locality Coordinators, Hirst Welfare Centre – transitional support, Council Tax Support Hardship Scheme, and BEST Initiative);</p> <p>b) delayed investment interest due from the airport as a result of Covid-19 will be repaid to the Strategic Management Reserve. It is anticipated that the airport will start to repay the delayed interest over a three-year period, commencing in April 2027 at £1.025 million per annum;</p> <p>c) revenue contribution to capital (RCCO) of £13.171 million in 2024-25; comprising of £8.171 million for investment in the Schools’ Development Programme, and £5.000 million for investment in the enabling works at strategic employment sites within Northumberland; and £6.591 million in 2025-26 for investment in the Schools’ Development Programme; and,</p> <p>d) contribution from the reserve of £0.567 million in 2024-25 and note the subsequent proposed use of up to</p>
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	<p>£2.156 million in 2025-26 in order to balance the Budget.</p> <p>23. Approve the use of the Public Health Revenue Grant Reserve of £0.428 million in 2024-25, and note the proposed contribution from this reserve of £0.180 million in 2025-26 and £0.100 million in 2026-27 contained within Appendix 1, comprising:</p> <p>a) four fixed term Locality Coordinators totalling £0.178 million in 2024-25; and,</p> <p>b) Hirst Welfare Centre – transitional support at £0.250 million in 2024-25, £0.180 million in 2025-26, and £0.100 million in 2026-27.</p> <p>24. Approve the use of the Council Transformation Fund Reserve of £3.000 million to fund BEST programme delivery costs in 2024-25 contained within Appendix 1.</p> <p>25. Approve the use of the Council Tax Hardship and Discount Scheme Fund Reserve of £1.726 million in 2024-25 contained within Appendix 1 to fund the Council Tax Support Hardship Scheme for 2024-25.</p> <p>26. Note the Schedule of Service Specific Grants of £263.663 million contained within Appendix 4, and that some are still indicative pending final confirmation.</p> <p>27. Note the Schedule of Fees and Charges 2024-25 contained within Appendix 5.</p> <p>28. Approve the Inflation Schedule for 2024-25 totalling £28.559 million detailed in Appendix 6.</p> <p>29. Approve the Recurrent Growth and Pressures Schedules of £14.823 million and the additional revenue costs associated with the Capital Programme of £19.100 million for 2024-25; and note the Growth and Pressures of £2.265 million in 2025-26; £3.130 million in 2026-27; and, £0.875 million in 2027-28 and the additional revenue costs associated with the Capital Programme of £12.609 million in 2025-26; £6.000 million in 2026-27; and £6.000 million in 2027-28 included within Appendices 1, 7 and 8.</p> <p>30. Approve the Non-Recurrent Pressures of £15.221 million for 2024-25 and note the Non-Recurrent Pressures of £2.264 million for 2025-26, £0.127 million for 2026-27, and £0.028 million in 2027-28 included within Appendix 9.</p>
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	<p>31. Approve the Non-Recurrent Income of £5.475 million for 2024-25 and note the Non-Recurrent Income of £0.314 million for 2025-26; £0.283 million for 2026-27, and £0.269 million for 2027-28 included within Appendix 9.</p> <p>32. Approve the identified budget balancing measures contained within Appendix 10 of £10.846 million for 2024-25 and £14.950 million for 2025-26; and note those budget balancing measures totalling £6.017 million already identified for 2026-27 to 2027-28.</p> <p>33. Note the Corporate Equality Impact Assessment at Appendix 11.</p> <p>34. Note the Budget by Service Area 2024-25 detailed in Appendix 12.</p> <p>35. Note the receipt of Dedicated Schools Grant of £175.086 million in 2024-25; and note the revised allocation of £158.046 million for 2023-24. This is following the conversion of four schools to academy status during 2023-24.</p> <p>36. Approve the Capital Strategy 2024-25 to 2027-28 contained within Appendix 13.</p> <p>37. Approve the revised Capital Programme as detailed within Appendix 14 and note the increase in the Capital Programme 2024-28 of £277.560 million detailed in Appendix 15.</p> <p>38. Approve the delegation of the detail of the final Local Transport Programme and any subsequent in-year amendments to the Executive Director Place and Regeneration in consultation with the Cabinet Member responsible for improving our roads and highways.</p> <p>39. Approve the delegation of the detail of the capital allocation for Highways Maintenance Investment in U and C Roads and Footpaths, and the Highway Maintenance and Pothole Repair Fund to the Executive Director Place and Regeneration in consultation with the Cabinet Member responsible for improving our roads and highways.</p> <p>40. Approve the Capital Prudential Indicators 2024-25 to 2027-28 based on the proposed Capital Programme detailed within Appendix 16.</p> <p>41. Approve the Annual Minimum Revenue Provision (MRP) Policy detailed in Appendix 17.</p>
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	<p>42. Approve the Treasury Management Strategy Statement 2024-25 detailed in Appendix 18.</p> <p>43. Approve a delegation to the Executive Director for Transformation and Resources (the Council's Section 151 Officer) to draw down a total of £2.000 million from the Council's Transformation Fund Reserve and £0.800 million from the Estates Rationalisation Reserve in order to expedite work required with regard to the BEST initiative. Also, to note that Cabinet will receive updates of any drawdowns in the quarterly financial monitoring reports.</p> <p>44. Approve a delegation to amend the Budget 2024-25 and MTFP in light of any changes as a result of the final Local Government Finance Settlement to the Executive Director for Transformation and Resources (the Council's Section 151 Officer) in consultation with the Cabinet Member for Corporate Services if the final Settlement is received after the 21 February 2024 Council meeting. If the final Local Government Settlement is received prior to the Cabinet or 21 February 2024 Council meeting, then a supplementary report will be provided to Members advising of any changes necessary.</p>
<p><b>Revenues and Benefits Policies</b></p>	<p>13 February 2024</p> <p><b>RESOLVED</b> that County Council be recommended to:</p> <ul style="list-style-type: none"> <li>• Approve the Revenues and Benefits Policies attached as Appendix 1 to Appendix 6;</li> <li>• Approve implementing the 100% Empty Homes Premium after one year from 1 April 2024; and</li> <li>• Make a determination to implement a 100% premium for second homes to increase the council tax charge to 200% from 1 April 2025.</li> </ul>
<p><b>Corporate Fraud Policies</b></p>	<p>13 February 2024</p> <p><b>RESOLVED</b> that County Council be recommended to approve the updated Anti-Money Laundering Policy and Anti-Fraud, Bribery and Corruption Policy, attached as Appendix 1 and Appendix 2 to the report</p>
<p><b>Summary of New Capital Proposals considered by Officer Capital Strategy Group</b></p>	<p>13 February 2024</p> <p><b>RESOLVED</b> that:</p>

<p><b>Energising Blyth Programme – Culture Hub and Market Place</b></p>	<p>a) Cabinet approve the amended budget, shown in table 6.16, for inclusion in the Capital Programme of £16.546 million including £6.135 million from the Energising Blyth Project Delivery Support budget which is included in the Medium-Term Financial Plan;</p> <p>b) authority be delegated to the Executive Director for Place and Regeneration to enter into the main construction contract relating to the project, subject to the appropriate procurement processes being followed;</p> <p>c) Subject to approval by North East Mayoral Combined Authority (NEMCA) of the £2.5m Business Case, this be added to the Culture Hub &amp; Market Place budget within the Medium-Term Financial Plan, and the associated financial profiles be approved as set out in the report; and</p> <p>d) Cabinet approve the transfer of funding of £0.388 million from the 2024-25 Climate Change Fund to the Culture Hub Project.</p>
<p><b>Gilesgate Structural Works</b></p>	<p>a) Cabinet approve the spend of £0.100 million to undertake the structural works at 2 Gilesgate, Hexham. This spend will be funded from the Property Stewardship budget within the Capital Programme, and</p> <p>b) Cabinet approve the amendment to the Capital Programme to reallocate the funding from the Property Stewardship budget to the 2 Gilesgate, Hexham project.</p>
<p><b>Broadband Connectivity and Oracle Upgrade</b></p>	<p>a) Cabinet note the receipt of a Gainshare payment from BT of £3.707 million;</p> <p>b) Cabinet approve the payment of a portion of the Gainshare receipt of £1.723 million to BDUK as per the terms of the funding agreement. Approve the allocation of the remaining Gainshare receipt of £1.984 million to the Community Broadband project in the Capital Programme. The £1.984 million will be profiled with £0.044 million in 2023-24 and the remaining £1.940 million in 2024-25;</p> <p>c) Cabinet approve the spend of £0.088 million for the implementation of new functionality in the Oracle system. This will be funded as follows:</p> <ul style="list-style-type: none"> <li>• A reallocation of £0.044 million from the Community Broadband project in 2023- 24.</li> <li>• A reallocation of £0.042 million from the Microsoft 365 project in 2024-25.</li> </ul>

	<ul style="list-style-type: none"> <li>• A reallocation of £0.002 million from the Computer Hardware project in 2024-25; and</li> </ul> <p>d) Cabinet approve the amendments to the capital programme as per the above</p>
<p><b>Adult Social Care: Extra Care and Supported Living Strategy</b></p>	<p>13 February 2024</p> <p><b>RESOLVED</b> that</p> <p>(a) Cabinet endorse the Extra Care and Supported Living Strategy as the overarching strategy that will provide the context, vision and aspirations for delivery of projects in Northumberland;</p> <p>(b) Cabinet support opportunities which are consistent with the strategy including those that involve the use of Council land or buildings and planning decisions;</p> <p>(c) Cabinet note that some schemes can be developed without Council funding, whilst others may require support including capital funding and/or the use of Council land. Where Council capital funding is required for the viability of schemes, detailed business cases will be prepared; and</p> <p>(d) the Executive Director for Adults, Ageing and Wellbeing be requested to prepare a future report on the capital requirements of this programme once a number of submissions have been analysed.</p>
<p><b>North East Investment Zone</b></p>	<p>13 February 2024</p> <p><b>RESOLVED</b> that:-</p> <p>(a) Cabinet note the proposals in relation to the North East Investment Zone (NEIZ), including the inclusion of the Blyth Energy Central Site as an Investment Zone (IZ) Tax Site;</p> <p>(b) Cabinet authorise inclusion of the Blyth Energy Central BRR Site in the NEIZ for 25 years, noting the NEIZ Business Rates Reinvestment Strategy (attached at Appendix 1); and</p> <p>(c) Cabinet authorise the Executive Director of Place and Regeneration, in consultation with the Director of Finance, the Director of Law and Corporate Governance, the Cabinet Member for Supporting Business and Opportunities and Cabinet Member for Corporate Resources, to finalise the elements of the NEIZ proposal specific to Northumberland County</p>



	<p>Council in conjunction with the Interim Chief Executive Officer for the North East Mayoral Combined Authority, and enter into a written agreement with the North East Mayoral Combined Authority and constituent local authorities.</p>
<p><b>School Admission Arrangements for Community and Voluntary Controlled Schools for the 2025/2026 Academic Year</b></p>	<p>13 February 2024</p> <p><b>RESOLVED</b> that:-</p> <ul style="list-style-type: none"> <li>(a) Cabinet note the outcomes of the six week consultation undertaken in relation to the Council’s proposed admission arrangements for community and voluntary controlled schools for 2025/26 that took place between 10th November 2023 and 22nd December 2023;</li> <li>(b) Cabinet approve the proposed co-ordinated admission scheme for all maintained schools and academies, as provided in Appendix 1 of the report;</li> <li>(c) Cabinet approve (determine) the proposed admission arrangements, including proposed oversubscription criteria and proposed admission numbers for First and Primary community and voluntary and controlled schools, as provided in Appendix 2 of the report;</li> <li>(d) Cabinet approve (determine) the proposed admission arrangements, including proposed over subscription criteria and proposed admission numbers, for Middle, High and Secondary Community and Voluntary Controlled schools, including sixth forms, as provided in Appendix 3 of the report;</li> <li>(e) Cabinet approve a reduction of the Published Admission Number at Seahouses Primary School from 21 to 15 with effect from September 2025, in view of current and future pupil numbers; and (f ) Cabinet Approve a reduction of the Published Admission Number at Longhoughton Primary School from 30 to 15 with effect from September 2025, in view of current and future pupil numbers.</li> </ul>

## FORTHCOMING CABINET DECISIONS

<p><b>Financial Performance 2023-24 – Position at end of December 2023</b></p> <p>The report will provide Cabinet with the revenue and capital financial performance against budget as at 31 December 2023.</p>	12 March 2024
<p><b>Energy Central Campus Phase 1 – Technical Training Kit: Outline Business Case</b></p> <p>In accordance with the Energising Blyth Programme - Local Assurance Framework, the report seeks the approval of the Outline Business Case (OBC) for the Energy Central Campus Phase 1 – Technical Training Kit which is part of development and delivery of the £20.71m Levelling Up Deep Dive (LUDD) funding awarded to Blyth earlier this year. The OBC has been externally appraised with a recommendation to proceed to Full Business Case (FBC).</p>	12 March 2024
<p><b>Financial Performance 2023-24 - Position at the end of December 2023</b></p> <p>The report will provide Cabinet with the revenue and capital financial performance against budget as at 31 December 2023.</p>	12 March 2024
<p><b>Hirst Masterplan</b></p> <p>To introduce the Hirst Masterplan to cabinet and seek authorisation to move forward in developing its contents further.</p>	12 March 2024
<p><b>Housing Regeneration Report – Stock Rationalisation</b></p> <p>The report seeks Cabinet approval to:</p> <ul style="list-style-type: none"> <li>• Decommission a number of low demand homes in Blyth (See appendix 1A);</li> <li>• To place on hold lettings for empty homes and any homes that become empty in the addresses listed within this report;</li> <li>• To give priority status for re-housing to all customers who currently reside in any of the addresses detailed in this report.</li> <li>• To approve the award of Homeloss &amp; Disturbance payments for any customers relocating from the properties detailed in this report</li> </ul>	12 March 2024
<p><b>Northumbria Road Safety Partnership</b></p> <p>To consider and determine entry into a new Northumbria Road Safety Partnership (NRSP) with the five Tyne and Wear local authorities and Northumbria Police.</p>	12 March 2024
<p><b>Summary of New Capital Proposals considered by Officer Capital Strategy Group</b></p> <p>This report summarises the capital proposals considered by the Capital Strategy Group on 30 January 2024.</p>	12 March 2024

<p><b>Climate Change Action Plan 2024-26</b></p> <p>To replace the expiring Climate Change Action Plan 2021-23 and to set out our intended strategies for reaching our climate change targets across the next three years and beyond.</p>	<p>9 April 2024</p>
<p><b>Housing Regeneration Report – Stock Rationalisation</b></p> <p>The report seeks Cabinet approval to:</p> <ul style="list-style-type: none"> <li>• Decommission a number of low demand homes in Blyth in low to mid rise blocks;</li> <li>• To place on hold lettings for empty homes and any homes that become empty in the addresses listed within this report;</li> <li>• To give priority status for re-housing to all customers who currently reside in any of the addresses detailed in this report.</li> <li>• To approve the award of Homeloss &amp; Disturbance payments for any customers relocating from the properties detailed in this report.</li> </ul>	<p>9 April 2024</p>
<p><b>Energising Blyth: Levelling Up Deep Dive – Bowes Ct.</b></p> <p>This report updates Cabinet and seeks approval of the Outline Business Case and other key decisions regarding the delivery of the Bowes Court retro-fit of properties. It will recommend the following:</p> <ul style="list-style-type: none"> <li>• To approve the Outline Business Case to enable progression to Full Business Case.?</li> <li>• Delegate authority, in accordance with the Local Assurance Framework, to the Council’s Executive Director of Finance (Section 151 Officer) following consideration by the Energising Blyth Programme Board to approve the Full Business Case.?</li> <li>• Delegate approvals to the Executive Director for Place and Regeneration to enter into any contracts relating to the project subject to confirmation of associated funding being in place and the appropriate procurement processes being followed.</li> </ul>	<p>9 April 2024</p>

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# **Northumberland County Council**

## **Health and Wellbeing Overview and Scrutiny Committee**

### **Work Programme and Monitoring Report 2023 - 2024**

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## 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:**

**Themed scrutiny:**

**Other scrutiny:**

**Northumberland County Council  
Health and Wellbeing Overview and Scrutiny Committee  
Work Programme 2023 - 2024**

5 March 2024

Director of Public Health Annual Report

DPH's Annual Report highlighting the priorities for the DPH for the coming year.

2 April 2024

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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 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 agree to submit a formal response to each Trust.

NEAS Review of Performance in Northumberland

Following a request from this Committee, NEAS will discuss performance data at a Local Area Committee level.

7 May 2024

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 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 agree to submit a formal response to each Trust.



**Northumberland County Council**  
**Health and Wellbeing Overview and Scrutiny Committee Monitoring Report 2023-2024**

Ref	Date	Report	Decision	Outcome
1	11 July 2023	<b>Update on Pressures in Adult Homecare Services</b>	<p><b>RESOLVED</b> the</p> <p>A. the report on the current issues with homecare in Northumberland be received for information, and</p> <p>B. the initiatives proposed to try to resolve workforce shortages be noted.</p>	Adult Home Care data and progress monitoring to be provided at a future committee.
Page 121	11 July 2023	<b>Contingency Plans and Management Arrangements for Commissioned Adult Social Care Services</b>	<b>RESOLVED</b> the report be received for information.	No further action
3	12 September 2023	<b>Cramlington Pharmacy Update</b>	<p><b>RESOLVED</b> that:</p> <p>A. the report and comments made be noted.</p> <p>B. a Task and Finish Group be established to examine pharmaceutical services in the county.</p>	A task and finish group be established in the new year to examine Pharmacy provision across the County
4	12 September 2023	<b>Northumberland Coroner's Annual Report</b>	<b>RESOLVED</b> that the report be received.	No further action

5	7 November 2023	Oncology Performance Update (NUTH)	<b>RESOLVED</b> that the information and comments made be noted	A further update will be provided in May when NUTH present their Quality Accounts
6	7 November 2023	Joint Health and Wellbeing Strategy Refresh – Adopting a Whole System Approach to Health and Care	<b>RESOLVED</b> to: A. note and comment on the achievements described in the report, and B. that the proposed amendments to priorities, actions, and indicators or evidence of achievements for the theme be noted.	The comments of this committee will form part of the overall Joint Health and Wellbeing Strategy
7	7 November 2023	Welfare Rights Annual Report	<b>RESOLVED</b> that the report be received for information.	No further action
8	12 December 2023	Berwick Hospital Update	<b>RESOLVED</b> that the information be noted and a further update be provided in due course.	Further update be provided in due course.
9	12 December 2023	Complaints Annual Report 2022- 23: Adult Social Care and Continuing Health Care Services	<b>RESOLVED</b> that the report be noted.	No further action
10	12 December 2023	Joint Health and Wellbeing Strategy Refresh – Empowering People and Communities	<b>RESOLVED</b> that: A. note and comment on the achievements described in the report, and B. that the proposed amendments to priorities, actions, and indicators or evidence of achievements for the theme be noted.	Relevant updates to be scheduled as required.

11	9 January 2024	Joint Health and Wellbeing Strategy Refresh – Giving Children and Young People the Best Start in Life	<p><b>RESOLVED</b> that:</p> <ol style="list-style-type: none"> <li>1. note and comment on the achievements described in the report, and</li> <li>2. that the proposed amendments to priorities, actions, and indicators or evidence of achievements for the theme be noted</li> </ol>	Relevant updates to be scheduled as required.
12	9 January 2024	Joint Health and Wellbeing Strategy Refresh – Building Blocks Theme	<p><b>RESOLVED</b> that:</p> <ol style="list-style-type: none"> <li>1. note and comment on the achievements described in the report, and</li> <li>2. that the proposed amendments to priorities, actions, and indicators or evidence of achievements for the theme be noted</li> </ol>	Relevant updates to be scheduled as required.
Page 123	9 January 2024	Adults and children’s Safeguarding Board Annual Report	<b>RESOLVED</b> that the report and comments made be noted	This report will inform the 24/25 work programme, with updates being provided as required.

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