



# Northumberland

## County Council

**Your ref:**

**Our ref:**

**Enquiries to:** Lesley Bennett

**Email:** Lesley.Bennett@northumberland.gov.uk

**Tel direct:** 01670 622613

**Date:** 3 October 2023

Dear Sir or Madam,

Your attendance is requested at a meeting of the **HEALTH AND WELL-BEING BOARD** to be held in **COUNCIL CHAMBER, COUNTY HALL, MORPRETH** on **THURSDAY, 12 OCTOBER 2023** at **10.00 AM**.

Yours faithfully

Dr. Helen Paterson  
Chief Executive

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

**G Binning, A Blair, N Bradley, C Briggs, A Conway, P Ezhilchelvan (Chair), V Jones, S McCartney, V McFarlane-Reid, R Mitcheson, R Murfin, R Nightingale, G O'Neill, W Pattison, G Reiter, G Renner-Thompson, S Rennison, G Sanderson, E Simpson, H Snowdon, P Standfield, G Syers (Vice-Chair), C Wardlaw and J Watson**



**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  
- 6)

Minutes of the meeting of the Health and Wellbeing Board held on Thursday, 14 September 2023 as circulated, to be confirmed as a true record and signed by the Chair.

#### 3. DISCLOSURES OF INTEREST

Unless already entered in the Council's Register of Members' interests, members are required where a matter arises at a meeting;

- a. Which directly relates to Disclosable Pecuniary Interest ('DPI') as set out in Appendix B, Table 1 of the Code of Conduct, to disclose the interest, not participate in any discussion or vote and not to remain in room. Where members have a DPI or if the matter concerns an executive function and is being considered by a Cabinet Member with a DPI they must notify the Monitoring Officer and arrange for somebody else to deal with the matter.
- b. Which directly relates to the financial interest or well being of a Other Registrable Interest as set out in Appendix B, Table 2 of the Code of Conduct to disclose the interest and only speak on the matter if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain the room.
- c. Which directly relates to their financial interest or well-being (and is not DPI) or the financial well being of a relative or close associate, to declare the interest and members may only speak on the matter if members of the public are also allowed to speak. Otherwise, the member must not take part in discussion or vote on the matter and must leave the room.
- d. Which affects the financial well-being of the member, a relative or close associate or a body included under the Other Registrable Interests column in Table 2, to disclose the interest and apply the test set out at paragraph 9 of Appendix B before deciding whether they may remain in the meeting.
- e. Where Members have or a Cabinet Member has an Other Registerable Interest or Non Registerable Interest in a matter being

considered in exercise of their executive function, they must notify the Monitoring Officer and arrange for somebody else to deal with it.

NB Any member needing clarification must contact [monitoringofficer@northumberland.gov.uk](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. UPDATE ON AND REFRESH OF THE JOINT HEALTH AND WELLBEING STRATEGY 2018-28**

##### **4.1 'Adopting a Whole System Approach to Health and Care'**

(Pages 7  
- 24)

To receive an update on achievements against the theme of 'Adopting a whole system approach to health and care' and to refresh and propose amendments to priorities, actions and indicators or evidence of achievement for this theme.

##### **4.2 Giving Children and Young People the Best Start in Life**

(Pages  
25 - 34)

To receive 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.

#### **5. THRIVING TOGETHER - VCSE SECTOR UPDATE**

(Pages  
35 - 44)

To receive a presentation from Abi Conway, VCSE representative.

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

(Pages  
45 - 52)

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

#### **7. URGENT BUSINESS (IF ANY)**

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

#### **8. DATE OF NEXT MEETING**

The next meeting will be held on Thursday, 9 November 2023, at 10.00 a.m. at County Hall, Morpeth.

**IF YOU HAVE AN INTEREST AT THIS MEETING, PLEASE:**

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

<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)



## 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 September 2023 at 10.00 a.m.

#### PRESENT

Councillor P. Ezhilchelvan  
(Chair, in the Chair)

#### BOARD MEMBERS

Binning, G.	O'Neill, G.
Blair, A	Paterson, L (Substitute)
Bradley, N.	Simpson, E.
Conway, A.	Standfield, P.
Jones, V.	Syers, G.
Moulder, B. (Substitute)	

#### IN ATTENDANCE

L.M. Bennett	Senior Democratic Services Officer
Dr. J. Brown	Public Health Consultant
A Foster	CNTW Lead for Strategy and Sustainability
H Lawson	Senior Infection Prevention & Control Nurse
D Turnbull	Senior Public Health Manager

#### 22. APOLOGIES FOR ABSENCE

Apologies for absence were received from S. McCartney, V. McFarlane-Reid, R. Mitcheson and H. Snowdon.

#### 23. MINUTES

**RESOLVED** that the minutes of the meeting of the Health and Wellbeing Board held on 10 August 2023, as circulated, be confirmed as a true record and signed by the Chair.

#### 24. DISCLOSURE OF INTEREST

Peter Standfield declared an interest as he was an employee of a not for profit provider of residential and supported accommodation for the elderly.

## **25. NORTHUMBERLAND AND NORTH TYNESIDE COMMUNITY INFECTION PREVENTION AND CONTROL STRATEGY 2023-28**

Members received a presentation and report about the new Northumberland and North Tyneside Community Infection Prevention and Control Strategy 2023-28. Approval was sought for the strategy goals and actions to achieve those goals. The report was presented by Dr. Jim Brown, Consultant in Public Health and Heather Lawson, Senior Infection Prevention & Control Nurse.

The following key points were raised:-

- The Strategy had been developed collaboratively with organisations across Northumberland and North Tyneside and aimed to minimise preventable harmful infections in community settings and to be as prepared as possible for any future infections or pandemics.
- A new Covid variant, Pirola, had emerged and there were cases in care homes in the east of England.
- The 2023 National Risk Register indicated the possibility of another pandemic within the next five years.
- The objectives of the Strategy aimed to identify the current position in community settings, identifying goals, how to achieve those goals and how to monitor achievement of the goals.
- The Strategy would cover the adult care sector, education, general practice and children's residential homes.
- The Strategy Group would review guidance and practice, hold focus groups and surveys and look at data from previous surveys, audits and visits.
- Currently, there were 4.8 WTE staff working in the community covering Northumberland and North Tyneside. The team offered training, direct support, collaborative working and audit.
- Key findings included:-
  - There was a lot of guidance available along with opportunities for additional training.
  - Cost and time were barriers in education and general practice.
  - Many staff felt the need to come to work even if they were unwell with an infection.
  - The team was highly respected and good relationships had developed during the pandemic.
- A survey of educational settings and GP staff had identified a number of barriers including cost of training and not all feeling the need for training.
- Vision – 'Our vision is for all health, care and education professionals working in the community to have the capability, opportunity, and motivation to implement infection prevention and control measures in their setting to protect those who use their services or live, work, or study in the settings.'
- Principals – to work as a whole system, work as partners to maximise the impact of the IPC by prioritising the deployment of the team, build resilience and capacity within the community by supporting and training key professionals.

- A series of goals had been identified, along with how they would be achieved and monitored.

The following comments and queries were raised:-

- There was concern raised about the possible shortage of Covid vaccinations in Northumberland and GPs would have to cancel clinics if this was the case. It was noted that it was hoped to complete vaccination of care home residents by the end of October and so supplies may be spread over a number of weeks. There were no issues with flu jab supplies.
- It was suggested that a more general communication programme be considered. This had been discussed within a working group. Communication could be added to the final action plan.
- Board Members should report back to their organisations to raise awareness to ensure that the plans in the strategy happened.
- Consideration of business continuity plans could be a way of targeting general practice.

**RESOLVED** that

- (1) the new Northumberland and North Tyneside Community Infection Prevention and Control Strategy be accepted.
- (2) the strategy goals and actions to achieve those goals be approved.

## **26. HEALTHY WEIGHT ALLIANCE**

Members received a report updating the Board on progress with the Healthy Weight Alliance (HWA). The report was presented by David Turnbull, Senior Public Health Manager.

David Turnbull reported that the Health Weight Alliance had arisen from a recommendation in the 2021/22 Director of Public Health Annual Report. Work on the Alliance had commenced prior to the Covid pandemic but been paused.

Nearly a third of children and two thirds of adults in Northumberland were overweight or obese. Children were becoming obese earlier and for longer. The Covid pandemic and the link to health inequalities, chronic disease and obesity were risk factors and it was important for Northumberland to build resilience into recovery plans as part of the prevention agenda. The current cost of living crisis was creating additional strain particularly for low-income families leading to the purchase of cheaper foods often with low nutritional value.

In May 2023, work on the Healthy Weight Alliance had recommenced with a Workshop attended by 45 delegates with a range of strategic roles within a range of various organisations. Five strategic themes had been identified:-

- System Leadership
- Commercial Determinants
- Health Promoting Environments
- System and Cultural Change
- Health Weight across the Life course.

Feedback from the workshop included:-

- Development of a food strategy for Northumberland.
- Design and development of where we live to maximise access to healthy foods and be physically active.
- Giving every child the best start in life.

Next Steps

- To host a second workshop to feedback to delegates and agree the priorities.
- The Healthy Weight Alliance would be chaired by Paul Jones, Director of Environment and Transport and membership would be drawn from senior staff from organisations across Northumberland.

Members welcomed the report which coincided with the refresh of the Joint Health & Wellbeing Strategy and inequalities work. It was hoped that when the Healthy Weight Alliance reported back to the Health & Wellbeing Board, it would be able to present some tangible changes. It was noted that longer term goals would include improvements to the built environment.

**RESOLVED** that

- (1) the establishment of Northumberland HWA be approved to bring agencies and communities together to ensure a co-ordinated approach to healthy weight.
- (2) the Northumberland HWA report to the Health & Wellbeing Board.
- (3) Responsibility be delegated to the HWA to deliver the Healthy Weight Declaration.

## **27. CUMBRIA, NORTHUMBERLAND, TYNE & WEAR NHS FOUNDATION TRUST'S (CNTW) NEW STRATEGY; 'WITH YOU IN MIND'**

Members received a report and presentation on CNTW's new strategy 'With You in Mind'. The report was presented by Anna Foster, Trust Lead for Strategy and Sustainability.

The following key issues were raised in a presentation:-

- CNTW's strategy was to build relationships and to make decisions based on what matters to people.
- CNTW was a large organisation and covered more than just mental health issues including mental wellbeing, learning disability, and autism. Secure services were provided in Morpeth.
- People and their needs were at the heart of the strategy which aimed to influence small, everyday decisions as well as big strategic decisions. The strategy was a guide rather than a blueprint. The organisation acknowledged that it could not do this on its own.
- The Strategy comprised:
  - Our commitments
  - Our vision and values
  - Our five strategic ambitions
    - Quality care, every day
    - Person-led care, where and when it is needed
    - A great place to work
    - Sustainable for the long term, innovating every day
    - Working with and for our communities
- Community Mental Health Transformation across the Region. A strategic objective from the CNTW Annual Plan was 'Improve community mental health services for adults and older people.'
- Working with the government and ICBs. Aim to prevent people from being admitted to hospital and to remain within the community.

The following comments were made:-

- An issue for CNTW was that it covered a very large area across the North East and this could cause challenges in getting to know its communities unless there was staff who concentrated on a particular area.
- CNTW was locality based with four different localities. Local leadership was important, and the Trust's approach was having a devolved leadership approach. Trust leads had the authority to adapt services to meet the needs of the local community.
- There would be a public mental health update at the November meeting of the Health & Wellbeing Board.

**RESOLVED** that the ethos and ambition of the Trust's new strategy be noted, in particular, the commitment to partnership working across the Health & Social Care system.

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

Members noted details of forthcoming agenda items at future meetings.

**29. DATE OF NEXT MEETING**

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

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

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



## Northumberland County Council

HEALTH AND WELLBEING BOARD

12TH OCTOBER 2023

### **Update on and refresh of the Joint Health and Wellbeing Strategy theme 'Adopting a whole system approach to health and care'**

**Report of Councillor(s)** Councillor Veronica Jones, Portfolio Holder / 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**

This report is relevant to the following priorities in the NCC Corporate Plan:

- 1. Achieving value for money:** Preventing illness typically has very high cost-effectiveness, and often yields a return on investment in terms of preventing hospital admissions and requirements for social care.<sup>1</sup> Integrated care can have a positive impact on quality, efficiency, and outcomes.<sup>2</sup> There is also considerable evidence on the cost-effectiveness of personalised care.<sup>3</sup>
- 2. Tackling inequalities:** Reducing inequalities in life expectancy and healthy life expectancy is the overall aim of the Joint Health and Wellbeing Strategy. This theme helps to achieve this aim by seeking: to prevent illness among people with the worst health (in particular those living in our least affluent areas); to drive integrated, coordinated, personalised care for people with greatest need (including people with multiple long-term conditions, and people with severe mental illness); and to reduce inequalities in access to, experiences of, and outcomes from healthcare and social care in Northumberland.
- 3. Driving economic growth:** By preventing illness and improving health, people can continue working and contributing to the economy for longer. Effective, equitable care can also enable people who are most likely to experience illnesses early in life to continue in work or return to work. This refresh reinforces the need for our large employers (anchor institutions) to maximise their corporate social value responsibilities, which contributes to local, inclusive economic growth.

#### **2. Purpose of report**

- To update the Board on achievements against the theme of 'Adopting a whole system approach to health and care' in the Northumberland Joint Health and Wellbeing Strategy 2018-28; and

- To refresh and propose amendments to priorities, actions, and indicators or evidence of achievement for this theme

### 3. Recommendations

The Board is recommended:

- To note and comment on achievements described in this report; and
- To agree to the proposed amendments to priorities, actions, and indicators or evidence of achievement for the theme.

### 4. Key Issues

1. Adopting a whole system approach to health and care' is one of four themes of the Northumberland 2018-28 Joint Health and Wellbeing Strategy (JHWS). This theme seeks to maximise value from, and sustainability of, health and social care and other public services for improving the health of the people of Northumberland and reducing health inequalities.
2. This theme has had three priorities:
  - Refocus and prioritise prevention and health promotion;
  - Improve quality and value for money in the health and (social) care system (integration); and
  - Ensure access to services that contribute to health and wellbeing are fair and equitable.
3. The Northumberland System Transformation Board agreed to take ownership of this theme and set up a cross-sector group to review achievements to date, and review and refresh actions and indicators of progress.
4. The member lead for this theme is Councillor Veronica Jones, Portfolio Holder / Cabinet Member for Improving Public Health and Wellbeing; the elected member sponsor is Councillor Paul Ezhilchelvan, Chair of Northumberland Health and Wellbeing Board; the director sponsors are Rachel Mitcheson, Director of Place – Northumberland, North East and North Cumbria Integrated Care Board and Dr Alistair Blair, Executive Medical Director at Northumbria Healthcare NHS Foundation Trust / GP partner at Valens Medical Partnership; and the NCC lead officer is Jim Brown, Consultant in Public Health.
5. Since 2017/18, there have been improvements in smoking prevalence and percentage of physically active adults, but a worsening trend in alcohol-related hospital admissions and self-reported wellbeing.
6. Although the COVID-19 pandemic was a clear setback for the system-wide focus on ill health prevention and health promotion, considerable work has been undertaken by all partner organisations across tobacco, alcohol, healthy weight, physical activity, oral health, physical health checks for people with severe mental illness or learning disabilities, NHS Health Checks, and Making Every Contact Count.
7. For indicators relating to integration, since 2017/18 there has been minimal change in social care-related or carer-reported quality of life, or people who use services who have control over their daily life. Permanent admissions to residential and nursing care homes have reduced. Up to 2019/20, delayed transfers of care were increasing in Northumberland but remained well below the England average.
8. This report describes numerous examples of integration that has occurred across different levels within Northumberland: across sectors, such as healthcare, public health, education, social care, and the voluntary and community sector; and between physical and mental healthcare.



9. Many programmes of work have been developed by Board member organisations to improve equity of access to key services. Examples include: respiratory in-reach in drug and alcohol services; inequalities dashboards; health equity audits of NHS Health Checks; and reducing inequalities in access to colposcopy; and midwife vaccinators.
10. It is proposed that the priorities for this theme be updated as follows:
  - Priority 1: Refocus and prioritise prevention and health promotion.
  - Priority 2: Drive integrated, coordinated, personalised care, and user and resident involvement in the health and (social) care system.
  - Priority 3: Ensure access to, experiences of, and outcomes from services that contribute to health and wellbeing are equitable.
11. Actions and indicators or evidence of achievement have been refreshed as shown in Table 4 below. Key new actions cover cardiovascular disease prevention, physical health checks for people with severe mental illness or learning disability, integrated neighbourhood teams, service user and resident involvement, screening and vaccination inequalities, and health equity audit.

## 5. Background

### 5.1 Introduction

'Adopting a whole system approach to health and care' is one of four themes of the Northumberland 2018-28 Joint Health and Wellbeing Strategy (JHWS). This theme seeks to maximise value from, and sustainability of, health and social care and other public services for improving the health of the people of Northumberland and reducing health inequalities.

The theme currently includes three priorities:

- Refocus and prioritise prevention and health promotion;
- Improve quality and value for money in the health and (social) care system (integration); and
- Ensure access to services that contribute to health and wellbeing are fair and equitable.





It was agreed in April 2023 that the Northumberland System Transformation Board, which is also the North East and North Cumbria (NENC) Integrated Care Board (ICB) Place Committee for Northumberland, would take ownership of this theme. A task and finish group was set up to review achievements to date, and review and refresh actions and indicators of progress. This group includes representatives from Northumberland County Council (NCC) Public Health and Adult Services teams, the ICB in Northumberland, Northumberland Primary Care Networks (PCNs), Northumbria Healthcare NHS Foundation Trust (NHCT), Cumbria Northumberland and Tyne and Wear NHS Foundation Trust (CNTW), and Healthwatch Northumberland.

## 5.2 Where are we now and what have we achieved in 5 years?

### 5.2.1 Priority 1: Refocus and prioritise prevention and health promotion

- **Where are we now?**

**Table 1:** Updated data on indicators on ill health prevention in the Joint Health and Wellbeing Strategy

Indicator	Northumberland value	England value	Time period	Trend since 2017/18
Smoking prevalence in adults	11.8%	13.0%	2021	
Rate of hospital admissions for alcohol-related conditions (rate per 100,000)	768	494	2021/22	*
Percentage of physically active adults	70.1%	67.3%	2021/22	
Percentage of physically inactive adults	22.6%	22.3%		
Self-reported wellbeing (people with a low satisfaction score)	5.1%	5.0%	2021/22	

\*Method of calculation changed in 2021/22

There has been a gradual decrease in adult smoking prevalence in Northumberland in the first 4 years of the strategy, and prevalence remains below that of England and the North East. However, there remains further work to reach the target of 5% or less by 2030. Whilst rates of physical activity and inactivity have varied since 2017/18, there is an increasing trend in the percentage of physically active adults (who do at least 150 minutes of physical activity per week). However, the trend is flat for the percentage of physically inactive adults (who do less than 30 minutes per week).

Owing to changes from 2021/22 in the method of calculating hospital admissions for alcohol-related conditions, it is not possible to make direct comparisons over time. However, the trend between 2015/16 and 2018/19 was increasing in Northumberland and rates remain significantly higher than the England average.

These four indicators remain important to monitor system progress against this priority. (Please note that healthy weight indicators are included in the 'Give children and young people the best start in life' theme.)

Self-reported wellbeing (people with a low satisfaction report) was 3.8% in 2017/18, worsened to 6.5% in 2019/20, and reduced again in 2021/22 to 5.1%, which is worse than the England average. It is proposed that this indicator is removed because it is not specific to this theme, though it could be included as a strategy-wide indicator.

- **What have we achieved?**

The COVID pandemic resulted in a clear setback for the system-wide focus on ill health prevention and health promotion. However, organisations and sectors have reiterated their intentions to collaborate to improve the health of the population and reduce inequalities through the Northumberland Inequalities Plan,<sup>4</sup> the NENC Integrated Care Partnership (ICP) strategy,<sup>5</sup> and organisational strategies.

Progress in reducing smoking, increasing physical activity and healthy weight, reducing alcohol use, and improving oral health have accelerated since the height of the pandemic. We have seen the development of: an active Tobacco Control Partnership and refreshed Tobacco Control Plan led by NCC Public Health,<sup>6</sup> a system-wide Northumberland Physical Activity strategy with clear governance for its implementation,<sup>7</sup> an Integrated Care System (ICS) alcohol steering group and alcohol priority work plan,<sup>8</sup> and a Northumberland Oral Health Strategy which outlines the oral health promotion activities being undertaken across multiple agencies.<sup>9</sup> The Healthy Weight Declaration has been signed by all partners and a Northumberland Healthy Weight Alliance is in development to lead the whole system approach needed to address this complex, multifactorial risk factor.<sup>10</sup> There has also been additional investment in drug and alcohol services.<sup>11</sup>

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. In 2018, we said we would embed MECC across the whole system so that as many people as possible are trained to have these conversations. Since then, over 1000 frontline staff in Northumberland, volunteers and residents have been trained in MECC and over 100 as MECC trainers, in the NHS, the Council (including the Fire and Rescue Service), Active Northumberland, Rise (the sports partnership), social housing providers, residents' associations, and numerous voluntary and community sector (VCS) organisations. Work is ongoing to understand the impact of training, in particular the 'train the trainer' approaches.

NHCT's public health priorities are articulated through their Prevention and Population Health Strategy which recognises the key role of the NHS in preventing ill health, improving health and wellbeing, and reducing health inequalities. Examples of actions include the implementation of:

- Tobacco dependency treatment services, ensuring all maternity patients and patients admitted to secondary care are offered effective and evidence-based treatments.
- Social prescribing in pilot care pathways through the health coach service, helping patients improve their health, wellbeing, and social welfare by connecting them to community services which might be run by the council or a local charity.
- Active Hospital programme which aims to promote physical activity in patients' treatment and recovery.
- Staff health and wellbeing needs assessment and comprehensive plan to improve staff health, particularly those on lower incomes.
- Approaches to minimise the impact of poverty on patient outcomes through collaboration with Children North East to establish two 'poverty proofing pilots'.

In CNTW, there is comprehensive support for people with mental illness to stop smoking, who often have a high prevalence of smoking and smoking-related disease. The QUIT team supports inpatients who smoke including after discharge and has developed a training package which is being rolled out to staff – brief interventions in smoking cessation in Mental Health Settings. In the community, staff provide brief advice and offer patients a referral to the stop smoking service. 'A Weight Off Your Mind' (AWOYM) is the regional healthy weight plan that CNTW developed with other partners in the region.

**Box 1: Improving health of people with severe mental illness or learning disability**

People with severe mental illness (SMI) on average die 15-20 years earlier than the general population.<sup>12</sup> They have higher prevalence of smoking, obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD), coronary heart disease (CHD), stroke, and heart failure.<sup>13</sup>

The ICB in Northumberland has been working for a while to improve uptake of physical health checks for people with SMI. This has been delivered through primary care commissioned services where our GPs are incentivised to offer the extended physical health care check, and by a commissioned SMI outreach team provided by the voluntary sector organisation, Everyturn. This service works closely with our PCNs to identify those people who have not attended for checks and to proactively encourage and support people to attend for their check. They also take a holistic view of the individual, so if there are other issues that require intervention such housing, relationships, or finance, they can sign post or support the person to access relevant services. Both these initiatives have had significant success with the uptake of physical health checks rising from on average of around 30% to the most recent figures as of July 2023 reaching 72%.

A related project has been running for the last 12 months with the aim of providing intensive but flexible support for people on general practice SMI registers to access stop smoking support from the NCC Public Health Stop Smoking Service. As of July 2023, the project has supported 68 patients. The aim is to build capacity and sustainability by training and utilising other key services in delivery.

People with learning disability also have shorter life expectancy than the general population, by 27 years for women and 22 years for men.<sup>14</sup> The ICB has also been working with PCNs to improve the uptake of Learning Disability Annual Health Checks, which are effective in detecting and addressing unmet health needs.

**5.2.2 Priority 2: Improve quality and value for money in the health and (social) care system (integration)**

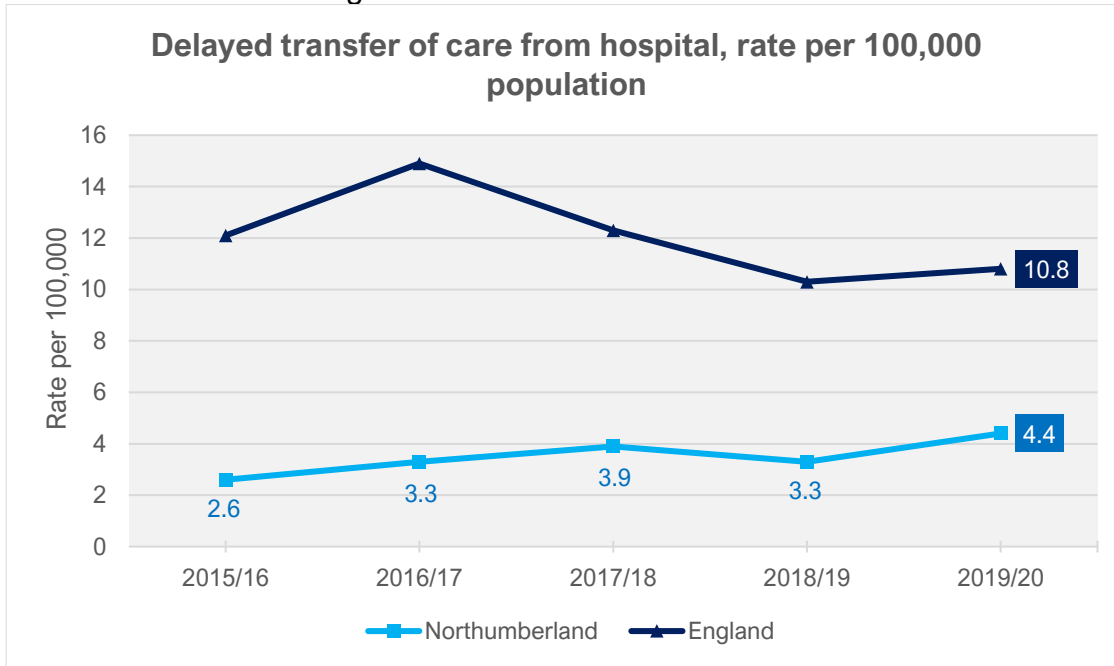
- **Where are we now?**

**Table 2:** Updated data on integration indicators in the Joint Health and Wellbeing Strategy

Indicator	Northumberland value	England value	Time period	Trend
Social care-related quality of life	19.4%	18.9%	2021/22	→
Carer-reported quality of life	8.2%	7.3%	2021/22	→
Delayed transfer of care from hospital per 100,000 population	4.4	10.8	2019/20*	↑
Permanent admissions to residential and nursing care homes per 100,000 aged 65+	601	539	2021/22	↓
People who use services who have control over their daily life	81.9%	77.3%	2019/20	→

\*Data no longer collected after 2020

**Figure 1.** Rate of delayed transfers of care from hospital per 100,000 population in Northumberland and England between 2015/16 and 2019/20



For most indicators, the picture since 2018 has been flat or improving where data are available. Up to 2019/20, delayed transfers of care (DTOC) were increasing in Northumberland but remained well below the England average – see Figure 1. Since then, the DTOC metric is no longer being collected.<sup>15</sup> A suite of measures is now published at regional, system, and provider organisation level, but not at local authority level.<sup>16</sup>

- **What have we achieved?**

In 2018, we said we would take a systematic approach to integration: look at where we can pool and align budgets across health and social care; and jointly commission health and care services so they are more person-centred and coordinated. Since then, integration has occurred across different levels within Northumberland: across sectors, such as healthcare, public health, education, social care, and the VCS; and across physical and mental healthcare. See Boxes 2 and 3 for case studies.

A recent report to the Health and Wellbeing Board outlined plans to progress a children and young people's (CYP's) model for integrated system working.<sup>17</sup> The ambition is to achieve a state of shared leadership, planning, and delivery so that CYP and families receive joined up support from all aspects of health, education and social care from prevention and early intervention through to treatment and recovery and including building on existing assets. An example is the delivery of mental wellbeing support for children and families in Family Hubs. Further information is available in the 'sister' report on the JHWS theme of 'Giving children and young people the best start in life'.

**Box 2: Integrated commissioning between NHS and NCC Adult Social Care**

There have been several examples of integrated commissioning between Northumberland Clinical Commissioning Group (CCG), now NENC ICB in Northumberland, and the Council's Adult Services team. There has been a Director of Integration and Transformation working across the Council and CCG/ICB. In addition to the mandated Better Care Fund partnership arrangement between the Council and the ICB, there is a section 75 partnership between the Council and the ICB (originally entered into with Northumberland CCG) under which the Council has operational responsibility for commissioning continuing healthcare (CHC) and mental health after-care (Section 117) services from independent sector providers, and for case management and financial processing for CHC. Benefits of this partnership include seamless transitions when people's eligibility changes to a different funding source, and economies of scale in commissioning, financial processing, and the arrangement and monitoring of personal health budgets and personal budgets for social care.

One specific benefit has been the improvement in the quality of older persons' care homes. Integrated commissioning has enabled commissioners to link the fee rate paid to providers to the CQC rating of each home as a way of incentivising providers to improve their quality rating. The introduction of this contract clause also enabled Council and NHS services (such as infection prevention and control) to place more emphasis on supporting providers to improve the quality of their services rather than undertake quality assessments to determine the providers fee levels. This led to major improvements in quality rating of older persons' care homes (see Table 3).

Following the ending in October 2021 of the previous partnership between Council and NHCT, under which most operational statutory adult social care functions of the Council were performed by staff employed by NHCT, the Council has been focusing on developing closer joint working arrangements with GP practices and PCNs, and with mental health services operated by CNTW, as well as aiming to maintain joint arrangements with NHCT, particularly to support hospital discharge.

In line with this change of focus, the adult social care community teams responsible for assessment and care coordination were reorganised in April 2022 into: care and support teams, which work with people whose main contact with NHS community services is likely to be with primary care and community nursing; and specialist teams, which work with people whose primary contact with NHS professionals is likely to be with CNTW specialist services, such as community mental health teams, learning disability services, or substance misuse services. The Council continues to operate a HomeSafe team based in NHCT hospitals, whose primary function is to ensure that urgent arrangements are in place to enable people to leave hospital once they are medically fit.

**Table 3.** CQC ratings of older persons' care homes in Northumberland

Rating	April 2017		July 2023	
	Number of homes	Percentage	Number of homes	Percentage
Good or Outstanding	39	57.4%	59	83.1%
Requires improvement	24	35%	10	14.1%
Not rated	5	7.4%	2	2.8%
Total	68	100%	71	100%

**Box 3: Integrated mental health delivery**

The delivery of Northumberland's Community Mental Health Transformation (CMHT) is derived from the national programme set out in the NHS Long Term Plan<sup>18</sup> to help adults with severe mental illness to access care and support in a new, more joined up and effective way, regardless of their diagnosis or level of complexity.

This is about offering flexible, innovative, personalised care and support that responds to an individual's mental health needs and preferences close to home, while also increasing support for the wider factors that can impact wellbeing, such as employment, housing, and physical health. The work acknowledges the importance and diversity of communities, helping people to feel included and have a sense of purpose and identity.

To do this, health and care providers are working more closely together, based within Primary Care Networks, alongside NCC and VCS organisations who all play an equal role in delivering our community mental health transformation. The work values the involvement of our Northumberland residents, including experts by experience, to inform our work. Workshops have taken place in several Northumberland communities.

An example of integration resulting from CMHT has been the development of the CNTW HOPE team, commissioned to offer a place-based PCN service to Northumberland residents who would benefit from first line intervention for complex emotional needs and emotional regulation work. In addition, an adult eating disorder service has been developed which meets NICE guidance and provides physical health support to practices and individuals.

The [Northumberland Recovery College](#) (NRC) is a service set up at the inception of CMHT. It offers a range of courses and groups to all Northumberland residents, shares information around improving and maintaining health and wellbeing (including mental health), runs development groups which represent all locality areas across Northumberland, manages the newly formed VCSE MH Alliance which administers grants to VCSE organisations including grassroots, and provides a perinatal link worker service.

The development of PCNs typically covering populations of 30,000 to 50,000 people has seen collaboration between General Practice teams and the Council's Public Health and Adult Social Care teams, VCS organisations, Children's Services, and many others in using data to deliver population health management, health inequalities, and proactive social prescribing plans that have had an important impact on the health of their

populations as detailed in a recent report to the Health and Wellbeing Board.<sup>19</sup> We have seen collaboration between staff employed in new roles in PCNs, including social prescribing link workers, health and wellbeing coaches, and care coordinators, with locality coordinators and support planners in Northumberland Communities Together (part of NCC) and health coaches in NHCT. The development of Integrated Neighbourhood Teams across similar populations is a recommendation of the Fuller Stocktake<sup>20</sup> and included in the draft NENC ICB Place Plan for Northumberland.

In 2018, we said we would continue work to ensure care professionals can access electronic patient records from wherever they work in the system. Since then, we have seen major developments in the implementation of the Health Information Exchange whereby staff across different healthcare sectors can access key clinical information for patients. Many different teams share use SystmOne, which enables more effective sharing of data between services. NCC and NHCT have recently appointed a joint Public Health intelligence specialist as well as a joint intelligence apprentice who can work across organisations to facilitate data sharing and collaborative working.

We also said in 2018 that we would develop a social value framework and embed social value considerations into all policies, decisions, and public procurement. Whilst a shared social value framework has not been developed, each major organisation has committed to deliver social value considerations into all policies, decisions, and public procurement. Northumbria Healthcare has committed to its role in improving the social and economic wellbeing of the population it services in its Community Promise.<sup>21</sup> The Council has reiterated its commitment in its Corporate Plan 2023-26 to delivering good outcomes, value for money, and social value in its spending decisions. Cumbria Northumberland and Tyne and Wear NHS Foundation Trust, in its recently published strategy 'With You in Mind', also plans to use its power as an employer, as a purchaser, and as a landlord to reduce inequalities.<sup>22</sup> All three organisations have committed to deliver the Northumberland Inequalities Plan which states that: "Large employers (anchor institutions) maximise their corporate social value responsibilities – training and employing local people and procuring from local supply chains and encouraging local businesses".<sup>4</sup>

### **5.2.3 Priority 3: Ensure access to services that contribute to health and wellbeing are fair and equitable**

- **Where are we now?**

The indicators of progress for this priority were 'Inequalities in access to key services (e.g. such as common surgical procedures by deprivation)', and so not clearly defined. Up to September 2022, people living in less deprived areas of Northumberland were more likely to have a hip or knee replacement. However, the data was not adjusted for age (or sex): people living in less deprived areas live longer, therefore potentially increasing the number in those areas with more severe osteoarthritis requiring joint replacement in those areas.

- **What have we achieved?**

Numerous programmes of work have been developed by NHCT, NCC, and CNTW to improve equity of access to care. NHCT has an established Health Inequalities Programme Board (HIPB) to provide a strategic and proactive lens on healthcare inequalities and to support our system level response to the wider factors affecting health. The Board includes leaders from across the Trust, local partners, and stakeholders including local authorities, primary care, academic, and voluntary and community sector representatives. The programme board has three core objectives:



- i. To normalise the quantifying of inequalities across the Trust's activity;
- ii. To implement pilots aimed at reducing inequalities where they are greatest; and
- iii. Working with local partners to influence the drivers of inequalities in health.

Examples of work overseen by the HIPB include:

- Mitigating against digital exclusion by ensuring that data is collected on at-risk groups and those with the most complex needs to ensure that dynamic advances in health technology being adopted across the Trust help tackle rather than reinforce health inequalities.
- Piloting a quality improvement approach in the colposcopy service to better understand and address the barriers that prevent some people from attending appointments and co-producing interventions which support attendance.
- Funding from NCC Public Health and the NHCT charity Bright Northumbria is enabling a project to detect lung cancer earlier in people with COPD aged 55-74 years. This is focused initially in Valens Medical Group but will be expanded with funding from the Northern Cancer Alliance to cover other areas and not only people with COPD but also smokers and ex-smokers. Areas with higher deprivation and smoking prevalence will be prioritised.
- Using funding from the NENC ICS Health Inequalities Fund, midwife vaccinators are providing targeted support to pregnant women living in more deprived areas to have vaccinations, including against COVID, flu, and whooping cough.
- Developing inequalities dashboards across a range of different areas including: Gynaecology; Health Whilst Waiting – Orthopaedics; Outpatients; and Antibiotic Prescribing.

The opportunity going forward is to develop interventions to address identified inequalities, working in partnership and collaboration with system partners.

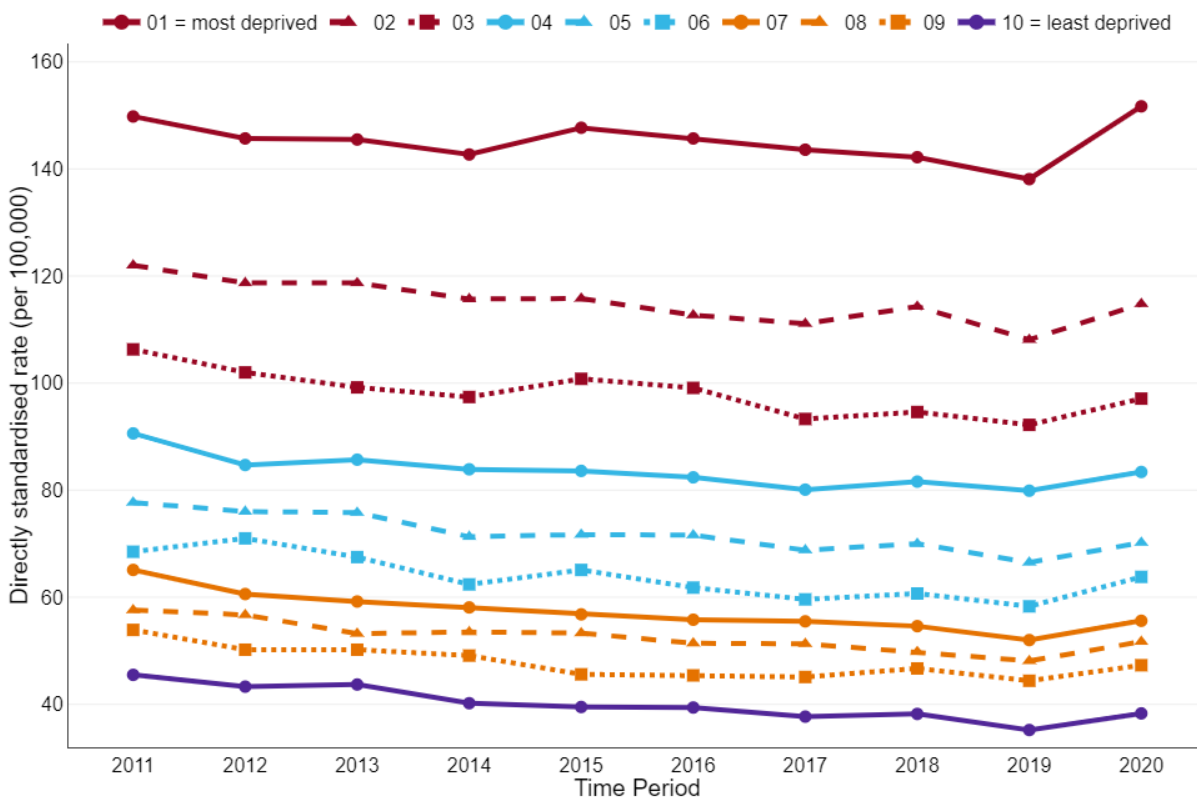
Funding from the NENC ICS Health Inequalities Fund is also contributing to a respiratory team from NHCT providing a one-stop clinic within the drug and alcohol treatment and recovery service (Northumberland Recovery Project, provided by CNTW) in Northumberland to support early detection and effective management of chronic obstructive pulmonary disease and other respiratory conditions among service users. People with substance user disorders have high rates of respiratory illness due to disproportionate levels of smoking, which contribute to premature death and poor health. They are also less likely to use routine healthcare services owing to several identified barriers to access.

One tool for systematically assessing healthcare inequalities is health equity audit (HEA). HEA is a process that examines how health determinants, access to relevant health services, and related outcomes are distributed across the population.<sup>23</sup> A HEA of the NHS Health Checks programme in Northumberland found that people living in more deprived areas of Northumberland, men, and people 40-60 years of age were less likely to have an NHS Health Check (a risk assessment for cardiovascular disease including measurement of blood pressure, family history, physical activity, weight, height, cholesterol, and risk of diabetes, and management of the risk). As a result, the NCC Public Health team has implemented a community outreach programme in which health trainers are visiting workplaces, social venues, VCS organisations, and other agencies and locations to offer NHS Health Checks to people who would not otherwise attend their GP for the check. A health equity audit of leisure service is also nearing completion.

### 5.3 Proposals for new priorities, actions, and indicators for 2023-28

The COVID pandemic has reinforced the need to redouble efforts: to prevent diseases from occurring and for the early detection of risk factors and treatable diseases; for whole system approaches involving partnership, collaboration, and integration; and for work to ensure equitable access to services. Premature mortality (under 75 years of age) from cardiovascular disease increased during COVID in all groups, but disproportionately among people living in more deprived areas<sup>24</sup> – see Figure 2. Waiting lists for elective activity also worsened. However, we also saw incredible partnership working in Northumberland, for example to support care homes and in the implementation of the COVID vaccination programme.

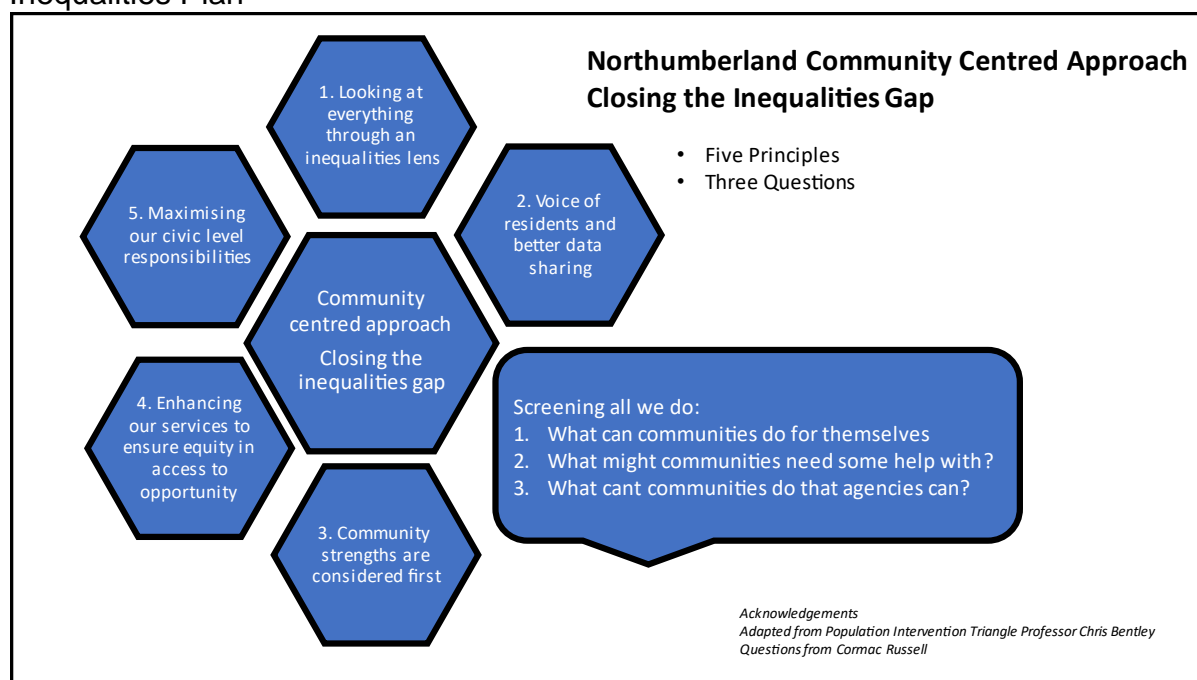
**Figure 2:** Under 75 mortality rate from all cardiovascular diseases in England by national IMD decile of LSOA of residence between 2011 and 2020



Since the release of the Joint Health and Wellbeing Strategy, we have also seen the publication of the NHS Long Term Plan<sup>18</sup> and the development of Integrated Care Systems and Integrated Care Partnerships,<sup>25</sup> the Northumberland Inequalities Plan,<sup>4</sup> the Core20PLUS5 approach to reducing healthcare inequalities,<sup>26</sup> the NENC ICP Strategy,<sup>5</sup> a draft Northumberland Place Plan, a new NCC Corporate Plan, a new NHCT strategy,<sup>27</sup> a new CNTW strategy,<sup>22</sup> and a soon-to-be-published updated Healthwatch Northumberland strategic plan 2023-26. The refreshed actions and indicators of progress for this theme for the next 5 years attempt to align where possible with these plans and strategies, each of which have tackling inequalities at their heart.

The Inequalities Plan has 5 principles and 3 screening questions as shown in Figure 3.

**Figure 3:** Five principles and three screening questions underpinning the Northumberland Inequalities Plan



Integration was a key theme that came out of the locality events that helped to develop the Northumberland Inequalities Plan. Relevant actions in the plan are:

- Develop a system wide intelligence strategy.
- Work across the system to ensure Axium as the shared 'data lake' is implemented and delivering for population health management (PHM).
- Integrated working and pooling resources where relevant to do so – starting with best start in life and families as our “leading the way” example.
- Large employers (anchor institutions) maximise their corporate social value responsibilities – training and employing local people and procuring from local supply chains and encouraging local businesses.

One of the major recommendations of the Fuller Stocktake of General Practice is the development of integrated neighbourhood teams (INTs).<sup>20</sup> These are teams from across PCNs, wider primary care providers, secondary care teams (including community services), and care staff work together for neighbourhoods of 30-50,000 people to share resources and information, forming multidisciplinary teams dedicated to improving the health and wellbeing of a local community and tackling inequalities. Establishing INTs is also a priority area objective of the Northumberland Place Plan.

It is worth also noting that the evidence on the effectiveness of integrated care is mixed. Whilst there is evidence from low quality studies that integrated care can have a positive impact on quality, efficiency, and outcomes,<sup>2</sup> it has been suggested that “there is limited evidence that policies in any of the UK countries have made a difference to patients, or to how well services are integrated”.<sup>28</sup> All commentators agree that relationships are key, and a focus on how integrated care is achieved and the key ingredients needed is vital.<sup>28 29</sup> All strategies and plans prioritise community voice and involvement in the planning and implementation of programmes. Working in partnership with people and communities is a statutory function of ICBs.<sup>30</sup>

Table 4 outlines proposed changes in priorities, actions, and indicators of progress for 2023-28 for the theme 'Whole system approach to health and care'. They take into account the new challenges and organisational and system plans and strategies described above.

**Table 4:** Proposed refreshed priorities, actions, and indicators or evidence of progress for the Northumberland Joint Health and Wellbeing Strategy theme of 'Adopting a whole system approach to health and care'

Priority and action	Indicators or evidence of progress
<b>Priority 1: Refocus and prioritise prevention and health promotion</b>	
Promote training and implementation of Making Every Contact Count across all frontline services	Number of frontline staff, volunteers and residents trained in MECC
Adopt whole system approaches to tobacco, alcohol, healthy weight, physical activity, and oral health	Smoking prevalence in adults Rate of hospital admissions for alcohol-related conditions (rate per 100,000) Percentage of physically active adults Percentage of physically inactive adults Tooth extractions due to decay for children admitted to hospital, aged 10 years or under per 100,000 resident population [Indicators of healthy weight included under 'Giving children and young people the best start in life' theme]
Intensify approaches to the early identification and management of risk factors for cardiovascular disease: hypertension, raised cholesterol, and atrial fibrillation	Under 75 mortality rate from all cardiovascular diseases Patients (aged 45+ years), who have a record of blood pressure in the last 5 years Patients with atrial fibrillation whose latest record of a CHADS2DS2-VASc score is greater than or equal to 2 who are currently treated with anti-coagulation therapy
Increase annual physical health checks for people with severe mental illness (SMI) or learning disability (LD)	Proportion of people with SMI who have received the complete list of physical health checks in the preceding 12 months (monitoring proportions using number on SMI registers and expected registers as denominators). Proportion of people on LD registers aged 14 years or over who have received a LD Annual Health Check in the preceding year.
Large employers (anchor institutions) maximise their corporate social value responsibilities – training and employing	Progress against commitments described annually

<p>local people and procuring from local supply chains and encouraging local businesses.</p>	
<p><b>Priority 2: Drive integrated, coordinated, personalised care, and user and resident involvement in the health and (social) care system [note amended wording]</b></p>	
<p>Establish integrated neighbourhood teams across Northumberland</p>	<p>Number of integrated neighbourhood teams</p> <p>Members and activities of teams described annually</p> <p>Unplanned hospitalisation for chronic ambulatory care sensitive conditions</p> <p>Referrals to mental health crisis services</p> <p>Proportion of people feeling supported to manage their condition</p> <p>People who use services who have control over their daily life</p>
<p>Develop a system wide intelligence strategy</p>	<p>Development described annually</p>
<p>Use population health management approaches that use existing data (including the Joint Strategic Needs and Assets Assessment [JSNAA]) more effectively and seek to link patient / resident / service user data where possible and appropriate</p>	<p>Development of data use and linkage described annually</p>
<p>Ensure that patients, service users, carers, and residents are involved and engaged equitably in decisions about the commissioning, planning, and delivery of healthcare and social care, and in decisions about their own care</p>	<p>Public engagement reports with recommendations and actions</p> <p>Tender documentation references learning from engagement</p> <p>Service specifications reflect learning from engagement and methods of ongoing engagement, and performance indicators include measures of involvement (for example, shared decision making)</p> <p>Evaluation/end of project reporting includes service user experience and commissioner / provider reflection on experience / learning</p>
<p><b>Priority 3: Ensure access to, experiences of, and outcomes from services that contribute to health and wellbeing are equitable [note amended wording]</b></p>	
<p>Monitor inequalities in access to and outcomes from elective activity in secondary care</p>	<p>Annually reporting on inequalities in access for agreed elective activity</p>
<p>Identify elective activity where there are socioeconomic and other inequities and work collaboratively to address them</p>	

Monitor and reduce inequalities in uptake of screening and vaccinations	Inequalities in uptake of COVID, seasonal influenza, childhood, pregnancy, and shingles vaccinations.  Inequalities in uptake of cancer screening, and screening for abdominal aortic aneurysm
Undertake a programme of health equity audits (HEAs) of services that contribute to health and wellbeing e.g. sexual health services	Reports of HEAs and indicators as identified in HEAs

## 6. Implications

<b>Policy</b>	This paper updates the theme of 'whole system approach to health and care' of the Northumberland Joint Health and Wellbeing Strategy. It considers and seeks to align with other organisational and Integrated Care Partnership strategies and plans
<b>Finance and value for money</b>	It is not anticipated that the refreshed actions will require additional funding outside of existing plans. However, they will require additional implementation plans which may articulate the need for additional funding. Each of the actions are national recommendations and/or have a strong evidence base to support their effectiveness or cost-effectiveness
<b>Legal</b>	There may be legal and information governance issues in relation to the development of linked data sets that will need to be explored further
<b>Procurement</b>	There are no specific requirements for procurement articulated in this report, though further implementation may necessitate procurement, e.g. use of Axiom for linking data sets
<b>Human resources</b>	No new recruitment is identified. However, system partners will need to devote resources in terms of staff / officer time to deliver these actions
<b>Property</b>	There are no specific implications for estates, though some actions such as the development of integrated neighbourhood teams may require locations for activities such as multi-disciplinary meetings. This can probably make use of existing estates
<b>The Equalities Act: is a full impact assessment required and attached?</b>	No - not required at this point  An equalities impact assessment has not been carried out. However, the refreshed actions are specifically aimed at reducing health inequalities e.g. actions to promote physical health checks for people with SMI or LD
<b>Risk assessment</b>	A risk assessment has not been undertaken, though risk assessments may be needed as part of further implementation

<b>Crime and disorder</b>	No specific implications
<b>Customer considerations</b>	The refreshed actions are intended to improve customer / patient / service user access, experience, and outcomes
<b>Carbon reduction</b>	No specific implications, though social value considerations should include carbon reduction
<b>Health and wellbeing</b>	This report is explicitly intending to improve the health and wellbeing of the population of Northumberland and reduce health inequalities
<b>Wards</b>	All wards

## 7. Background papers

See References at the end of this report

## 8. Author and Contact Details

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20 <https://www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report/>

21

<https://northumberland.moderngov.co.uk/documents/s15106/07.%20Community%20Promise%20Presentation.pdf>

22 <https://www.cntw.nhs.uk/about/trust/strategy/>

23 <https://www.gov.uk/government/publications/nhs-population-screening-a-health-equity-audit-guide/health-equity-audit-guide-for-screening-providers-and-commissioners>

24 <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-1---preventing-people-from-dying-prematurely-nof/1.1-under-75-mortality-rate-from-cardiovascular-disease>

25 <https://www.england.nhs.uk/integratedcare/what-is-integrated-care/>

26 <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/>

27 <https://www.northumbria.nhs.uk/application/files/7316/8485/6762/FiveYearPlan-2328.pdf>

28 [Integrating health and social care \(nuffieldtrust.org.uk\)](https://www.nuffieldtrust.org.uk/integrating-health-and-social-care)

29 <https://www.local.gov.uk/publications/achieving-integrated-care-15-best-practice-actions>

30 <https://www.england.nhs.uk/long-read/working-in-partnership-with-people-and-communities-statutory-guidance/>





## Northumberland County Council

Health and Wellbeing OSC

Tuesday, 7 November 2023

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

**Report of Councillor(s)** Councillor Guy Renner-Thompson, Cabinet Member for Inspiring Young People and Councillor Veronica Jones, Portfolio Holder for Improving Public Health and Wellbeing

**Responsible Officer(s):** Audrey Kingham, Executive Director for Children, Young People & Education,

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

This report is relevant to the 'Tackling Inequalities' priority of Northumberland County Council's Corporate plan. Giving children and young people the best start in life is central to reducing inequalities during childhood and has a lifelong impact.

It is also relevant to the 'Driving Economic Growth' priority because supporting the physical and emotional health and wellbeing of children and young people, ensuring they are safe and supported and have high quality education will have lifelong benefits for their future including employment prospects and overall quality of life.

#### **2. Purpose of report**

The purpose of this report is:

- To update the Health and Wellbeing Board (HWB) on achievements made against the Northumberland Joint Health and Wellbeing Strategy 2018-2028 theme of 'Giving children and young people the best start in life'.
- To review and agree priorities and actions for this theme and describe proposed amendments for the remaining period of the strategy from 2023 to 2028.
- To review indicators used to measure progress against this Joint Health and Wellbeing Strategy theme.

#### **3. Recommendations**

The Health and Wellbeing Board is recommended to:

- 3.1 Consider and comment on the achievements described in this report.
- 3.2 Comment on and agree the proposed amendments to the name of this theme, priorities and associated actions.
- 3.3 Comment on the national indicators aligned to this theme and other measures for understanding the qualitative impact of actions within this Joint Health and Wellbeing Strategy theme.

#### 4. Key Issues

- Giving children and young people the best start in life is one of the four themes of the Northumberland Joint Health and Wellbeing Strategy (JHWS) 2018-2028 and includes three priorities, education, ensuring children are safe and supported and supporting positive lifestyle and social choices.
- This report is a mid-point review of progress which has been made against these priorities.
- Elected member and officer leads for each JHWS theme were assigned by the HWB in July 2022. The member lead for this theme is Councillor Wayne Daley, the Director Sponsor Graham Reiter, Director of Children's Social Care, Young People and Families and NCC officer lead, Jon Lawler, Consultant in Public Health.
- The COVID-19 pandemic has adversely affected the social, educational and emotional development of some children and young people.
- Progress has been made against some national indicators aligned to this theme, including uptake of breastfeeding, under 18 conceptions and smoking status at the time of delivery.
- Improvements have not been seen across all national indicators. School readiness, persistent absences (primary pupils), the rate of unintentional and deliberate injuries and childhood overweight have worsened.
- There are limitations with national indicators. These do not provide a comprehensive measure of impact of actions and there is a time lag to publication of data.
- Information from annual reports, supported by inspection feedback is included to provide a more detailed qualitative description of progress against priorities and actions and the impact on children and young people.
- It is proposed to rename this theme to 'Starting and growing up well' to reflect how this theme includes the whole of childhood, adolescence and early adulthood.
- It is proposed that 'education and growing up well' and ensuring that 'children and young people are safe and supported' remain priorities. It is suggested that the third priority is updated to 'Children and young people's physical, emotional and mental health and wellbeing' to emphasise the importance of a holistic approach to health, make physical health explicit within the JHWS and recognise the contribution of all HWB partners. Specific mention of physical health and wellbeing provides the opportunity to make links with other plans and priorities, such as NHS England's Core 20PLUS5 approach to reducing health inequalities for children and young people.
- Amended actions are proposed for consideration and discussion by the HWB.

#### 5. Background

##### 5.1 Giving Children and Young People the Best Start in Life JHWS theme

'Giving children and young people the best start in life' is one of the four themes of the Northumberland Joint Health and Wellbeing Strategy. The member lead for this theme is Councillor Wayne Daley, the Director Sponsor Graham Reiter, Director of Children's Social Care, Young People and Families and NCC officer lead, Jon Lawler, Consultant in Public

Health. The outcome for this theme is that all children and young people in Northumberland are happy, aspirational and socially mobile. This theme includes three priority areas, namely education, ensuring children are safe and supported and supporting positive lifestyle and social choices. Each priority includes examples of actions that might be taken.

This theme is central to tackling inequalities in Northumberland. The foundations for every aspect of human development, including physical and mental health and wellbeing, educational achievement and economic status are laid in early childhood. Giving every child the best start in life was the highest priority recommendation of the Marmot Review<sup>1</sup> which described the close links between disadvantage in early life and poorer outcomes throughout life, highlighting the importance of early years, or first five years of life.

Educational is a core priority for this theme. Inequalities in educational outcomes follow a similar social gradient to health inequalities and have lifelong impacts on physical and mental health, income, employment and quality of life achievement. Improving educational outcomes and reducing inequalities in these outcomes will reduce social and health inequalities.

## 5.2 Review of the JHWS Theme

The Joint Health and Wellbeing Strategy includes a mid-term review of priorities to provide assurance that they still reflect need in Northumberland. The review of this theme describes progress against the national indicators specified in the JHWS and a summary of key achievements against priority areas.

Updated priorities are proposed for the remaining five-year period of the JHWS. These refreshed priorities reflect extensive multiagency work undertaken during 2023 by the Northumberland Children and Young Peoples Strategic Partnership (CYPSP), the Northumberland Children and Adults Safeguarding Partnership (NCASP) and council children's services. The priorities identified within the CYPSP have been based on information provided by children and young people. This has included work to streamline and coordinate the range of partnership priorities and governance arrangements more effectively.

## 5.3 The Impact of the COVID-19 pandemic on Children and Young People

The COVID-19 pandemic which occurred during the first 5 years of the JHWS has had a significant, but varied impact on children's lives, potentially unsettling their emotional, cognitive and social development<sup>2</sup>. This has disproportionately affected the most disadvantaged<sup>3</sup>. Disruption of in-person teaching during 2020 and 2021, has meant that many pupils missed out on learning and social opportunities and some got out of the routine of attending school. There is some evidence of an overall worsening of children and young people's mental health associated with the COVID-19 pandemic.

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<sup>1</sup> Institute of Health Equity (2010) Fair Society, Healthy Lives, The Marmot Review Executive Summary. <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-exec-summary-pdf.pdf>

<sup>2</sup> The Parliamentary Office of Science and Technology (2021) Children's mental health and the COVID-19 pandemic. <https://researchbriefings.files.parliament.uk/documents/POST-PN-0653/POST-PN-0653.pdf>

<sup>3</sup> Institute of Health Equity (2020) Build Back Fairer: The COVID-19 Marmot Review Executive Summary. <https://www.instituteofhealthequity.org/resources-reports/build-back-fairer-the-covid-19-marmot-review/build-back-fairer-the-covid-19-marmot-review-executive-summary.pdf>

#### 5.4 Progress against national indicators

Table 1 shows progress against the most recent published data for the national indicators aligned to this theme. At the mid-point review there have been improvements in the rate of under 18 conceptions, smoking at the time of delivery and breast feeding at both initiation and at 6-8 weeks.

Improvements have not been seen across all indicators. The rate of hospital admissions caused by unintentional and deliberate injuries in children in all reported age groups (0-4 years, 0-14 years and 15-24 years) increased between 2017/18 and 2021/22. The prevalence of obesity in Reception year children and overweight (including obesity) in Year 6 children increased between 2018/19 and 2021/22, reversing a downward trend prior to 2018/19. However, there has been an improvement in both these indicators compared to 2020/21.

There was a decrease in school readiness (at the end of reception year) in 2021/22 compared to baseline (2017/18), and an increase in persistent absence rates in primary school in 2020/21, whilst persistent absence rates in secondary school pupils remained stable. National indicators for fixed term and permanent exclusions have not been updated since 2016/17.

**Table1. National indicators for JHWS Giving children and young people the best start in life theme**

Indicator	Baseline Indicators (2018)			Mid-Strategy review		
	value	Time period	Trend (at baseline)	Time period	Value	Trend
School readiness (at the end of reception)	75%	2017/18	increasing	2021/22	67.5%	↓
Persistent absence rates (primary school)	7.4%	2017/18	increasing	2020/21	8.3%	↑
Persistent absent rates (Secondary School)	13.0%	2017/18	increasing	2020/21	13.0%	stable
Exclusions (fixed term and permanent primary school rate per 100)	1.0%	2016/17	increasing	2016/17	1.0%	*
Exclusions (fixed term and permanent secondary school rate per 100)	6.2%	2016/17	increasing	2016/17	6.2%	*
Hospital admissions caused by unintentional and deliberate injuries in children (Crude rate - per 10,000 aged 0-14 years)	111.2	2017/18	increasing	2021/22	136.7	↑
Hospital admissions caused by unintentional and deliberate injuries in children (Crude rate - per 10,000 aged 0-4 years)	142.1	2017/18	decreasing	2021/22	162	↑
Hospital admissions caused by unintentional and deliberate injuries in young people (Crude rate - per 10,000 aged 15-24 years)	219.3	2017/18	increasing	2021/22	246.4	↑
Under 18 conceptions (rate per 1000)	20.3	2017	decreasing	2021	13.8	↓
Breastfeeding (at initiation)	65.6%	2016/17	increasing	2021/22	66.0%	↑
Breastfeeding (at 6-8 weeks)	36.6%	2018/19	decreasing	2021/22	42.0%	↑
Smoking status at time of delivery	13.6%	2018/19	increasing	2021/22	10.1%	↓
Reception pupils: Prevalence of obesity (including severe obesity)	8.6%	2018/19	decreasing	2021/22	9.2%	↑

<b>Year 6 pupils: Prevalence of overweight (including obesity)</b>	19.0%	2018/19	decreasing	2021/22	21.8%	↑
*Awaiting publication of more recent data Arrows indicate direction of trend and colour indicates whether this is improving (green) or worsening (red)						

### 5.5 Progress during 2018 to 2023 by priority area

There are limitations with the national indicators identified within the JHWS to measure progress in this theme. There is a time lag in publication of indicators, with the most recently available data for 2021/22. National indicators for fixed term and permanent exclusions have not been updated since 2016/17. The national indicators also present information at local authority level which can mask variation and inequalities within Northumberland. More granular measures would help to better understand inequalities within Northumberland to inform action. Member organisations of the Health and Wellbeing Board may hold additional information which provides a more useful and timely measure of progress. For example, Northumberland County Council records information about exclusions and the percentage of pupils attending schools rated by Ofsted as 'good' or 'outstanding'.

The national indicators provide an incomplete insight into the qualitative impact of work undertaken by services and partnerships within this JHWS theme. Information for this review was obtained from relevant annual reports and discussion with staff, supplemented by external inspections and reviews to provide a more comprehensive description of progress.

#### 5.5.1 Priority 1. Education – narrative measures of progress

Proposed actions within this priority included:

- Undertaking a review of educational provision to ensure that all children enjoy good quality education.
- Investing in capital programmes to create an environment which promotes learning.
- Working with schools to target those receiving free school meals who need additional support to realise their potential.
- Ensuring the pupil premium is utilised to meet the educational needs of those who most need it.

There is high quality education provision across Northumberland with regular monitoring and support from Northumberland County Council's Education and Skills Directorate. There is excellent Early Years education provision with 98% of providers rated as 'good' or 'outstanding' by Ofsted. There is excellent uptake of statutory entitlement for Early Years provision with 93% of eligible 2 year olds taking up this offer compared to the national average of 72%. 100% of 3 and 4 year olds take up early education entitlement.

In July 2022 Ofsted inspection outcomes were the highest they have been in Northumberland with 87.9% of primary pupils and 78.2% of secondary pupils attending 'good' or 'outstanding' schools. There has been substantial investment across Northumberland to develop the learning environment for young people including the ongoing School Capital Improvement Programme to maintain the current school estate and capital investments such as the Emily Wilding Davison School which opened in

September 2022, increasing provision in central Northumberland for children with Social Emotional Mental Health (SEMH) needs.

### 5.5.2 Priority 2. Ensuring children are safe and supported – narrative measures of progress

Proposed actions within this priority included:

- Continually improve and develop our front door services (such as the MASH) to ensure children receive the right support at the right time.
- Work with the public and all partners who have contact with children to ensure they recognise and respond to situations where children might be most at risk.
- Ensure that children with Special Educational Needs and Disabilities (SEND) have an appropriate level of support.

The Ofsted Inspecting Local Authority Children's Services (ILACS) inspection of 2020 noted that "children are helped, protected and cared for to a good standard" and "the 'front door' service ensures that children's needs are identified promptly....and children and families receive the most appropriate service". There has been further improvement of front door services including a review of the multiagency safeguarding hub (MASH) in 2021 and introduction of revised processes with increased partnership working.

The Northumberland Children and Adults Safeguarding Partnership (NCASP) was formed in 2022/23, bringing together partners from adults and children's safeguarding boards to enhance oversight, learning and development on a whole family and community basis. Thresholds of Need for professionals working with children have been updated to support timely and appropriate decision making and a partnership plan to prevent and tackle neglect has been developed.

A range of actions have been taken to ensure that children and young people with SEND receive appropriate support. Significant improvements were made after the Ofsted SEND inspection in October 2018, which resulted in a Written Statement of Action. The Ofsted revisit in 2021 found that sufficient progress had been made in all areas requiring improvement and additional challenge was ended. The Education and Skills team has responded to increased demand and the challenges of COVID-19. The Northumberland Ordinarily Available Provision was developed with support from parents, carers and educational colleagues and launched in September 2022, to provide clear guidance about support available within mainstream schools.

### 5.5.3 Priority 3. Supporting positive lifestyle and social choices – narrative measures of progress

Proposed actions within this priority included:

- Working with schools to promote and improve the emotional wellbeing and resilience of children and young people.
- Supporting children and young people who are disadvantaged through adversity created through physical deficit or societal circumstance to enable them to make positive social and lifestyle choices.
- Ensuring that parents have the tools to promote attachment and understanding of positive behavioural insights.

Examples of work with schools to promote and improve the emotional wellbeing and resilience of children and young people include a named senior mental health lead (SMHL) in all schools, an extensive training offer for the multiagency workforce and an updated



Northumberland Emotional Health and Wellbeing strategy which reflects partnership working. Be You Mental Health Support Teams (MHSTs) are established in Blyth, Hexham, Ashington and Bedlington and will be extended to Alnwick and Coquet in September 2024.

Children's social care services were rated by Ofsted in 2020 inspection as 'good'. This followed the inspection judgement in 2016 that services required improvement to be good. Inspectors noted that there had been "significant financial investment" in social work capacity and "thoughtful strategic. planning and determined focus. As a result, children are helped, protected and cared for to a good standard." All Northumberland County Council children's homes are currently rated as 'good' and the secure unit is rated 'outstanding'. There is a strong Virtual School offer for children in care and a whole council approach to good corporate parenting is being introduced.

### 5.6 Proposed updated priorities and actions

It is proposed that this JHWS theme is renamed as 'Starting and Growing up Well'. The rationale for this change is to reflect how this theme includes the whole of childhood, adolescence and early adulthood whereas 'best start in life' is frequently associated with the early years of childhood, either the first 1001 days or first five years. Whilst the early years are a crucial period of development, they are one element of this JHWS theme and amending to 'Starting and Growing up Well' makes this more explicit.

It is proposed that education and keeping children safe and supported remain priorities for the remaining period of the JHWS. It is proposed that the third priority of supporting positive lifestyle and social choices is updated to 'children's physical and emotional health and wellbeing'. The updated priority emphasises the importance of a holistic approach to health and wellbeing and the partnership contribution of all board members, including Northumbria Healthcare Foundation Trust, the Integrated Care Board, Cumbria Northumberland and Tyne and Wear NHS Foundation Trust and the Growing Healthy Northumberland 0-19 Service. Specific mention of physical health and wellbeing provides the opportunity to make links with other plans and priorities, such as NHS England's Core 20PLUS5 approach to reducing health inequalities for children and young people.

#### 5.6.1 Priority 1. Education and growing up well

The rationale for this priority is that everyone should have the opportunity to achieve their potential and to be meaningfully included within their community. We will improve the quality of early years settings, school and other providers, so that all children and young people, no matter their circumstances or educational need, have access to education as close to their home communities as possible and achieve best educational outcomes.

The proposed actions within this priority are that we will work with services, children, young people and their families to:

- Know the strengths and weaknesses of our schools and other educational providers and report their performance to the Council and the community.
- Challenge and support improvement in the performance of our schools and settings so that all children and young people, including SEND learners and those experiencing disadvantage, achieve the best educational outcomes.
- Improve the lived experience and outcomes for learners with SEND.
- Ensure all our young people are supported to achieve their ambitions by developing our vocational education offer to provide clear pathways into apprenticeships,

further education, higher education, and employment for all our young people and adults.

- Develop appropriate high quality educational provision that meets the needs of all children and young people as close to their home communities as possible.
- Ensure the Education and Skills Service fulfils its statutory duties within the legislative framework.
- Develop and embed partnership working with families at the centre so that families have access to a range of inclusive support from pregnancy through to children turning 18 (or 25 for those with SEND)
- Ensure that children, young people and their families are able to access inclusive activities within the community where they belong.

#### 5.6.2 Priority 2. Children and young people are safe and supported

This priority is a shared endeavour to safeguard, protect, help and promote the welfare of children.

The proposed actions within this priority are that we will:

- Keep our children safe through early support, assessment and delivery of our statutory functions, including being an effective Corporate Parent for and supporting our Care Leavers.
- Ensure that children and young people have a voice and are aware that their voice will influence decisions that affect them and that their opinions are seriously considered.
- Develop our services ensuring families' needs are put first.
- Ensure that all services work together regarding tackling any form of disadvantage, helping families to be confident that they have what they need to build the future they wish for.
- Further emphasis on training for the workforce regarding parental conflict and the impact on children and young people.

#### 5.6.3 Priority 3. Children and young people's physical and emotional health and wellbeing

The purpose of this priority is to support children and young people's physical, emotional and mental health and wellbeing through prevention and early intervention, using universal and targeted approaches to minimise the impact of inequalities.

The proposed actions within this priority are to:

- Lead and implement partnership strategies targeting improving and maintaining high quality preventative measures (e.g. the Northumberland Emotional Health and Wellbeing Strategy).
- Work in partnership to provide effective prevention and early intervention services to support the development of children and young people. This will include delivery of the Healthy Child Programme by providing an integrated 0-19 service and the Northumberland 0-19 Family Hubs model.
- Tackle inequality experienced by those most likely to experience poor mental and physical health and/or emotional wellbeing through partnership working and implementing local strategies (e.g. the Autism Strategy).
- Work in partnership to develop and implement approaches to promote healthy weight and physical activity in children and young people.



- Develop the knowledge, skills and capability of workforces through partnership and integrated working to improve the experience of children and young people in relation to their health.

### 5.7 Conclusion

This mid-point review of the JHWS theme 'Giving children and young people the best start in life' has used a range of information to describe achievements and progress against the priorities and actions, identifying limitations in some national indicators and areas where performance against national indicators has worsened.

The proposed amendments to the name of this theme, the priorities and associated actions reflect discussions within the Children and Young People's Strategic Partnership, NCASP and Northumberland Children and Young People and Education Directorate. The input from HWB partners is requested to develop this theme to ensure it reflects our shared priorities and identifies appropriate actions for the remaining period of the Joint Health and Wellbeing Strategy

## 6. Implications

<b>Policy</b>	<p>This report updates the Northumberland Joint Health and Wellbeing Strategy theme of Giving Children and Young People the Best Start in Life. It proposes updated priorities and actions which have been developed to reflect those of multiagency partnerships and plans and the NCC Children, Young People and Education and Public Health, Inequalities and Stronger Communities Directorates</p> <p>The updated priorities and actions support the priorities of the Northumberland Inequalities Plan and the Council's Corporate Plan</p>
<b>Finance and value for money</b>	It is not anticipated that there will be direct implications
<b>Legal</b>	It is not anticipated that there will be legal or governance implications associated with the updated priorities and actions. Some partner organisations, including NCC services have statutory responsibilities in relation to children and young people and are subject to regulation and inspection
<b>Procurement</b>	No direct implications
<b>Human resources</b>	No new recruitment is identified
<b>Property</b>	No direct implications
<b>The Equalities Act: is a full impact</b>	No - no equalities issues identified

<b>assessment required and attached?</b>	An equalities impact assessment has not been undertaken. However, the updated priorities and actions will
<b>Risk assessment</b>	Not undertaken for the update of this strategy
<b>Crime and disorder</b>	Activity undertaken by partners in relation to these priorities, particularly those in safe and supported (e.g. Youth Justice, safeguarding and children's social care) are expected to have a positive impact on crime and disorder in Northumberland
<b>Customer considerations</b>	There is a continuing need to ensure that children and young people are kept safe and supported, have equitable access to education and universal and targeted services which maintain their physical, emotional and mental wellbeing. Seeking the views of children, young people and their families is central to these priorities and undertaken by a range of partners
<b>Carbon reduction</b>	No direct implications
<b>Health and wellbeing</b>	This report is explicitly intending to improve the health and wellbeing of the population of Northumberland and reduce health inequalities
<b>Wards</b>	(All Wards);

**7. Background papers**

Not applicable

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

Not applicable

**9. Author and Contact Details**

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 Email: Jon.lawler@northumberland.gov.uk,



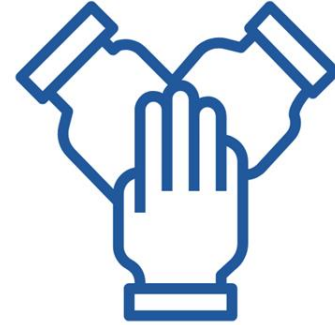
**THRIVING  
TOGETHER**

# **IMPACT REPORT**

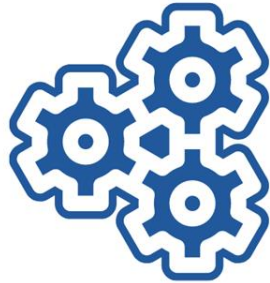
2021 - 2023



Providing support connections in order to operate safely and legally



Actively managing relationships and the effective exchange of information



Working with Northumberland Communities Together to develop effective governance and visibility



Development of partnerships and collaborations



Twitter



Newsletter



Facebook



Events



Communications



Community Connectors



Instagram



LinkedIn

Our Impact 2023



Network Leads Meeting held quarterly  
Share information, challenges and best practice  
Set agenda for VCS Liaison



At the start of the commission,  
eight networks existed

Blyth Valley VCS Network  
(CVA Blyth Valley)

Physical Activity Strategic  
Partnership (Rise)

North Sunderland and  
Seahouses Development Trust

North Northumberland VCS  
Network (NNVF)

Health and Wellbeing (NCVA,  
Vision Northumberland,  
Cygnus, Coping With Cancer)

Prudhoe Community  
Partnership

Ageing Well (NCC)

Employability (NCC, NCVA)



This has now been extended to 15 with  
continued support from Thriving Together

Connecting Culture (November Club)

Equity, Diversity and  
Inclusivity (Being Woman)

Learning Disabilities and Differences  
(Adapt)

Local Infrastructure Organisation (NCVA,  
CVA Blyth Valley, CAN)

Nourish Northumberland (CVA Blyth Valley -  
SE ) (Berwick Development Trust - North)  
(Stobhill Link - Central) (Adapt - West)

Greenspace Pioneers (Groundworks)

Women (Women's Workshop)

### Future Networks

Inequalities Taskforce

Faith Groups

VCS Leaders

Young People

Armed Forces

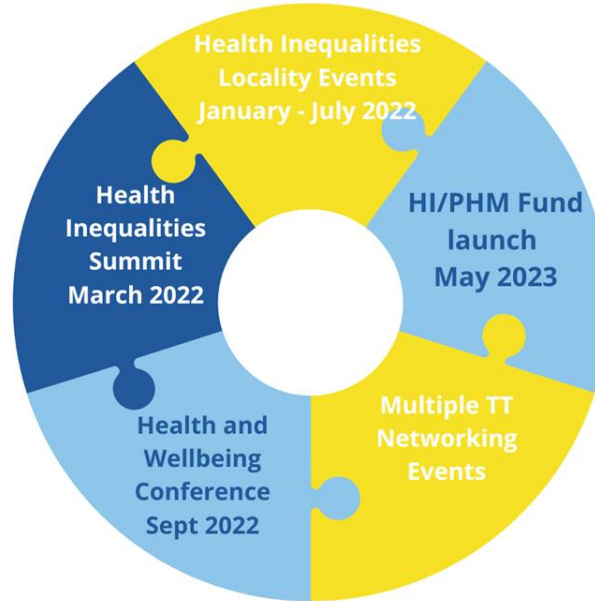


## Events

**Thriving Together acts as a catalyst for the VCSE in Northumberland, energising and showcasing the sector by sharing and developing opportunities for collaboration. In doing so, we aim to ensure that even the quietest voice is acknowledged and captured.**



To achieve this, it is essential to be visible and embedded within communities, through hosting and contributing to events.



Our Impact 2023



Health Inequalities / Public Health Management Fund



Partnership for People and Places Hello Hirst



Northumbria Health and Wellbeing Fund



Northern Cancer Voices

Community Food and Friendship



Turn about Pegasus

Additional funding leveraged £2 million



Financial support for TT networks



North of Tyne Combined Authority  
Multiply 3 Year project  
Being Woman  
Citizens Advice Northumberland  
Community Action Northumberland  
Digital Voice  
Northern Butterflies  
Northern Learning Trust



UK Shared Prosperity Fund  
Blyth Resource and Initiative Centre  
Citizens Advice Northumberland  
Community Action Northumberland  
Cygnus  
Northumberland Community and Voluntary Action  
Northern Learning Trust





The map shows the reach of Thriving Together and the connections that have been made across Northumberland. Engagement has also been made with county-wide organisations, which are shown in the box below.

- Children North East Community Foundation
- Dementia Matters
- Digital Voice
- Everyturn Mental Health formerly Mental Health Concern
- LGBT+ Fed
- National Innovation Centre for Rural Enterprise (NICRE)
- NE First Credit Union
- NE Youth
- North of Tyne Combined Authority
- Northern Learning Trust
- Northumberland Wildlife Trust
- Northumbria University
- Sight Service
- Tyne & Wear Heritage Forum
- Vonne

## Other Stakeholders

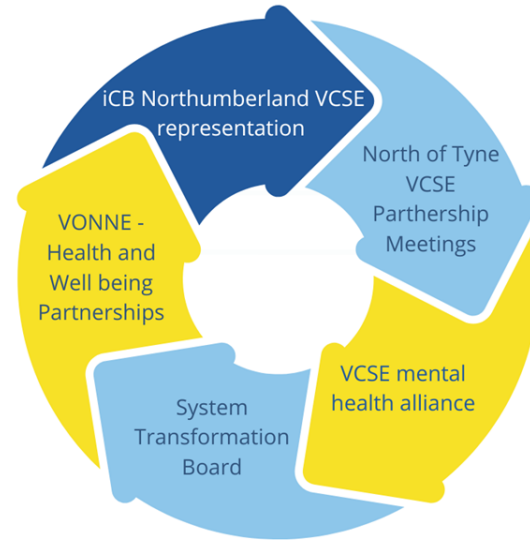
**Thriving Together energises and showcases the voluntary and community sector (VCSE) in Northumberland by acting as a catalyst and sharing opportunities for collaboration.**

This involves creating a more visible and connected VCSE by building and promoting ongoing dialogue with and on behalf of the sector.

Thriving Together helps to develop and build a culture of collaboration by investing in tone-setting, cross-sector working, storytelling, and showcasing for influence.

By doing so, we can create a more cohesive and supportive environment that empowers each voice to be heard and valued.

Thriving Together has supported the development of impactful touchpoints with stakeholders, members, and system leads. This involves taking a proactive approach to understanding the needs of each stakeholder group and tailoring our communication and engagement strategies to meet their needs. By doing so, we have built stronger relationships and achieved more significant impact in our work.



## Next Steps



Develop a VCSE Leaders network



Inequalities Action Plan / Taskforce



Hyper-local funding model



Development of the Volunteer Skills passport



## Next Steps



Continuation of the networking events.  
In addition hold a 'stakeholder showcase' event to give organisations an opportunity to present for 5-10 minutes



Expansion of the services on Frontline to encourage the use by schools, police, ambulance etc.



Revamped website with a dedicated funding page to act as a central information point for funding opportunities in Northumberland



# **NORTHUMBERLAND COUNTY COUNCIL**

## **HEALTH & WELLBEING BOARD**

### **FORWARD PLAN 2023 - 2024**

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Updated : 20 September 2023

## FORTHCOMING ITEMS

ISSUE	OFFICER CONTACT
<b>12 October 2023</b>	
<ul style="list-style-type: none"> <li>• Joint Health and Wellbeing Strategy – Position Statement Report               <ul style="list-style-type: none"> <li>• Best Start in Life</li> <li>• System Integration</li> </ul> </li> <li>• Thriving Together/VCSE Sector Update</li> </ul>	Gill O'Neill Graham Reiter/Jon Lawler Rachel Mitcheson/Jim Brown Abi Conway
<b>9 November 2023</b>	
<ul style="list-style-type: none"> <li>• Tobacco Control Partnership Annual Update</li> <li>• Public Mental Health Annual Update</li> <li>• Family Hubs</li> <li>• Healthy Families Partnership Board Update/0-19 Service Annual Review</li> <li>• Joint Health and Wellbeing Strategy               <ul style="list-style-type: none"> <li>• Wider Determinants</li> <li>• Empowering People and Communities</li> </ul> </li> </ul>	Kerry Lynch Pam Lee/Yvonne Hush Graham Reiter Jon Lawler  Rob Murfin/Liz Robinson Abi Conway/Karen McCabe
<b>14 December 2023</b>	
<ul style="list-style-type: none"> <li>• Housing and Health</li> <li>• JSNAA Update</li> <li>• Sexual Health Strategy</li> <li>• Health Protection Assurance and Partnership Board</li> <li>• Poverty and Hardship Plan – System Working</li> </ul>	Rob Murfin/Anne Lawson Pam Lee/Pam Forster John Liddell/Clare Elliott/Gill O'Neil Jon Lawler Emma Richardson

**MEETING DATE TO BE CONFIRMED**

<ul style="list-style-type: none"> <li>● Urgent and Emergency Care - Strategic Care</li> <li>● Child and Adolescent Mental Health</li> <li>● Pharmacy Update Blyth, Prudhoe, Ashington – NOV/DEC</li> <li>● Safe Haven, Ashington</li> </ul>	<p>Ann Everden</p>
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**REGULAR REPORTS**

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



**NORTHUMBERLAND COUNTY COUNCIL  
HEALTH AND WELLBEING MONITORING REPORT 2023-2024**

<b>Ref</b>	<b>Date</b>	<b>Report</b>	<b>Decision</b>	<b>Outcome</b>
1	8.6.23	The Community Promise Update	Presentation received.	
2	8.6.23	Health Inequalities – Northumbria Healthcare NHS Foundation Trust	Presentations received	
3	8.6.23	Towards a Collaborative Approach to Reducing Inequalities in Employment Outcomes for our Population.	(1) Presentation received (2) Health & Wellbeing Board survey to be recirculated to Members	
4	8.6.23	Joint Health & Wellbeing Strategy	(1) Report received (2) Summary report to be provided for October meeting	
5	8.6.23	Integrated Care Board – Update	Update noted	
6	8.6.23	Better Care Fund	Retrospective report to be reported to August meeting.	
7	10.8.23	Annual Report of Senior Coroner	Report received	
8	10.8.23	Healthwatch Annual Report 2022/23	Report received	
9	10.8.23	Better Care Fund Plan 2023-25	(1) the BCF Plan annexed to the report as Annex A (narrative plan) and Annex B (spreadsheet plan) be signed off by the Board. (2) the Council's statutory Director of Adult Social Services (currently the Executive Director for Adults, Ageing and Wellbeing) be delegated the authority to sign off any future BCF planning submissions, if the nationally-set timetable made it	

			impracticable for the Board to do so before the submission date, provided that a draft of the submission had been circulated to all Board members for comment, and no issues had been raised which required fuller discussion at a Board meeting before sign-off.	
10	10.8.23	Notification of Closure of 100 Hour Pharmacy in Cramlington	<p>(1) A supplementary statement to the Pharmaceutical Needs Assessment 2022 be agreed declaring that there was a gap in essential, advanced, additional and locally commissioned pharmaceutical services in Cramlington between the hours of 6 pm and 10 pm Monday to Saturday and on Sundays between 10 am and 4 pm.</p> <p>(2) a second supplementary statement was required to acknowledge the change in ownership of all Lloyds pharmacies in Northumberland.</p> <p>(3) an update report be submitted to the November/December meeting of the Board.</p>	
11	10.8.23	ICB Draft Joint Forward Plan	Report noted	
12	14.9.23	Northumberland and North Tyneside Community Infection Prevention and Control Strategy 2023-28	<p>(1) the new Northumberland and North Tyneside Community Infection Prevention and Control Strategy be accepted.</p> <p>(2) the strategy goals and actions to achieve those goals be approved.</p>	

13	14.9.23	Healthy Weight Alliance	<p>(1) the establishment of Northumberland HWA be approved to bring agencies and communities together to ensure a co-ordinated approach to healthy weight.</p> <p>(2) the Northumberland HWA report to the Health &amp; Wellbeing Board.</p> <p>(3) Responsibility be delegated to the HWA to deliver the Healthy Weight Declaration.</p>	
14	14.9.23	CNTW New Strategy 'With You In Mind'	<p><b>RESOLVED</b> that the ethos and ambition of the Trust's new strategy be noted, in particular, the commitment to partnership working across the Health &amp; Social Care system.</p>	

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