



# Northumberland County Council

**Your ref:**

**Our ref:**

**Enquiries to:** Lesley Bennett

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

**Tel direct:** 01670 622613

**Date:** 31 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, 9 NOVEMBER 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, 12 October 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. MID-TERM REVIEW OF THE NORTHUMBERLAND JOINT HEALTH AND WELLBEING STRATEGY THEME: EMPOWERING PEOPLE AND COMMUNITIES** (Pages 7 - 24)

To receive an update on progress on actions within Northumberland Joint Health and Wellbeing Strategy 2018-28 Empowering People and Communities Theme and propose amendments to priorities, actions, and indicators to measure progress for the remaining period of the strategy 2023-28

**5. NORTHUMBERLAND TOBACCO CONTROL PARTNERSHIP ANNUAL UPDATE 2023** (Pages 25 - 36)

To give an update on Northumberland's collaborative approach to Tobacco Control and the development of the Northumberland Tobacco Control Partnership during 2023. The report will be presented by Kerry Lynch, Senior Public Health Manager.

**6. UPDATE ON PROMOTING BETTER MENTAL HEALTH AND WELLBEING IN NORTHUMBERLAND** (Pages 37 - 46)

To receive an update on multiagency activity in Northumberland to promote better mental health since the last report to the Board in December 2020.

**7. HEALTH AND WELLBEING BOARD – FORWARD PLAN** (Pages 47 - 54)

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

**8. URGENT BUSINESS (IF ANY)**

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

**9. DATE OF NEXT MEETING**

The next meeting will be held on Thursday, 14 December 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** –
- your own financial interest or well-being;
  - a financial interest or well-being of a relative or close associate; or
  - 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:
- to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
  - 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, 12 October 2023 at 10.00 a.m.

#### PRESENT

Councillor P. Ezhilchelvan  
(Chair, in the Chair)

#### BOARD MEMBERS

Bradley, N.	Paterson, L (Substitute)
Conway, A.	Pattison, W.
Conway, P.	Reiter, G.
Jenkins, C. (Substitute)	Standfield, P.
Jones, V.	Syers, G.
Moulder, B. (Substitute)	Waring, K. (Substitute)
O'Neill, G.	Watson, J.

#### IN ATTENDANCE

L.M. Bennett	Senior Democratic Services Officer
Dr. J. Brown	Consultant in Public Health
A. Kingham	Executive Director for Children, Young People & Education
J. Lawler	Consultant in Public Health

#### 30. APOLOGIES FOR ABSENCE

Apologies for absence were received from G. Binning, V. McFarlane-Reid, S. Rennison, and Councillors G. Renner-Thompson, G. Sanderson, E. Simpson.

#### 31. MINUTES

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

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

##### (1) 'Adopting a Whole System Approach to Health and Care'

Members received 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. The report was presented by Dr. Jim Brown, Consultant in Public health.

The following key points were raised.

- 'Adopting a whole system approach to health and care' was one of four themes of the 2018-28 Joint Health & Wellbeing Strategy.
- The Systems Transformation Board (STB) had agreed to take ownership of this theme and set up a task and finish group to review and refresh the theme. Membership was drawn from a number of bodies including the Health & Wellbeing Board, ICB, and Northumbria Healthcare Foundation Trust.
- There had been improvements relating to smoking prevalence and percentage of physically active adults. However, there was a worsening trend in alcohol related hospital admissions and self-reported wellbeing.
- There were many examples of integration which had occurred within Northumberland across sectors such as healthcare, public health, education, social care and the voluntary and community sector, physical and mental healthcare.
- It was proposed that the three priorities for the 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.
- Details of the relevant actions and indicators/evidence of progress for each priority were provided.
- Other areas for consideration were:-
  - Whole system approaches to sexual and reproductive health and drugs
  - Improvements to dental access
  - Endorsements for integrated neighbourhood teams
  - Need to dovetail priorities and actions between themes.
- Members' comments were welcomed.

A number of comments were made, including:-

- What was the scope of integrated neighbourhood teams and how would we know when we had one? What tasks would be undertaken by an integrated neighbourhood team and how would they be measured? How would this be done involving the community?
- The issue of neighbourhood teams must not be allowed to drift. The ICB was probably the most appropriate body to oversee this by way of a sub-group. It would be important to engage with local communities to see what they wanted. ICB agreed this was their lead to take further.
- Dentistry was a problem area particularly in a county such as Northumberland which was a wide geographical and isolated area. An

ICB officer was leading on this challenging area which was also a national concern.

- It was important not to duplicate work being undertaken by other organisations and as such drugs and alcohol is covered in the Safer Northumberland Partnership.
- Rurality was an important lens for Northumberland when considering inequalities.

**RESOLVED** that

- (1) the achievements described in the report be noted.
- (2) the proposed amendments to priorities, actions and indicators or evidence of achievement for the theme be agreed.

**(2) ‘Giving Children and Young People the Best Start in Life’**

Members received an update on achievements made against the theme of ‘Giving Children and Young People the Best Start in Life’, to review and agree priorities and actions and describe proposed amendments for the remaining period of the strategy and review indicators to measure progress against this theme. The report was presented by Jon Lawler, Consultant in Public Health and Graham Reiter, Director of Children, Young People and Families.

The following key points were raised:-

- This theme had three priorities with actions included to achieve them
  - Education
  - Ensuring Children were safe and supported
  - Supporting positive lifestyle and social choices
- Details of national indicators and progress against them were shown. It was important to note that the national indicators did not show the whole story for Northumberland and could mask inequalities. Local information was more up to date and relevant.
- Narrative and qualitative indicators for each priority were shown.
- Covid-19 had had an impact such as disrupting education, impacting mental health and wellbeing, safeguarding and school readiness. There was also a disproportionate impact on existing inequalities. The current cost of living crisis was compounding the impact of Covid-19.
- By way of refreshing the theme, it was proposed to rename it ‘Starting and Growing Up Well’ in order to reflect whole of childhood, adolescence and early adulthood.
- Proposed actions for each priority were listed.
- Members’ comments were welcomed.

A number of comments were made, including

- The refreshed terms within the report, were welcomed as being more meaningful and relevant. Also, active language rather than passive and the inclusion of physical health were welcomed.
- It was important to consider who was best placed to carry out various roles
- It was sobering to see that in some areas progress had been backwards. Understanding communities and which ones had the biggest gaps in terms of inequalities was crucial. The workforce must be flexed to be where it could make the most impact.
- Family Hubs were a locality-based partnership working along with the community voluntary sector such as Thriving Together. Work could be done to enhance statutory services and links with those.
- Confidence and self-esteem in young people needed to be built in as it had been hampered by Covid-19. This also related to physical health and wellbeing. Young people could be over dependent on modern technology leading to social isolation.
- There was a whole joined up system to ensure that children and young people were prepared for the place of work. They would go on to become employees and employers in Northumberland.
- The trend for unintentional and deliberate injuries to children was increasing. From a safeguarding perspective, there had been a national increase during Covid-19 due to the lack of accessibility to children during that period. In Northumberland there had been an increase in the number of incidents reported to Ofsted and these were subject to a rapid review. It was noted that there were not large numbers of cases.
- National published data was dependent on how incidents were coded at a local level and local practice. It was noted that there were stringent rules nationally regarding hospital coding. North Tyneside's data was similar, and it may be that work could be done to help understand this data more.
- There was no mention of children who were missing from home or from Council care. It would be useful to track this and look at the risks which could arise from these episodes. This would be monitored by the Safeguarding Partnership.
- Work regarding mental health was welcomed. Further work was being carried out within the Northumbria Trust regarding its adult and children's mental health services. Using the inequalities lens would also be useful.
- Careful use of language and specific terms was crucial to encourage engagement with the wider voluntary and community sector. Specific example was to move away from the term 'whole system' and instead use simpler language such as collective responsibility.
- Regarding physical health, some indicators such as around asthma which contributed to the reasons why some children did not go to school and the inequalities in those areas. Linked to Core 20 plus five.
- Challenge regarding where we want to be in five years time and what would 'good' look like at that time. This would become the first five years of the 20 year generational ambitions of the emerging County Plan.

**RESOLVED** that

- (1) the achievements described in the report be noted.

- (2) The proposed amendments to the name of this theme, priorities and associated actions be agreed.

### 33. THRIVING TOGETHER – VCSE SECTOR UPDATE

Members received a presentation from Abi Conway, VCSE representative.

The following key points were raised:-

- **Background** – Thriving Together was commissioned by Northumberland County Council in 2021 as the support system for the voluntary sector with a set of defined deliverables with the underpinning ethos to give all organisations the opportunity to thrive and achieve their potential through partnership working. The commission had been extended for a further year.
- **The Deliverables** –
  - 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.
- **Communications** – Website was well used within the sector. Other social media sites such as Facebook, Instagram and Twitter were used. There was a bi monthly newsletter along with quarterly events. The events were rotated around the county and had been well received. One to one visits were carried out by community connectors to small voluntary groups to ensure that they remained connected.
- **Networks** – The number of networks had extended to 15 since the start of the commission. Network Leads meetings were held quarterly. Thriving Together was involved with Northumberland County Council's VCS Liaison Working Group and involved in providing agenda items.
- **Events** – Thriving Together also attended and contributed to events organised by other bodies.
- **Additional Funding** – Building capacity and provided leverage for additional funding within the voluntary sector. Within the last 18 months, £2 million had come into the sector due to the efforts of Thriving Together. Collaboration had allowed smaller organisations to apply for funding which they would otherwise be unable to access.
- **Map** – showed location of connections made across Northumberland. Engagement had also been made with a wide-ranging number of county wide organisations.
- **Other stakeholders** – A good relationship had been developed with other stakeholders and colleagues within the Public Health and Education.
- **Next Steps** –
  - Develop a VCSE Leaders Network
  - Inequalities Action Plan/Taskforce

- Hyper-local funding model
- Development of the Volunteer Skills Passport
- Continuation of Networking Events
- Expansion of services on Frontline to encourage use by schools, police, ambulance etc.
- Revamp website.

A number of comments were made, including:-

- It was important that there was a good level of trust. There had been a lot of work done to build that trust and good relationships. This enabled the sector to move forwards.
- It was good to hear the voluntary sector perspective. It was important not to assume that there was always capacity within the voluntary sector. There was willingness, want and professional capability but there needed to be resourcing to do that.

**RESOLVED** that the presentation be received.

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

Members noted details of forthcoming agenda items at future meetings.

#### **35. DATE OF NEXT MEETING**

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

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

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



## Northumberland County Council

Health and Well-being Board

Thursday, 9 November 2023

### **Mid-term review of the Northumberland Joint Health and Wellbeing Strategy Theme: Empowering People and Communities**

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

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

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

This report is relevant to the following priorities in the NCC Corporate Plan 2023-26:

- **Achieving value for money:** Taking forward a community strengths and asset-based approach that supports development and builds resilience within our communities will mean our residents have effective and locally accessible opportunities in their communities. This will enable people to have access to the right opportunities and support for them at the right time and in the right place.
- **Tackling Inequalities:** Building on the existing strengths within our diverse and vibrant communities and working collaboratively to increase capacity and resilience, enables us to connect and mobilise our community assets, helping people and communities to recognise where they can optimise their ability and how they can act on this.
- **Driving Economic Growth:** Building on existing strengths and community assets and the connections within and between communities will enable our communities to be more connected and resilient and will enable residents to have access to diverse opportunities in their local communities and across Northumberland.

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

To update Health and Wellbeing Board on progress on actions within Northumberland Joint Health and Wellbeing Strategy 2018 - 2028 (JHWS) Empowering People and Communities Theme.

To review this theme and propose amendments to priorities, actions and indicators to measure progress for the remaining period of the strategy 2023 – 2028.

### 3. Recommendations

Health and Wellbeing Board is recommended to:

- Consider and comment on the mid-term progress described in this report.
- Consider and agree proposed amendments outlined in this report.

### 4. Key Issues

Empowering People and Communities is one of four key themes in Northumberland Joint Health and Wellbeing Strategy 2018 – 2028 (JHWS). The theme outcome is that *people and communities in Northumberland are listened to, involved, and supported to maximise their wellbeing and health*. This report is a mid-point review of this theme.

Health and Wellbeing Board assigned Elected member and officer leads for each JHWS theme (July 2022). The member lead for this theme is Councillor Caroline Ball, Director Sponsor is Gill O'Neill, Executive Director of Public Health, Inequalities and Stronger Communities and NCC officer lead is Karen McCabe, Senior Public Health Manager.

The Voluntary, Community and Social Enterprise Sector (VCSE) Task Force for Northumberland Inequalities Plan carried out this review.

Northumberland progress, over time, against several national indicators aligned to this theme worsened, however this is also the case for North East and England averages. To date, Northumberland performed better than North East average for all indicators.

Whilst important in enabling understanding of how Northumberland is performing, over time, and in comparison, to other areas, there are limitations in using national indicators to measure and reflect progress for this theme.

The most recent data available for indicators aligned to this theme is 2021/22. The currency of data is particularly relevant to this report as indicators reflect peoples' perspectives of empowerment, sense of control, resilience, and wellbeing. Perspectives from 2021/22 could reflect perspectives influenced by COVID-19 or pandemic measures such as lockdown and self-isolation.

COVID-19 and Storm Arwen exacerbated existing inequalities however, they also highlighted the resilience, capacity, assets, and sense of connectivity within and across Northumberland communities.

This theme highlights the role of community-centred approaches, asset mobilisation and social connectedness in enhancing individual and community capabilities, creating healthier places, and addressing inequalities. Since 2018, a system wide commitment to embed this approach has been taken forward, by multiple partners at strategic, system, organisational and place-based levels to realise the ambition of this theme.

Because of the richness, scale and diversity of actions developed and the multiplicity of partners, collating granular level data is problematic. This report, instead, highlights **some** system enablers in place, at this mid-term point, which are driving the culture shift needed to enable community-centred, strengths-based approaches to develop at scale.



Whilst the overarching intention of the Empowering People and Communities theme remains relevant, the system landscape in Northumberland and the framing of community-centred, strengths-based approaches has moved on since the JHWS was originally written. A key driver being Northumberland Inequalities Plan 2022 - 2032.

This review proposes that, rather than remaining a key, distinct theme within the JHWS, ‘empowering people and communities’ transitions to become a cross-cutting, enabler; an approach and methodology, a common way of working, that underpins delivery of the other three key JHWS themes for the remaining period of the strategy.

Amending the JHWS in this way reflects the long-term system commitment that is central to embedding culture change and developing different relationships and ways of working that are key to delivery of Northumberland Inequalities Plan 2022 - 2032.

In shifting the focus of ‘empowering people and communities’ in this way, it is important that the fundamental priorities and principles are not lost or diluted. Many of the longer-term outcomes of building community resilience and embedding community-centred, strengths-based approaches will be reflected within the long-term quality of life and healthy life expectancy outcomes for the other three key JHWS themes.

If the amendments set out in this report are agreed, it is proposed that the VCSE Task Force work with JHWS Theme Leads and representatives from the other three themes to determine objectives and metrics that enable these themes to demonstrate progress and the impact of embedding community-centred, strengths-based approaches within the scope of their priorities over the remaining term of the strategy 2023 – 2028.

## 5. Background

### 5.1 Empowering People and Communities Theme JHWS 2018 – 2028.

Community life, the places where people live, social connections and having a voice in local decision making, are vital to health and wellbeing. Conversely, feeling isolated or powerless is damaging to physical and mental wellbeing. Building healthy, resilient, connected, and empowered communities is important to improve population health and a strong evidence base underpins person and community-centred approaches.<sup>1</sup>

Empowering People and Communities is currently one of the four key themes within Northumberland Joint Health and Wellbeing Strategy 2018 – 2028 (JHWS). The outcome for this theme is that *people and communities in Northumberland are listened to, involved, and supported to maximise their wellbeing and health.*

In 2018, three priority areas were outlined:

- Ensure that partners, providers, practitioners, and the systems they work in promote and encompass a ‘More than Medicine’ approach.
- Provide people and communities with access to networks and activities which will support good health and resilience.
- Support people to gain the knowledge, skills, and confidence they need to be active partners in managing and understanding their own health and healthcare.

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<sup>1</sup> [Community-centred public health: Taking a whole-system approach \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

The JHWS acknowledges that in taking forward this theme a shift in culture is needed to enable new and different ways of linking with and working with our communities. Five areas for action were proposed as potential examples that could demonstrate implementation and progress for this theme.

### 5.2 Review of the Empowering People and Communities Theme.

The JHWS includes a mid-term review to provide assurance that theme priorities remain current and reflect the position, approach, and wider priorities across Northumberland.

In May 2023, it was agreed that the Voluntary, Community and Social Enterprise Sector (VCSE) Task Force for Northumberland Inequalities Plan would take ownership of the review of this theme. This group is also one of the Thriving Together Networks,

The VCSE Task Force includes representatives from the VCSE sector across Northumberland and wider Thriving Together Networks, Thriving Together, Northumberland County Council (NCC) Public Health and NCC Specialist Services Poverty Lead.

A Task and Finish group was set up to undertake this review. Two in-person workshops took place supported by online consultation/reflection outside workshop times.

This review:

- Sets out mid-term progress against national indicators aligned to this theme
- Highlights mid-term progress on the proposed potential areas for action
- Reflects on the impact of external factors, including COVID-19 and the cost-of-living crisis on the ambition for this theme.
- Proposes, amended priorities that reflect the current system landscape and the terminology and language of community-centered, strengths-based approaches
- Proposes that, rather than remaining a key, distinct theme within the JHWS, 'empowering people and communities' transitions to become a cross-cutting, enabler; an approach that underpins delivery of the other three key JHWS themes for the remaining period of the strategy 2023 - 2028.

### 5.3. Mid-term progress against national indicators aligned to this theme.

The following tables show the most recent data demonstrating progress against the national indicators aligned to this theme.

#### **Table 1. Social care-related quality of life score**

This measure gives an overarching view of the quality of life of users of social care. It is a composite measure combining individual responses to questions from the Adult Social Care Survey covering eight domains; control, dignity, personal care, food and drink, safety, occupation, social participation, and accommodation. The measure provides a social care related quality of life score averaged across those who responded to the Adult Social Care Survey.

	Northumberland	North East	England	Trend
<b>2018 / 19</b>	19.2%	19.4%	19.1%	
<b>2021 / 22</b>	19.4%	19.2%	18.9%	No trend data available

Source: Adult Social Care Outcomes Framework (ASCOF)

In 2018/19 the Northumberland average social care-related quality of life score was 19.2%. In 2019/20 this increased (improved) to 19.4%.

In 2021/22, across England, the quality-of-life score was highest in the North East region and lowest in London. The Northumberland score (19.4%) was higher than (an improvement on) the average scores for both the North East and England.

In 2021/22, for this indicator, Northumberland was ranked 15 of the 152 Local Authorities that have responsibility for social care in their localities.

### Table 2. Carer reported quality of life

This measure gives an overarching view of the quality of life of carers based on outcomes identified by the Personal Social Services Research Unit. This is the only current measure related to quality of life for carers available. This measure supports some of the most important outcomes identified by carers to which adult social care contributes. It is a composite measure combining individual responses to six questions measuring different outcomes related to overall quality of life. These outcomes are mapped to six domains; occupation, control, personal care, safety, social participation and encouragement and support.

	Northumberland	North East	England	Trend
<b>2018 / 19</b>	8.4%	8.0%	7.5%	
<b>2021 / 22</b>	8.2%	7.7%	7.3%	No trend data available

Source: Adult Social Care Outcomes Framework (ASCOF)

In 2018/19 the Northumberland average carer reported quality of life score was 8.4%. In 2021/22 this reduced (worsened) to 8.2%.

In 2021/22, across England regions, the overall quality of life score for carers was highest in the North East (7.7%) and lowest in the South West, London and East Midlands regions (7.1%). The Northumberland score (8.2%) was higher than (an improvement on) the average scores for both the North East and England.

In 2021/22, for this indicator, Northumberland was ranked 2 of the 152 Local Authorities that have responsibility for social care in their localities.

### Table 3. Delayed transfer of care from hospital, per 100,000 of population.

This measure gives the impact of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer

from hospital for the entire adult population. It is an important marker of the effective joint working of local partners and is a measure of the effectiveness of the interface between health and social care services.

	Northumberland	North East	England	Trend
2018 / 19	3.3%	5.8%	10.3%	
2019 / 20	4.4%	5.9%	10.8%	No trend data available

Source: Adult Social Care Outcomes Framework (ASCOF)

In 2018/19 the Northumberland figure for delayed transfer of care from hospital, per 100,000 of population was 3.3%. In 2019/20 this increased (worsened) to 4.4%.

In both 2018/19 and 2019/20 the Northumberland figures were lower than (an improvement on) both North East and England averages.

Due to the impact of coronavirus (COVID-19), the 'delayed transfer of care' collection of measures has been paused, February 2020 was the latest data collected.

#### Table 4. Permanent admissions to residential and nursing care homes per 100,000 aged 65+

Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. The measure compares council records with ONS population estimates.

	Northumberland	North East	England	Trend
2017 / 18	788	795	586	↓ Decreasing and getting better across all selected geographies
2021 / 22	601	739	584	↓ Decreasing and getting better across all selected geographies

Source: Adult Social Care Outcomes Framework (ASCOF) based on ASC Short and Long Term support (SALT) data returns, NHS Digital

In 2017/18 in Northumberland, the number of permanent admissions to residential and nursing care homes per 100,000 among people aged 65+ was 788. This figure reduced (improved) in 2019/20 to 668. In 2021/22 this figure reduced (improved) further to 601 per 100,000 population.

Between 2017/18 - 2021/22, figures for Northumberland are lower than (an improvement on) the North East average however they are higher (worse) than England average.

In 2021/22, for this indicator, Northumberland was ranked 97 of the 152 Local Authorities that have responsibility for social care in their localities.

Over this timeframe, for this indicator, data for Northumberland, North East region and England averages demonstrate a continuing decreasing (positive) trend.

**Table 5. Self-reported wellbeing (people with a low satisfaction score).**

People with higher wellbeing have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.

	Northumberland	North East	England	Trend
<b>2017 / 18</b>	3.8%	5.0%	4.4%	No trend data available
<b>2021 / 22</b>	5.1%	6.2%	5.0%	No trend data available

**Source:** OHID Fingertips - Annual Population Survey (APS), Office for National Statistics (ONS).

In 2017/18, in Northumberland, self-reported wellbeing (people with a low satisfaction report) was 3.8%, this increased (worsened) to 6.5% in 2019/20, and reduced (improved) in 2021/22 to 5.1%.

Whilst higher than (worse than) the England average, the 2021/22 figure for Northumberland (5.1%) is lower than (an improvement on) the North East average.

**Table 6. People who use services who have control over their daily life.**

Control is one of the key outcomes for individuals derived from the policy on personalisation. Part of the intention of personalised services is to design and deliver services more closely matching the needs and wishes of the individual, putting them in control of their care and support. This measure is one means of determining whether that outcome is being achieved.

	Northumberland	North East	England	Trend
<b>2017 / 18</b>	83.6%	80.0%	77.7%	No trend data available
<b>2019 / 20</b>	81.9%	81.3%	77.3%	No trend data available
<b>2021 / 22</b>	80.8%	79.2%	76.9%	No trend data available

**Sources:**

- 2017/18 OHID Fingertips - NHS Digital, Adult Social Care Outcomes Framework
- 2019/20 OHID Fingertips - NHS Digital, Adult Social Care Outcomes Framework
- 2021/22 Adult Social Care Outcomes Framework (ASCOF)

In 2017/18 in Northumberland, the proportion of people who use services who stated they have control over their daily life was 83.6%. In 2019/20 this reduced (worsened) to 81.9%. In 2021/22 this reduced (worsened) further to 80.8%.

Across this timeframe, the average scores for Northumberland for this measure were higher than (an improvement on) both North East and England averages.

In 2021/22, for this indicator, Northumberland was ranked 25 of the 152 Local Authorities that have responsibility for social care in their localities.

### 5.3.1 In summary - mid-term progress against national indicators aligned to this theme.

The latest data available across indicators aligned to this theme is for 2021/22.

For most of the national indicators aligned to this theme, no trend data is available.

When comparing data for Northumberland, current available data shows a position for several indicators that has worsened over time. This is also reflected in the current available data, over time, for both the North East and England averages.

Across all indicators aligned to this theme, Northumberland has performed better than North East average. For four of the six indicators Northumberland has performed better than the England average.

Four of the indicators aligned to this theme show ranked comparisons across England Local Authorities that have responsibility for social care in their localities. For three of these four indicators, Northumberland is ranked within the top 17% (ranked 25 or above) of the 152 Local Authorities that have responsibility for social care in their localities. For 'carer reported quality of life' Northumberland is ranked 2 of 152.

### 5.3.2 The limitations of national indicators in demonstrating local progress.

Whilst it is important to use national indicators to consider how Northumberland is performing over time and in comparison, to other Local Authorities, the North East and to the England average, there are limitations in using national indicators to adequately measure and reflect progress for this theme. These include:

The time lag in publication of national indicators. Whilst this report presents comparisons over time and between Northumberland, other Local Authorities and North East and England averages, the most recent data available for indicators aligned to this theme is 2021/22. Data presented may not be representative of current perspectives.

The currency of data is particularly relevant to this report as the focus of this theme is empowering people and communities. Indicators aligned to this theme reflect peoples' perspectives of empowerment, sense of control, resilience, and wellbeing. Perspectives from 2021/22 could reflect perspectives influenced by the ongoing, immediate, or short-term legacy of COVID-19 or pandemic measures such as lockdown and self-isolation.

National indicators present information at Local Authority level which can mask variation and inequalities. This is relevant to Northumberland where inequalities are experienced across the four domains of inequality (protected characteristics, geographical, socio-economic factors, and inclusion groups).

Data collected within national surveys is compiled from those who complete the survey, it does not provide any insight into those who chose not to participate nor the reasons underpinning this choice. Depending upon the nature of the surveys used, they may not include or under-represent some population groups – e.g. digital inclusion / exclusion.

National indicators provide an incomplete insight into existing community strengths and assets or into the qualitative impact of work undertaken locally by system partners.

5.4. Mid-term progress on existing areas for action in this theme.

In 2018, the Health and Wellbeing Board set out the ambition within this theme to move away from a culture of preventing illness to promoting wellness; and from a culture of ‘doing to’ people to a culture of ‘doing with’.

This theme highlights the role of community-centred approaches that mobilise assets, encourage equity and social connectedness and increase people’s control over their health and lives in enhancing individual and community capabilities, creating healthier places, and addressing inequalities.

To demonstrate progress against the priorities set out for this theme, five areas for action were proposed as potential examples for implementation 2018 - 2028, these are:

Develop a Strategy and Action Plan for people-powered wellbeing and health in Northumberland, including standardised measures that support ongoing evaluation.
Work with schools, the voluntary sector and Local Authority departments to identify and develop intergenerational approaches to developing life skills in young people.
Develop a model for asset-based community development approaches across Northumberland including the implementation of a number of demonstrator sites for components of people powered wellbeing and health in Northumberland. An early focus will be the establishment of local area co coordinators.
Work with health and social care providers to implement a system-wide standard for workforce development that ensures staff have the necessary knowledge, skills, and support to deliver the strategy.
Work with frontline staff to raise awareness of how and where to refer/signpost people to community-based initiatives

A common factor across these proposed areas for action is a focus on creating and enabling the underpinning conditions necessary to foster ‘at scale’ transformation and a system-wide culture shift towards community-centred, strengths-based approaches. These areas of action require system-wide engagement, collaboration, trust, and long-term commitment and require partners to develop and implement different ways of working, to have different conversations and to develop different and more equitable, relationships to create a system, (including communities and residents), in which everyone has a responsibility to make change happen.

In Northumberland, since 2018, we have seen a system wide commitment to embed this approach and much has been taken forward, by multiple partners at strategic, system, organisational and place-based levels to realise the ambition of this theme.

Because of the richness, scale and diversity of approaches and activities developed and the multiplicity of partners involved, it is not possible, within the parameters of this report, to capture and reflect the more granular level progress of individual organisations, activities, initiatives, interventions, or programmes of work. Instead, this report highlights **some** system enablers that are in place, at this mid-term point of the JHWS which are

facilitating and driving forward the culture shift needed to enable community-centred, strengths-based approaches to develop, at scale.

Whilst this is not an exhaustive list, the examples below provide a rich and diverse snapshot of system wide progress to date across the five proposed areas for action outlined in this theme.

- Northumberland Inequalities Summit (March 2022)
- Development and systemwide implementation of Northumberland Inequalities Plan 2022 – 2032 (includes training to underpin Asset Based Community Development and Commissioning and Service Transformation through an Asset Based Lens)
- Northumberland Inequalities Plan Round Table – Bringing People Policy and Place Together (July 2023)
- NCC Northumberland Communities Together (NCT) developed as part of the pandemic response, now a function within NCC Stronger Communities Directorate and a key element supporting development of NCC Best - Communities First approach
- NCC Best - Communities First approach
- Making Every Contact Count (MECC) embedded system wide including system wide MECC trainers
- Development and roll out of 'Frontline' the online community project to enable frontline workers and residents to quickly find details on local health and wellbeing services and to contact services through callback and referral options.
- Development of 'Thriving Together' to give all VCSE sector organisations the opportunity to thrive and achieve potential and to have a voice.
- Development of 15 thematic/geographical Thriving Together Networks
- Development and implementation of regeneration programmes such as Borderlands and Shared Prosperity Funds.
- Collaborative development of community-centred, strengths and asset focused programmes such as Northumberland Holiday Activities and Food Programme, Northumberland Partnership for People and Places, Northumberland Warm Hubs and Warm Spaces and Places Programme
- Northumberland Fire & Rescue Services Safe and Wellbeing visits
- NCC/Thriving Together VCSE Liaison Group
- Development and implementation of NCC Poverty and Hardship Plan
- Development of Community Hubs, Community Response & Resilience Hubs, and Family Hubs across Northumberland
- Development and implementation of NHS England Core20PLUS5 approach to reducing healthcare inequalities
- Development and implementation of Northumberland Place Standard Tool as a framework to guide community conversations, ensuring residents' voices can influence and shape future thinking
- Development and implementation of multiple community connector roles across VCSE organisations and statutory sector including:
  - NHS Primary Care Networks Social Prescribing Link Workers
  - NCC Health Trainers, Community Champions, Family Hub Community development Workers, NCT Locality Coordinators and Support Planners
  - Thriving Together Community Connectors



- Northumbria Healthcare NHS Healthcare Trust Health Coaches
- Harrogate & District NHS Foundation Trust Community Anchor
- Individual organisational plans which highlight the importance of taking a community-centred, strengths-based approach to tackling inequalities. Recent publications and refreshed plans include:
  - North East & North Cumbria NHS Integrated Care Partnership Strategy
  - Northumberland Place Plan (draft)
  - NCC Corporate Plan
  - Northumbria NHS Healthcare Trust Strategy
  - Cumbria Northumberland Tyne & Wear NHS Foundation Trust Strategy
  - Healthwatch Northumberland Strategic Plan 2023-26 (not yet published)
  - North of Tyne Combined Authority Wellbeing Framework

In-depth details for the above examples are not provided as many are submitted to Health and Wellbeing Board as part of regular update and monitoring reporting.

#### 5.4.1 Measures of progress for proposed actions for this theme.

Alongside the national indicators, aligned to this theme, the Empowering People and Communities theme sets out the need to develop and use different, more qualitative, bespoke approaches to measure progress at individual and local levels and over time.

Collating data on local actions to demonstrate progress at a system level for this theme however is problematic as highlighted earlier in this report, (5.4). Some key metrics proposed within the theme focus on process measures such as:

- the numbers of people accessing care navigators
- the number of social prescribing link worker programmes in place

These measures however, whilst providing numbers of people linking with these programmes, provide little understanding of the meaning or impact of the interactions. Measures that seek to understand impact of this nature, 'at scale' however, rely on there being a co-ordinated, systematic approach to data collection with metrics that align and allow 'at scale' interpretation.

As previously outlined, the diversity, scale and the scope of the work implemented at a system wide level that relates to this theme is considerable and sits within and across a range of organisations. As set out in (5.4) many and diverse community connector roles (funded roles and volunteers), have emerged, these roles often link with bespoke communities, assets, or issues. As such, multiple systems for data collection and storage and multiple different data sets and metrics (often based around hyper local targets) exist. Data is often collected in different ways, over different timeframes across different organisations, meaning, currently, comparisons at scale are not possible.

Many community connector roles do however collect case studies demonstrating wellbeing impact at an individual level, from the people and communities they interact with. As before, because of the scale and diversity of these roles, the multiplicity of partners involved, and the differing metrics and reporting mechanisms, mean that it is not possible, within the parameters of this report, to capture and reflect 'at scale' progress. As before, however, many of these programmes do report independently to Health and Wellbeing Board as part of regular reporting processes.

5.4.2. The impact of external factors on the ambition for this theme.

COVID-19 exacerbated existing inequalities, with both the direct and indirect impact of the pandemic hitting the most disadvantaged communities the hardest. It shone a spotlight on the fragility of social safety nets, leaving those with the least resilience to bear the greatest burden<sup>2</sup>. The impact of Storm Arwen, the continuing cost-of-living crisis, in particular food and fuel poverty, and impacts related to the ongoing war in Ukraine have further compounded inequalities in Northumberland. It continues to be those communities and residents who are the most vulnerable and have the least resilience who experience the greatest impact.

COVID and Storm Arwen also highlighted the resilience, capacity, assets, and sense of connectivity within communities across Northumberland. Residents, neighbours, communities, VCSE, statutory organisations and businesses came together at speed to support and help each other throughout these crises and there was an increase in the development of mutual aid, volunteering, and community connections.

Building upon and growing the strengths of our communities, which were so visible during crises, is key to driving the system wide transformation to community centred and strengths-based approaches as set out within this theme. This approach underpins Northumberland Inequalities Plan and is fundamental to shifting our culture to consider everything through an inequalities lens.

5.5 Proposed amendments; Empowering People and Communities Theme 2023–2028.

This mid-term review of the JHWS is in place to enable the priorities across all themes to be considered to ensure they remain current and reflect the position, approach, and wider priorities across Northumberland.

Currently Empowering People and Communities is one of four key themes in the JHWS as highlighted below.

Giving Children and Young People the Best Start in Life	Adopting a Whole System Approach to Health and Care	Empowering People and Communities	Tackling some of the Wider Determinants of Health
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The review of this theme proposes that whilst the broad overarching intention of ‘*empowering people and communities*’ as an approach, remains relevant, the system landscape in Northumberland and the framing of community-centred, strengths-based approaches has moved on since the priorities and areas of action within the JHWS were written in 2018. A key driver within this being the development and implementation of the system wide Northumberland Inequalities Plan 2022 - 2032.

This review proposes that, rather than remaining a key, distinct theme within the JHWS, ‘*empowering people and communities*’ transitions to become a cross-cutting, enabler; an approach and methodology, a common way of working, that underpins delivery of the other three key JHWS themes for the remaining period of the strategy 2023 - 2028.

<sup>2</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1020977/health\\_inequalities\\_briefing.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1020977/health_inequalities_briefing.pdf)

Amending the JHWS in this way reflects the long-term system wide commitment within Northumberland now, that is central to embedding culture change and developing different ways of working, different relationships, and different conversations to affect change, factors that are key to driving delivery of Northumberland Inequalities Plan 2022 - 2032.

This proposal is shown below and reflects the changes to theme names as proposed in sister papers to Health and Wellbeing Board as part of the wider refresh of the JHWS.

Empowering People and Communities cross-cutting enabler		
Starting and Growing Up Well	Adopting a Whole System Approach to Health and Care	The Building Blocks of a Good Life

In shifting the focus of *'empowering people and communities'* in this way, it is important that the fundamental priorities and principles are not lost or diluted.

This review has considered the language and terminology of the existing Empowering People and Communities theme and proposes that, going forward, these be refreshed to reflect current terminology and approaches. The following amendments are proposed as the refreshed outcome, principles, priorities, areas of action (what are we going to do) and indicators to measure progress for the refreshed *'empowering people and communities'* approach for the remaining period of the strategy 2023 - 2028:

**Outcome:**

All communities in Northumberland are heard, understood, and empowered and have an active role in optimising their wellbeing and health.

**Principles:**

Take a strengths-based approach – We will jointly build on the existing strengths within our diverse and vibrant communities, working collaboratively to increase capacity and resilience, helping people to recognise where or how they can optimise their ability and act on this.

Work collaboratively – We will take a holistic approach to wellbeing that addresses the wider societal determinants of health and inequalities. Working in this way in Northumberland ensures we have a culture of *'doing with'* and *'doing by'* not *'doing to.'*

**Priority Areas:**

1. Ensure stakeholders and the system work collaboratively to remove systemic barriers, promote, and mobilise a local, holistic whole-person approach.
2. Ensure equity of access to sustainable and locally determined opportunities that support resilience, belonging and connectivity.
3. Ensure the Northumberland system enables people to develop the knowledge skills and confidence to understand their own health and care choices and the consequences of these
4. Ensure the voice of lived experience is central within policy development and practice

**What are we going to do:**

- Be resilient - build on the passion and community cohesion shown during COVID and Storm Arwen
- Be inclusive - identify and develop intergenerational and diverse and inclusive opportunities to promote community cohesion
- Be community focused - take forward a strengths-based community development strategy based in localities
- Be consistent - develop a system-wide standard to help stakeholders have the knowledge, skills and support they need.
- Be open - share data safely and appropriately by developing a local data sharing agreement
- Make every door ‘the right door’ - develop and raise awareness of referral / signposting pathways between groups and organisations to enable seamless transition for people and organisations; including but not limited to improving use of ‘Frontline’

**How are we going to measure progress:**

Many longer-term outcomes of building community resilience and embedding community-centred, strengths-based approaches will be reflected in the long-term quality of life and healthy life expectancy outcomes for the other three key JHWS themes. This review proposes that representatives from the VCSE Task Force work with JHWS Theme Leads and representatives from the other three themes to determine objectives and metrics that will enable these themes to demonstrate progress and the impact of embedding community-centred, strengths-based approaches within the scope of their thematic priorities and areas of action over the remaining term of the strategy.

This proposal is shown below, reflecting the changes to theme names proposed in sister papers to Health and Wellbeing Board as part of the wider refresh of the JHWS.

Empowering people and communities cross-cutting enabler		
Some theme metrics aligned to empowering people and communities approach / Northumberland Inequalities Plan are developed in partnership with VCSE TF	Some theme metrics aligned to empowering people and communities approach / Northumberland Inequalities Plan are developed in partnership with VCSE TF	Some theme metrics aligned to empowering people and communities approach / Northumberland Inequalities Plan are developed in partnership with VCSE TF
Starting and Growing Up Well	Adopting a Whole System Approach to Health and care	The Building Blocks of a Good Life

Scaling up ‘empowering people and communities’ as an approach across the JHWS in this way will strengthen wider system delivery of Northumberland Inequalities Plan 2022 – 2032 which has a clear focus on culture and leadership change and within which community-centred, strengths-based approaches are core components.

## 5.6 Conclusion.

This mid-term review of the JHWS theme ‘Empowering People and Communities’ has used a range of information to describe progress against the areas for action within this theme, identifying limitations in some national indicators and areas where performance against national indicators has worsened.

The proposed amendments for the theme to transition to become a cross-cutting, enabling, approach that underpins delivery of the other three JHWS themes, along with proposed amendments to priorities that reflect the current system landscape, approach, terminology, and language reflect discussions within Northumberland Inequalities VCSE Task Force. The input from Health and Wellbeing Board partners is requested to develop this further to ensure this review reflects our shared priorities and identifies appropriate actions for the remaining period of the Joint Health and Wellbeing Strategy.

## 5.7. Next Steps.

If the amendments detailed within this report are agreed by Health and Wellbeing Board, it is proposed that next steps (November 2023 – March 2024) include:

- Lead for ‘*empowering people and communities*’ approach links with Thematic Leads from 3 key JHWS Themes to set up Thematic Task and Finish groups
- Thematic Task and Finish groups, supported by VCSE Task Force will:
  - participate in an initial workshop to explore and support consistency in understanding and application of ‘*empowering people and communities*’ approach and explore the potential to develop ‘at scale’ measures
  - explore and agree best fits, across remaining JHWS themes, if any, for the national indicators currently aligned to ‘*empowering people and communities*’ approach or propose alternative national indicators and the rationale for their inclusion
  - develop metrics for each JHWS theme that are aligned to the ‘*empowering people and communities*’ approach and Northumberland Inequalities Plan 2022 – 2032.
  - develop short and longer-term action plans and metrics for each JHWS theme for the remaining period of the Joint Health and Wellbeing Strategy 2023 – 2028.
- Submission of further report detailing ‘*empowering people and communities*’ actions and measures across the 3 key JHWS Themes submitted to Health and Wellbeing Board as part of the wider refresh of the JHWS.

## 6. Implications

<b>Policy</b>	This report updates the Northumberland Joint Health and Wellbeing Strategy theme of Empowering People and Communities.  It proposes updated priorities and actions which support the priorities of the Northumberland Inequalities Plan and the Council’s Corporate Plan.
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<b>Finance and value for money</b>	It is not anticipated that there will be direct implications.
<b>Legal</b>	This report supports the Health and Wellbeing Board to fulfil its statutory duty to complete a joint local health and wellbeing strategy. It is not anticipated that there will be legal, or governance implications associated with the updated priorities and actions linked to this theme.
<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 assessment required and attached?</b>	No - no equalities issues identified. An equalities impact assessment has not been carried out. However, the refreshed actions are specifically aimed at reducing health inequalities which include to people with characteristics protected by the Public Sector Equality Duty.
<b>Risk assessment</b>	A risk assessment has not been undertaken, for the update of this strategy.
<b>Crime and disorder</b>	No specific implications.
<b>Customer considerations</b>	The refreshed actions are intended to improve our communities and the lives of our residents.
<b>Carbon reduction</b>	No direct specific 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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## Northumberland County Council

Health and Well-being Board

Thursday, 9 November 2023

### **Northumberland Tobacco Control Partnership Annual Update 2023**

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

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

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

This report is linked to the 'Living' priority included in the NCC Corporate Plan 2021-2024. Developing our work on tobacco control will facilitate improvements to the health of our communities and reduce health inequalities caused by the direct and indirect burden of tobacco use.

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

To give an update to Health and Wellbeing Board on Northumberland's collaborative approach to Tobacco Control and the development of the Northumberland Tobacco Control partnership during 2023.

#### **3. Recommendations**

- 3.1 The Health and Wellbeing Board is recommended to note the development and progress of the Northumberland Tobacco Control Partnership during 2023, and offer any suggestions regarding emphases for 2024.

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

N/A

#### **5. Key issues**

Smoking remains the biggest preventable cause of death and illness in Northumberland, the North East and England, and continues to be the leading driver of local health inequalities with the greatest harms falling on our poorest and most vulnerable individuals and communities.

Northumberland's last reported prevalence rate, 11.8% of adults smoking, has reduced further at latest publication to 9.6% in 2022 (Figure 1), making us lower than the England average and lowest in the region. We believe this is a result of sustained local action, alongside and complementing regional and national activities.

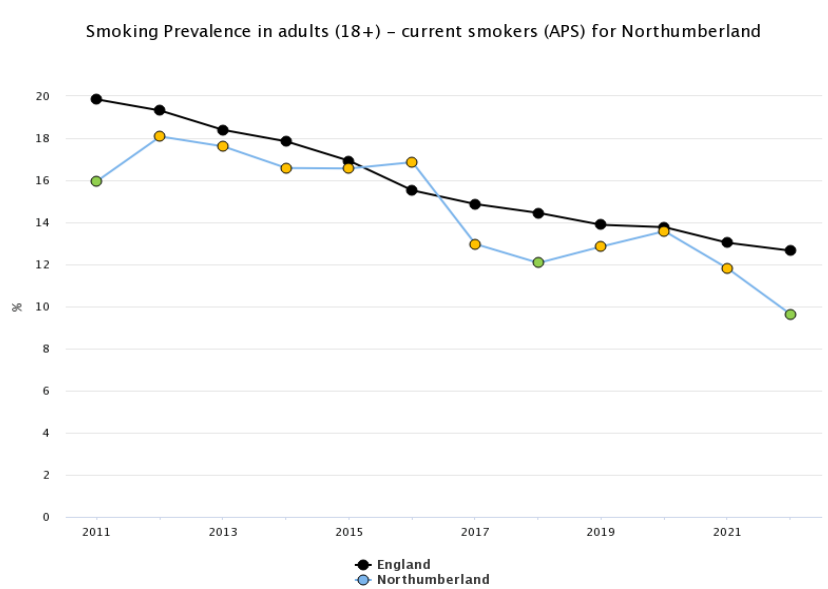


Figure 1: Smoking prevalence in adults (18+) from APS 2022 (OHID Fingertips Local Tobacco Control Profile)

Northumberland's lower overall prevalence statistic is very encouraging, although masks pockets of higher burden in some populations and communities such as routine and manual workers and people with mental illness.

We continue in taking a comprehensive approach to reach our shared ambition of reducing smoking rates to less than 5% by 2030. Despite the positive trends in smoking prevalence continuing to decrease, and our ongoing progress in Northumberland, it is likely that the national, regional and local target of 5% will be missed<sup>1</sup>.

The national Tobacco Control Plan expired at the end of 2022, and whilst the Smokefree 2030 ambition was announced back in 2019, there is yet to be a new published plan. Recent announcements by the Prime Minister however, are the most ambitious national measures seen for some years, and will undoubtedly improve this trajectory, and need our ongoing endorsement to help them come to fruition.

We join with partners in needing endorsement of the ask to government to publish a new plan, and to ensure recent announcements happen, including key national actions:

- A levy on the tobacco industry
- Investment in tobacco and smoking cessation, including mass media campaigns, enforcement, and support to groups such as people with serious mental illness and pregnant women.
- Inclusion of tobacco control and stop smoking in all relevant national strategies and plans such as the 10-Year Mental Health Strategy and the NHS Long Term Plan.
- Increase in the age of sale.

Smoking is the UK's biggest preventable killer – causing around 1 in 4 cancer deaths and leading to 64,000 deaths per year in England. It puts huge pressure on the NHS, almost

every minute of every day someone is admitted to hospital because of smoking, and up to 75,000 GP appointments could be attributed to smoking each month - equivalent to over 100 appointments every hour.

There is no safe level of exposure to tobacco smoke including secondhand smoke (passive smoking) and there are short, medium and long-term health effects, including heart disease and lung cancer, especially with continued exposure over time.

The announced interventions are expected to mean up to 1.7 million fewer people smoke by 2075 – saving tens of thousands of lives, saving the health and care system billions of pounds and boosting the economy by up to £85 billion by 2075. It would also avoid up to 115,000 cases of strokes, heart disease, lung cancer and other lung diseases<sup>2</sup>.

It is vital that we continue our focus and drive to action at all levels; nationally using political and organisational influence, regionally in our support to the regional programme, and locally via the Northumberland Tobacco Control partnership, to enable us to achieve a tobacco free generation, such that any child born today in any part of Northumberland will reach adulthood breathing smoke free air, being free from tobacco addiction and living in a community where smoking is unusual.

## 6. Background

In December 2022, Health and Wellbeing Board endorsed the development of a local partnership, tasked with progressing the evidence-based international and regional 8-key strand approach to tobacco control.

Board supported the formation of the new partnership – the Northumberland Tobacco Control Partnership – with initial requirement to strive toward a wide range of agencies represented, agree focussed action, and work toward a shared vision, all of which has been achieved. Individual organisations and partners already report on their own action through various mechanisms, but the Board agreed to provide the governance to any specific additional joint work and goals of the partnership.

The partnership has met bi-monthly throughout the year, with Public Health and Fresh team cascading national and regional updates to inform work on tobacco issues, and local members sharing their practice.

A shared vision is agreed:

***Northumberland children born today will live a smoke free life. We aspire to reach a Smoke Free 2030, where adult smoking prevalence is 5% or lower by 2030. We shall work in partnership using an evidence-based approach.***

Comprehensive tobacco control is a coordinated, multiagency approach to reducing smoking prevalence and the harm from tobacco. There are internationally recognised strands of tobacco control work, set out by the World Bank and the World Health Organisation ([MPOWER Framework](#)).

Tobacco control is most effective when localities consider and act on all the components. In Northumberland, we jointly commission the North East regional tobacco control programme, Fresh, which has based activity on, and added to, the World Bank six strand approach. Locally we deliver tobacco control beneath eight key themes. (Figure 2).



(Figure 2: Fresh eight key strands tobacco control model)

Public Health and partners have been working on tobacco control issues for many years in a thematic way, contributing to our eight-strand delivery – eg Stop Smoking Services; smoking in pregnancy; smoking and mental health; illicit and illegal tobacco – and are now working to augment this work by collaborating in partnership.

### The Northumberland picture

Our commissioned regional programme for tobacco control, Fresh, has provided a collated report of key statistics for Northumberland – ‘Up in Smoke: How Tobacco Drives Economic and Health Inequalities: Tobacco Harm Profile for Northumberland 2023’.<sup>3</sup>

Highlights of note for the Board and the partnership include:

- 31,000 adults (approx.) continue to smoke at 11.8% (updated here to **25,338** to reflect newer 2022 prevalence figure of **9.6%**)
- **481** people are estimated to die from smoking in Northumberland every year – for every death it is estimated around 30 smokers are living with a smoking-caused disease
- **3914** people visited hospital as a result of smoking attributed hospital admissions (2019/20)

### Smoking in priority populations

#### Young people

Smoking in young people is twice as common in those from disadvantaged backgrounds<sup>4</sup> and children of smokers are up to three times more likely to smoke themselves meaning that health inequalities can often persist throughout generations. Smoking is an addiction which is largely taken up in childhood and young people become addicted before they fully understand the associated health risks. Important actions include reducing exposure to

smoking within households and effective prevention policies to reduce uptake of smoking including raising the age of sale.

The Children and Young People's Health Related Behaviour Survey (HRBS)<sup>5</sup> commissioned by Northumberland County Council (NCC) Public Health Team in 2021, was conducted amongst almost 3000 pupils from secondary, middle and primary schools in our county. Results show:

Primary school pupils in year 6 (ages 10-11):

- 98% of pupils said they had never tried smoking cigarettes
- 97% of pupils said they had never tried using e-cigarettes (vapes)

Secondary school pupils in years 9 and 11 (ages 13-16):

- 16% of 13-16 year old pupils said they had tried smoking cigarettes (23% of year 11 boys and 32% of year 11 girls)
- 7% of year 11 pupils reported using e-cigarettes (vapes) 'every day'. (24% of pupils said they had tried vapes).

The HRBS will be repeated in Autumn 2023, including additional questions on source and reasons for vaping; survey results and reports are anticipated for January 2024.

*Work to prevent young people from smoking is recommended as a focus for the Northumberland Tobacco Control Partnership and runs alongside the priority emphasis of changing the adult world they grow up in. National consultations on making vaping less attractive to young people, and proposals to increase the age of sale of tobacco, are essential for all partners to participate in and endorse.*

### **Smoking in pregnancy**

Smoking in pregnancy is a health inequality associated with serious complications and remains the leading modifiable risk factor for poor birth outcomes including stillbirth, miscarriage and pre-term birth<sup>6</sup>. Maternal smoking in pregnancy and/or parental household smoking was the most common occurring modifiable factor which the North and South of Tyne Child Death Overview Panel (CDOP) deemed a significant relevant factor in relation to the cause of death<sup>7</sup>. A smokefree home is the best way of protecting babies and children.

Smoking at time of delivery (SATOD) rates in Northumberland have been decreasing over time however remain statistically worse than England. We know exposure to tobacco smoke during pregnancy negatively impacts offspring from infancy to childhood and into adulthood, pregnancy is considered a 'teachable moment' and evidence has shown that more women quit smoking when they are pregnant than at any other time during their lives<sup>6</sup>. Over the last year in Northumberland;

- **10.6%** of maternities were smoking at time of delivery (SATOD) in 2022/23<sup>8</sup>

*The Best Start in Life Pathway began in May 2022 in response to the NHS Long Term Plan recommendations for Tobacco Treatment in pregnancy. All pregnant smokers are referred into the service, seen face to face at home or at Family Hubs, until 28 days postnatally. Results are excellent, with 84 women setting a quit date and 45 achieving a 4-week quit during 2022/23, a 53.6% quit rate. Partners and women post-delivery are referred to the NCC Stop Smoking Service. Northumbria Healthcare NHS Trust is considering developments to the programme to continue to support women with complex social needs and multiple vulnerabilities, focus on women who struggle to engage, and to offer vapes in line with regional and national guidance for nicotine replacement therapy use in pregnancy.*

## **Routine and manual occupations**

Despite the number of adult smokers decreasing this is a reduction that is not spread evenly across Northumberland with the highest proportion of smokers in the Routine and Manual Population<sup>9</sup>:

- **23.8%** of those in routine and manual occupations smoke

*A recent Health Equity Audit of the NCC Stop Smoking Service (SSS) showed that 30% of people accessing the service were from routine and manual occupations, the largest of any occupational group to access it. This group also did well at quitting, with over 58% quit rate. The NCC SSS has been involved in a specific programme targeting NHS staff, promoted by Northumbria Healthcare NHS Trust with free vapes provided by North East and North Cumbria Integrated Care Board (NENC ICB).*

*We recommend the partnership prioritises promoting quitting and the support on offer in workplaces through the Better Health at Work Award and in-house support for staff.*

## **Mental health conditions**

Evidence shows that people with mental health conditions are more likely to smoke than the general public and smoking rates increase with the severity of the condition. Partly a result of high smoking rates, people with a mental health condition have high mortality rates compared to the general population. Therefore, quitting smoking is particularly important for this group since smoking is the single largest contributor to their 10-20 year reduced life expectancy<sup>10</sup>.

- At **20.7%** smoking prevalence remains higher in adults with a long term mental health condition within the County<sup>11</sup> (2021/22)

*As part of the NHS Long Term Plan, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) has been developing smoke free policies and support to in-patients and patients in the community to stop smoking. NCC Public Health Stop Smoking Service is working with NENC ICB Northumberland and Northumberland Community Outreach team as an Early Implementer Site pilot project to test a partnership approach to helping serious mental illness (SMI) patients to reduce and stop smoking. Positive outcomes for this group include engagement in the programme and reduction in smoking as well as complete quits. Since the start of the project, 73 patients have been referred and 61 engaged (83%), 21 are currently engaged and 10 have sustained a complete quit for at least 4 weeks. This client group require a flexible approach and a longer-term intervention than the traditional stop smoking programme.*

## **Smoking related health inequalities**

### **Social housing**

The smoking rate among social housing residents is one of the highest in England – around 1 in 3 people smoke, compared to 1 in 10 people who own their own home and 1 in 7 in the general adult population.<sup>12</sup>

- Smoking rates of people in Northumberland living in social housing are double the national average.<sup>13</sup>

*Northumberland County Council has taken part in a national ‘Swap to Stop’ opportunity. A small quantity of vapes were provided by Department of Health and Social Care/Office for Health Improvement and Disparities and NCC public health and housing colleagues are*

*working together to offer bespoke support from the Stop Smoking Service and its digital webpage, alongside a free vape starter-kit. 7 tenants from social houses in Blyth and Cramlington (and 2 people from private housing on the same estate) are engaging with the programme so far.*

### **Illicit tobacco**

Illicit tobacco plays a key role in exacerbating tobacco harm in Northumberland, getting young smokers hooked on tobacco and making it harder for smokers to quit. The Public Health commissioned regional tobacco control office, Fresh, has tracked the size of the illicit market in the North East every two years since 2009.

- 14% of tobacco smoked in the Northeast is estimated to be illicit

*NCC Trading Standards (TS) and Public Health are working together to augment illicit tobacco and alcohol work and engage in prevention by appointing a Fair Trading Officer with this focussed remit and for the development of a 'retailer pack'. Outcomes are impressive with the TS team conducting investigations and enforcement on a bigger scale, resulting in the seizure of over 33,000 sticks of illicit cigarettes between October 2022 and October 2023, and the closure of premises found to be selling illicit products.*

*The 'retailer pack' advises on underage sales, vape products and alcohol, and supports Trading Standard's pro-active educational approach with traders regarding underage sales and non-compliant products, part of Operation Crackle.*

### **Leadership and partnership**

The Northumberland Tobacco Control Partnership is chaired by Councillor Wendy Pattison, who took over the role in March 2023.

The council public health team facilitates the meetings, working with Councillor Pattison to set the agendas and coordinate partner input and discussion.

The group enjoys representation from a wide range of personnel and partners including from across the council and the NHS. (Appendix 1)

### **Action planning and next steps**

Meetings have focussed on key items and themes including illegal and illicit sales of tobacco and vaping for example. This work towards developing shared understanding of the issues surrounding tobacco use and in the work of partners has informed the writing of a Joint Strategic Needs and Assets Assessment (JSNAA) chapter on tobacco, which is currently in process of being finalised.

Recommendations arising from the JSNAA chapter will form the basis of actions to be included in the Northumberland Tobacco Control action plan. Utilising the '3 screening questions' advocated in the Northumberland Inequalities Plan, the process has highlighted gaps in knowledge for example, in relation to community assets and 'what people' say' which we hope to formulate into activities to work with communities and partners to improve this.

The partnership intends to continue to support key themed work and partners wish to collaborate further.

Emerging recommendations for action from the JSNAA include:

<b>Tobacco key strand</b>	<b>Possible local actions</b>
<b>1. Building infrastructure, skills and capacity</b>	<p>Further develop the Northumberland Tobacco Control Partnership (NTCP) to ensure partnership representation supports a comprehensive approach to tobacco control in Northumberland (e.g. VCSE)</p> <p>Develop guidance on tobacco control MECC conversations, and build capacity of wider tobacco control workforce, including MECC conversations about illicit tobacco</p>
<b>2. Advocacy for evidence based policy</b>	<p>Endorsement and support to Fresh and national partners to advocate for measures to reduce promotion of tobacco such as extensions to current legislation on age of sale and pack inserts.</p>
<b>3. Reducing exposure to tobacco smoke</b>	<p>Encourage broader discussions regarding smokefree homes and indoor air quality (e.g. social housing providers) and ensure key messaging embedded in ‘MECC for smoking’ approach.</p> <p>Revisit workplace and school smoking policies; providing guidance on separate vaping policies.</p>
<b>4. Year round media, communications and education</b>	<p>NTCP quarterly meetings to have standard agenda item on media, communications, and education for partners to share case studies; demonstrating good practice and celebrating achievements.</p> <p>Establish a task &amp; finish group with partners who work with children and young people to define our local preventative approach to smoking and vaping with children and young people.</p>
<b>5. Supporting smokers to stop and stay stopped</b>	<p>Map pathways and develop opportunities and routes to quitting which are accessible to everyone in our communities; appropriate reasonable adjustments as required e.g. people with SMI.</p> <p>Investigate opportunities for targeted interventions of support within routine and manual occupations.</p> <p>Consider overall vaping to quit smoking offer for Northumberland residents and seek to expand opportunities.</p>
<b>6. Raise price and reduce illicit trade (demand and supply)</b>	<p>Build NTCP partner understanding and capacity - understand scale and impact of illicit tobacco in our local communities (scale, process, comms, criminality).</p> <p>Raise awareness of illicit tobacco in Northumberland; understanding geographical areas where this is most prevalent, understanding why it is an issue and identify ways in which it can be addressed.</p>



<p><b>7. Tobacco and nicotine regulation</b></p>	<p>Develop an intelligence strand to the NTCP for illicit and non-compliant tobacco products and vapes and under-age sales.</p> <p>Endorsement and support to Fresh and national partners to advocate for measures to reduce promotion of tobacco such as extensions to current legislation on age of sale and pack inserts.</p>
<p><b>8. Data, research and public opinion</b></p>	<p>Identify realistic metrics to embed into the NTCP action plan to track progress.</p> <p>Utilise neighbourhood level intelligence captured by the <a href="#">Place Standard Tool</a>, as part of the Northumberland Inequalities Plan, to identify opportunities for collaborative place-based interventions.</p> <p>Liaise with VCSE partners to scope and understand existing assets and gain more intelligence on ‘what do people say’ and understand what ‘reasonable adjustments’ might be required to enable successful quits.</p>

The NTCP is currently finalising the JSNAA chapter and recommendations, and formulating these examples into agreed actions.

## 7. Implications

<p><b>Policy</b></p>	<p>This work supports the ‘Living’ corporate priority and the commitment to provide a range of programmes which will help residents achieve and maintain good health.</p>
<p><b>Finance and value for money</b></p>	<p>The collaborative approach to tobacco control is based on evidence and cost-effective interventions to reduce access and use of tobacco and improve health. Specific elements of the tobacco control work are picked up by Northumberland County Council – e.g. Stop Smoking Services and pharmacotherapies, public health coordination and management of the plan, public health project staff, FRESH regional office and the Trading Standards contribution. These are funded from the public health ring-fenced grant at a cost of approximately £739K p.a.</p> <p>Some elements of NCC provision, such as support to NHS staff to quit and involvement in a pilot approach to helping people with SMI to quit have been augmented with funds from NENC ICB at value £74,685 p.a.</p> <p>Other parts of the council and partner organisations involved in the delivery of actions are also funding their own tobacco control-related activities.</p>
<p><b>Legal</b></p>	<p>Legal Services can assist with any formal documentation required in relation to the Tobacco Control Partnership. Public Health functions are set out within the Health and Social Care</p>

	Act 2012 and are not a matter for the Executive under the Local Authorities (Functions and Responsibilities) (England) Regulations 2000. Council has delegated these functions to the Health and Wellbeing Board within its terms of reference.
<b>Procurement</b>	Any opportunities for including elements of tobacco control and stop smoking as part of arrangements between the council and commissioned providers will be developed as part of the normal commissioning process.
<b>Human resources</b>	Coordination of the partnership action plan will be delivered within existing resources.
<b>Property</b>	None identified.
<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 NTCP actions are specifically aimed at reducing health inequalities, as described in the paper.
<b>Risk assessment</b>	None undertaken
<b>Crime and disorder</b>	Illicit and illegal tobacco, underage sales and access to product are all relevant issues and can be linked to crime - work to tackle this is led by our Trading Standards team and forms a key element of the tobacco control approach. Public Health provides some resource to Trading Standards for this and commissions the regional team at Fresh to advise. No other implications for crime and disorder identified.
<b>Customer considerations</b>	The plan and actions being developed by the Northumberland Tobacco Control Partnership are based upon a desire to improve outcomes for vulnerable groups in Northumberland and put in place measures to address preventable ill health and promote good health.
<b>Carbon reduction</b>	Global effects on the carbon footprint from the tobacco industry are documented by <a href="#">WHO</a> . <sup>14</sup> A reduction in tobacco use would reduce the carbon footprint of cigarette production and CO emissions.
<b>Health and wellbeing</b>	Smoking is the single most preventable cause of illness and early death and a leading cause of health inequalities.
<b>Wards</b>	(All Wards);

## 8. Background papers

See references at Section 9

## 9. References

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2. Prime Minister's Office News story. '[Prime Minister to create 'smokefree generation' by ending cigarette sales to those born on or after 1 January 2009](#)' (4 Oct 2023)
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5. Northumberland Health Related Behaviour Survey, SHEU (2021) (available on request)
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13. Action on Smoking and Health. Economic and health inequalities dashboard (2022) [Online] Available at <https://ash.org.uk/resources/view/economic-and-health-inequalities-dashboard>
14. [World Health Organisation \(WHO\). Tobacco and its environmental impact: an overview. \(2017\)](#)

## 10. Author and Contact Details

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## 11. Appendices

### 11.1 Appendix 1 - Northumberland Tobacco Control Partnership membership

<p><b>Northumberland County Council (NCC)</b></p> <p><b>Harrogate &amp; District NHS Foundation Trust (HDCT)</b></p>	<p>Cabinet member: portfolio Holder for Caring for Adults (chair) Public Health Trading Standards Business Compliance and Public Safety Health Protection Northumberland Stop Smoking Service Northumberland Fire &amp; Rescue Service Early Intervention and Prevention Housing Children’s Services</p> <p>0-19 Service – Senior Manager/Community connector</p>
<p><b>Northumbria Healthcare NHS Foundation Trust (NHCT)</b></p>	<p>Public Health Midwifery Tobacco Dependency Pathways: in-patient, maternity, best start in life</p>
<p><b>Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW)</b></p>	<p>Specialist Tobacco Dependence Service: mental health Health Improvement</p>
<p><b>Integrated Care Board (ICB) - Northumberland Place</b></p>	<p>Senior commissioner</p>
<p><b>Fresh: Making Smoking History</b></p>	<p>Director and/or lead officers</p>



## Northumberland County Council

Health and Well-being Board

Thursday, 9 November 2023

### **Update on Promoting better Mental Health and Wellbeing in Northumberland**

**Report of Councillor(s)** Cllr Wendy Pattison, Cabinet Member for Caring for Adults

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

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

- **Achieving value for money:** Working in partnership to improve people's mental health helps improve their physical health, economic contribution and reduces demand for services. Focusing resources ensures we are achieving value for money through efficient, effective and accessible services that are responsive and meet the needs and expectations of our residents.
- **Tackling Inequalities:** Mental ill-health has significant impacts and is closely linked with socioeconomic disadvantage and other inequalities. Promoting better mental health and wellbeing increases healthy life expectancy and reduces the impact of inequalities. Partnership work to promote better mental health builds on existing strengths within our communities, increasing individual and community capacity and resilience.
- **Driving Economic Growth:** Promoting better mental health helps residents to be in the best place to contribute economically.

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

To provide an update on multiagency activity in Northumberland to promote better mental health since the last report to the HWB in December 2020.

#### **3. Recommendations**

The Health and Wellbeing Board is invited to:

- Note and comment on the wide range of multiagency work which has been undertaken to promote better mental health.

- Comment on the proposal to develop a Promoting Better Mental Health and Wellbeing Strategy.

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

N/A

#### 5. Background

##### Key issues

1. This report demonstrates the wide range of work being undertaken by organisations and the strong partnership arrangements in place across Northumberland to promote better mental health and wellbeing.
2. Mental health and well-being is a fundamental requirement of a healthy, resilient and thriving population. It supports physical health, educational attainment, financial well-being, employment opportunities and productivity, safe relationships, community safety, community cohesion and quality of life. Poor mental health and wellbeing can be the cause or consequence of difficulties in these aspects of life.
3. The Office for National Statistics published information about ill-health and long-term sickness using data from the Labour Force Survey<sup>1</sup>. In 2023, common mental health conditions, described collectively in this survey as “depression, bad nerves and anxiety” were the most prevalent health condition, reported by 12% of the working age population in the UK. The prevalence is substantially higher in those who are economically inactive, with these common mental health conditions reported by more than half of those with long-term sickness. This has increased since 2019, with most of this increase from those reporting mental ill- health as a secondary condition<sup>1</sup>.
4. Socioeconomic inequalities are closely linked to many risk factors for poor mental health and wellbeing and the mental disorders which arise amplify socioeconomic inequalities<sup>2</sup>.
5. The number of people at risk of poor mental health and experiencing common mental health conditions has increased over recent years. This has been compounded by the COVID-19 pandemic<sup>3</sup> and more recent rising cost-of living<sup>4</sup>.
6. The COVID-19 pandemic has had a significant, but varied impact on children’s lives, potentially unsettling their emotional, cognitive and social development<sup>5</sup>. This has

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<sup>1</sup> Office for National Statistics (2023) Rising ill-health and economic inactivity because of long-term sickness, UK: 2019 to 2023

<sup>2</sup> Champion et al (2022) Public mental health: required actions to address implementation failure in the context of COVID-19. *Lancet Psychiatry* 9:169-82

<sup>3</sup> Marmot et al (2020) . Build Back Fairer: The COVID-19 Marmot Review. The Pandemic, Socioeconomic and Health Inequalities in England. London: Institute of Health Equity

<sup>4</sup> Office for National Statistics (2023) Cost of living and depression in adults, Great Britain: 29 September to 23 October 2022

<sup>5</sup> The Parliamentary Office for Science and Technology (2021) Children’s Mental Health and the COVID-19 Pandemic

disproportionately affected the most disadvantaged<sup>3</sup>. The restriction of social activities and disruption of in-person teaching during 2020 and 2021, have meant that many pupils missed out on learning and social opportunities and some got out of the routine of attending school which is having a continued impact. There is some evidence of an overall worsening of children and young people's mental health associated with the COVID-19 pandemic.

7. During the COVID-19 pandemic, partners undertook a wide range of collaborative work to meet increased demand. This included strengthening the identification of those at highest risk and increasing early intervention, using self-help resources and community assets to their best advantage. This work continues through the NHS England Community Mental Health Transformation Programme. Examples include:
  - Working towards a 'no wrong door' approach with one trusted assessment, and an improved community offer of holistic physical and mental health care.
  - Partnership working to develop planned and opportunistic support for local communities through physical hubs and use of digital options wherever possible.
  - The development of collaborative systems involving multidisciplinary working across secondary care, primary care, the local authority and Voluntary Community and Social Enterprise (VCSE) organisations to develop seamless personalised care pathways.
  - Work which is underway to develop a Crisis Café / Safe Haven in Ashington.
  - Continuing to strengthen the role of the VCSE in Community Rehabilitation.
  - Developing integrated workstreams.
  - Further development of Multi-disciplinary Teams (MDTs) and whole system working including closer working between primary and secondary care providers.
  - Development of a community adult eating disorder team which links with VCSE and secondary care provision.
  - Establishing the Helping Overcome Personal and Emotional Difficulties (HOPE) Team in Cumbria Northumberland and Tyne and Wear NHS Foundation Trust. The team supports those aged 18 and over with relational difficulties, formerly known as personality disorders and provides county-wide support.
  - Strengthening the link between services at transitions, such as when children move into adult services.
  - Regional work to develop an additional mental health option to the NHS 111 service.
  - County wide access to Qwell online support for adults. This is anonymous, helps to remove any perceived stigma and can be adapted to suit individual preferences and needs.
  - Partnership working to introduce Right Care, Right Person in Northumberland<sup>6</sup>. This is an agreement between the police, health and other partners to ensure that people experiencing mental health crisis are seen by the appropriate professional.
  - Working with secondary care to implement policies in co-occurring mental health and substance/alcohol misuse.

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<sup>6</sup> [National Partnership Agreement: Right Care, Right Person - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

- Increased support to patients with substance misuse (including harm reduction work e.g., Respiratory).
  - Review of neurodevelopmental pathways (ADHD and Autism) and associated waiting lists.
  - Provision of [Northumberland Recovery College](#), which offers courses, information and advice county-wide, providing support to those with Severe Mental Illness (SMI) as well as promoting strategies for good mental health.
  - Development of a VCSE Mental Health Alliance.
  - Provision of post diagnostic support to adults with attention deficit hyperactivity disorder (ADHD) or autism.
  - Provision of targeted smoking cessation work for those with severe mental illness delivered collaboratively with Northumberland County Council's Specialist Stop Smoking Service.
  - Introduction of the Maternal Mental Health Service link worker programme in Well Up North and Valens PCNs. This is a partnership between the NHS, VCSE and Maternity Voices Partnerships to provide non-clinical support to women with low to moderate mental health needs in the perinatal period and link them to community assets.
  - Multiagency collaboration in Northumberland's Family Hubs to strengthen the support for perinatal mental health and wellbeing. This will be enhanced by an increased focus on parenting support.
  - The Dementia Diagnosis Care Home Project including the Diagnosing Advanced Dementia Mandate assessment tool to improve understanding of needs and provide better care.
  - Reviewing Talking Therapies access and waiting lists.
  - Aftercare including discharge and community support, including personal health budgets, provided under section 117 of the Mental Health Act 1987 to support people who have been detained in hospital.
  - A personal health budget pilot.
  - Mental health conveyance.
  - Partnership working between Cumbria Northumberland Tyne and Wear (CNTW) NHS Foundation Trust and Northumberland County Council regarding community care for people with dementia and professionals, including social workers and clinicians working between organisations.
  - Individual Placement and Support (IPS) pilot with collaboration between primary care and the ICB at Newcastle Place.
8. Multiagency partnership work is being undertaken to support financial wellbeing. This will provide support around this important wider determinant of health and contribute to better mental health. The financial wellbeing work will be reported separately to the HWB.
9. [Suicide Prevention & Mental Wellbeing](#)



The UK Government published the Suicide prevention in England: 5-year cross-sector strategy in September 2023 and announced the establishment of the VCSE Suicide Prevention Grant which will run from 2023 to March 2025 to assist in the delivery of suicide prevention activity<sup>7</sup>. At the time of writing, agencies and VCSE organisations in Northumberland were starting to develop bids.

In Northumberland there is an established multiagency Crisis Care, Suicide Prevention and Mental Health Strategic Partnership which meets quarterly. The Partnership is supported by an operational group that meets bi-monthly. The operational group developed an action plan for promoting good mental health in 2022. There is a wide range of activity to support suicide prevention including:

#### Suicide and Mental Health Training

- Adult Mental Health Awareness
- Adult Mental Health First Aid
- Basic Suicide Awareness
- Youth Mental Health Awareness
- Youth Mental Health First Aid
- Bespoke Mental Health Awareness (including Suicide Awareness) for Elected Members

The Better Health at Work Award (BHAWA) Scheme which includes:

- Promotion of Mental Health/Suicide Prevention Training.
- Promotion of Zero Suicide Alliance Training.
- Sharing of good practice through Business Locality Networks in the west and north, Cramlington, Ashington and Blyth and the Larger Business Network which includes CNTW, Northumbria Healthcare Foundation Trust and Northumberland County Council.
- Best Practice Policy Development to businesses and workplaces on the BHAWA scheme. Health Trainer Support to businesses and workplaces including those not on the BHAWA scheme.

There is partnership support for a range of mental health campaigns throughout the year including:

- Stress Awareness Month
- Mental Health Awareness Week
- Loneliness Week
- World Suicide Prevention Day
- Silver Sunday
- World Mental Health Day

The NENC ICB, with assistance from NCC's public health team supports primary care with:

- Safer prescribing advice in line with National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) reports [NCISH | Resources \(manchester.ac.uk\)](https://www.ncish.ac.uk/resources).

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<sup>7</sup> UK Government (2023) Suicide Prevention in England: 5-year cross-sector strategy.  
<https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028/suicide-prevention-in-england-5-year-cross-sector-strategy>

- Mental health triage for practices to ensure patients with highest risk of suicide are seen urgently by the right service.
- Mental health education materials for primary care that are consistent across the region.
- Information about transformation of services.
- Suitable support resources for those bereaved by suicide.
- A code to reflect 'bereaved due to suicide', highlighting the increased risk of suicide among this group.
- Consideration of drug related deaths.
- Support to further improve physical health checks for those people with SMI.

#### 10. Work to promote better mental health for men

Suicide is three times more common in men than women and middle-aged men have the highest rate of suicide compared to other groups (based on age and sex) since 2010<sup>7</sup>. The trend in Northumberland is consistent with this national pattern.

Activity to promote better mental health in men includes:

- Andy's Man Club and the Northumberland Recovery College which provide a range of support and activities for men.
- RISE a VCSE organisation in Berwick, is exploring establishing a social activity group for men who are neurodiverse.
- Post diagnostic support for patients and carers with autism, and after a dementia diagnosis provided through the Toby Henderson Trust, Autism in Mind, and Northumberland Recovery College.

#### 11. Supporting the NCC Workforce

As a large employer, NCC is in a strong position to promote better mental health for staff, many of whom are Northumberland residents. A comprehensive staff wellbeing offer includes:

- Thrive financial wellbeing guidance and support with the increased cost-of-living.
- Money Advice Network referrals for financial and debt advice.
- A Psychological Wellbeing co-ordinator.
- CALM SPACE (Mindfulness and Meditation).
- MECC for mental health and menopause.
- A chaplaincy Service.
- Mental Wellbeing Surgeries for line managers.
- Bespoke mental health training for line managers.
- A Health and Wellbeing portal on the staff intranet with access to a wide range of resources.

#### 12. Promoting Better Mental Health for Children and Young People

It is recognised nationally that the complexity of children's mental health has been increasing and this is more evident following the impact of COVID. The Office for Health Improvement and Disparities COVID-19 mental health and wellbeing surveillance report in April 2022 found that the pandemic has substantially affected some children and young people's mental health and wellbeing.

There is a range of ongoing activity to promote better mental health and wellbeing for children and young people including:

- An updated multiagency Emotional Wellbeing and Mental Health Strategy for Children and Young People, 2022-25 and associated review of the graduated approach to young people's mental health support. This has involved stronger partnership working and a review of referral threshold criteria and waiting times.
- The Growing Healthy Northumberland 0-19 service has developed an Emotional Health and Resilience "pillar" to strengthen the service's offer to children and young people.
- Northumberland County Council's Ordinarily Available Provision guidance to support learners with neurodiverse needs attending mainstream schools.
- Review of 'Be You' Website.
- Review of existing support for Avoidant Restrictive Food Intake Disorder (ARFID)
- Review of provision associated with FASD (Foetal Alcohol Spectrum Disorder) including formalising existing arrangements.
- Developing a sensory processing pathway including review of universal.
- Kooth Online support for Children and Young People (aged 11 – 25 years). This online support is funded by the North East and North Cumbria ICB. Kooth Children and young people can self-refer or be directed to Kooth by professional staff. Kooth provides access to a range of tools, resources and activities including online discussion boards, reading and contributing to self-help articles, daily goal trackers and an online journal and has the benefit of direct access with no waiting lists or referral thresholds.

### 13. Promoting Better Mental Health in Schools

Schools are an important setting for promoting better mental health and there is a strong offer in Northumberland. Examples include:

- Northumberland has been successful in obtaining further funding for the Trailblazer Mental Health Support Team work. This is a national programme which provides support and extra capacity for promoting good mental health and wellbeing in schools and support for early intervention for those with mild to moderate mental health issues. This funding allows for expansion of this work to Alnwick and Coquet Areas.
- All schools in Northumberland have a mental health lead co-ordinator.
- There has been good uptake of the Department for Education grant to support senior mental health lead (SMHL) training with 118 schools in Northumberland have taking up this offer. A further course is being run in the spring term and the 50 settings in Northumberland identified by DfE as not yet having taken up the grant will be contacted with information about funding and the range of courses available.

- The Mental Health Support Teams employ a senior mental health lead co-ordinator who provides support to senior mental health leads (SMHLs) and with developing whole school approaches e.g. undertaking audits.
- This year's SMHL conference, 'Relationships Matter' was a joint Conference with Designated Teachers in schools. Northumberland schools are proactive in learning more about relational approaches and 10 schools are currently part of a Northumberland School C.A.R.E pilot.
- Funding for online Friends facilitator training.

## **Summary**

This report describes the extensive and varied partnership work undertaken since the publication of the Director of Public Health's Annual Report on Mental Wealth in 2018 and the report to the HWBB in December 2020. However, the legacy of the COVID-19 pandemic and the recent increase in cost-of-living has increased demand on services and emphasises the need for continued investment to promote good mental health for everyone across the county.

We need to build on the strong partnerships we already have and take a universal approach to improving mental health by improving the wider determinants of health and reducing inequalities.

## **6. Options open to the Council and reasons for the recommendations**

It is recommended that:

- Collaborative work to promote better mental health continues through the multiagency Crisis Care, Suicide Prevention and Mental Health Strategic Partnership, supported by the operational group.
- The Crisis Care, Suicide Prevention and Mental Health Strategic Partnership develops a Promoting Better Mental Health Strategy for Northumberland. This would ensure best use of our strong partnership to develop a strategic approach to promoting better mental health.

## **7. Implications**

<b>Policy</b>	Strategic Policy Implications have been considered
<b>Finance and value for money</b>	Funding has been agreed for specific projects and packages of support in line with appropriate mechanisms
<b>Legal</b>	No specific issues
<b>Procurement</b>	Procurement support has been provided where necessary
<b>Human resources</b>	No specific issues

<b>Property</b>	No specific issues
<b>The Equalities Act: is a full impact assessment required and attached?</b>	N/A A full impact assessment has not been undertaken for this report. Activity to promote better mental health will help to reduce inequalities
<b>Risk assessment</b>	N/A
<b>Crime and disorder</b>	Activity to promote better mental health may help people whose mental health and wellbeing has been affected by crime and disorder. Some activity may help to reduce crime and disorder
<b>Customer considerations</b>	Partnership Working across sectors has enabled discussion to consider the most appropriate response for mental health and wellbeing
<b>Carbon reduction</b>	N/A
<b>Health and wellbeing</b>	This paper is relevant to the mental health and wellbeing of all our residents and our staff
<b>Wards</b>	(All Wards);

## 8. Background papers

Not applicable

## 9. Links to other key reports already published

Northumberland Multi-Agency Zero Suicide Prevention Strategy 2021-2025  
[Microsoft Word - 05.1 Suicide Prevention Strategy 2021 \(northumberland.gov.uk\)](#)

Northumberland's Emotional Wellbeing and Mental Health Strategy for Children and Young People 2022-25  
[x243506\\_nhs\\_p8\\_jr-interactive-spl.pdf \(northeastnorthcumbria.nhs.uk\)](#)

## 10. Author and Contact Details

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# **NORTHUMBERLAND COUNTY COUNCIL**

## **HEALTH & WELLBEING BOARD**

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

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Updated : 26 October 2023

## FORTHCOMING ITEMS

ISSUE	OFFICER CONTACT
<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>• Joint Health and Wellbeing Strategy                             <ul style="list-style-type: none"> <li>• Empowering People and Communities</li> </ul> </li> </ul>	Kerry Lynch John Lawler  Abi Conway/Karen McCabe
<b>14 December 2023</b>	
<ul style="list-style-type: none"> <li>• Sexual Health Strategy</li> <li>• Health Protection Assurance and Partnership Board</li> <li>• Poverty and Hardship Plan – System Working</li> <li>• Joint Health and Wellbeing Strategy                             <ul style="list-style-type: none"> <li>• Wider Determinants</li> </ul> </li> </ul>	John Liddell/Clare Elliott/Gill O’Neil Jon Lawler Emma Richardson  Rob Murfin/Liz Robinson
<b>11 January 2024</b>	
<ul style="list-style-type: none"> <li>• Housing and Health</li> <li>• Family Hubs</li> </ul>	Rob Murfin/Anne Lawson Graham Reiter
<b>February 2024</b>	
•	
<b>March 2024</b>	
<ul style="list-style-type: none"> <li>• Director of Public Health Annual Report – Ageing Well</li> </ul>	Gill O’Neill/Luke Robertshaw



**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> <li>● Healthy Families Partnership Board Update/0-19 Service Annual Review</li> </ul>	<p>Ann Everden</p> <p>Jon Lawler/Russell Nightingale</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> </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) (OCT) Robin Hudson (DEC/JAN)</p>
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<ul style="list-style-type: none"> <li>● Tobacco Control</li> <li>● Healthy Families Partnership Board Annual Report</li> <li>● Annual Report of Senior Coroner</li> </ul>	Kerry Lynch (DEC) Jon Lawler (SEP) Andrew Hetherington/Karen Lounten (JAN)
<p><b>2 Yearly Report</b></p> <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	

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			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'	<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 & Social Care system.	
15	12.10.23	JHWS Refresh – Adopting a Whole System Approach to Health and Care	<p>(1) Note the achievements described in the report</p> <p>(2) Agree proposed amendments to priorities, actions and indicators or evince of achievement of the theme.</p>	
16	12.10.23	JHWS Refresh – Giving Children and Young People the Best Start in Life	<p>(1) Note the achievements described in the report</p> <p>(2) Agree the proposed amendments to the name of the theme, priorities and associated actions.</p>	
17	12.10.23	Thriving Together – VCSE Sector Update	Presented received.	

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